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Psychosocial profile of encopretic children and their caregivers in relation to parenting style

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Background The role of psychological factors in the development and maintenance of encopresis is controversial.

Objectives Assessment of the psychosocial profile of encopretic children and their caregivers in relation to parenting style compared to controls.

Methodology The current cross sectional study comprised 90 Egyptian children classified into three groups: group I (encopresis without constipation and overflow incontinence), group II (encopresis with constipation and overflow incontinence), and group III (clinically healthy controls); each group included 30 children. Thorough clinical evaluation and psychometric assessment were carried out for all enrolled children while caregivers were evaluated for their parenting styles, anxiety, depression, and introversion scores.

Results Hardness, undue blaming, and indecisive parenting styles were significantly more prevalent among caregivers of group I. Encopretic children of group I & II had poorer self-esteem and higher prevalence of clinically manifest depression compared to healthy controls. Furthermore, there was a higher prevalence of clinically manifest paternal anxiety, depression, and introversion and maternal depression among caregivers of group II and higher prevalence of clinically manifest paternal anxiety and depression among fathers of group I.

Conclusion The approach of toilet training, not the time of its initiation, seems to be the factor that really matters in predisposing to and perpetuating encopresis. Further exploration is needed to determine if the documented association of psychological disorders of enrolled encopretic children and their caregivers was causal or being just the impact of the child's encopresis.

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Classification

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Atypical psychosis – historical and current perspective

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Introduction Clinical concepts regarding atypical psychosis such as the French bouffé délirante, the German cycloid psychosis, and the Scandinavian reactive and schizophreniform psychoses are now under the category of F23 'Acute and transient psychotic disorders' (ATPD) of the tenth revision of the International Classification of Mental and Behavioural Disorders (ICD-10).

Aims The authors' aim is to highlight the clinical and scientific relevance of atypical psychosis from the historical concepts to the current perspective.

Methods A Pubmed database search using as keywords "atypical psychosis", "acute and transient psychotic disorders", and "brief psychotic disorder" and retrieved papers were selected according to their relevance.

Results Different psychiatric schools, often of a regional or national character, have provided concepts for transient psychotic states. The acute and transient psychotic disorders of ICD-10 and the brief psychotic disorder of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) reflect the diversity of the history of such concepts. The available evidence suggests that case identification and follow-up is difficult in ATPD due to the heterogeneous and infrequent nature of this clinical phenomenon. Furthermore ATPD has a low diagnostic stability and there are few studies focused on brief psychotic disorders.

Conclusions The present definition of acute and transient psychotic disorders and brief psychotic disorder, while taking into account the history of the concepts involved, leave many questions open to further studies.

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Anxiety and undiagnosed pheochromocytoma

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Introduction Pheochromocytomas are rare catecholamine-secreting tumours from the adrenal medulla. The clinical presentations may mimic other disorders due to nonspecific symptoms produced by catecholamines in blood.

Objectives We report a case of undiagnosed pheochromocytoma in a 29-year-old woman with a two year history of anxiety. We undertook a literature review.

Methods PubMed search using "pheochromocytoma", "anxiety" as key words. Follow by a manual review of identified publication. We report a case of a 29-year-old with a two-year history of anxiety pharmacologically treated without success. She presents episodes of acute anxiety accompanied, sometimes, by nausea or headache, without high blood pressure. She presented a previous medical history of thyroid carcinoma. The patient was referred to the endocrinology service for thyroid review, postulated as potential source for drug resistance. High catecholamine levels were found and pheochromocytoma diagnosis was confirmed histopathologically.

Results The releasing catecholamine in blood can lead to a number of symptoms that can include paroxysmal hypertension, headache, palpitations, anxiety, chest/abdominal pain, nausea. Hypertension may not be the main symptom. These symptoms can be misinterpreted as psychiatric disorders, in particularly anxiety disorders. Elevated urinary catecholamine suggested the diagnosis of pheochromocytoma.

Conclusions Pheochromocytoma should be included in the differential diagnosis of anxiety disorders, especially if pharmacological treatment is not effective. The suspected cases should be investigated, even in the absence of hypertension, due to the potential morbidity of untreated pheochromocytoma.

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