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PERVASIVE REFUSAL SYNDROME: COMPARING AND CONTRASTING CLINICAL CASES

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Introduction: Pervasive Refusal Syndrome (PRS) is a relatively new diagnostic concept, that describes a rare and potentially life threatening condition, in which children refuse to walk. talk, eat, drink, engage in self care, and take part in day to day activities (Lask et al, 1991). PRS is not included in any of the psychiatric classification systems (ICD 10, DSM IV), although consensus exists within the literature as to its existence. Lask comments in his paper on Pervasive Refusal Syndrome that he has consulted on only 50 cases worldwide (Lask, 2004).

Objectives: The authors will share their clinical experience of treating seven new cases of PRS in a Regional CAMHS inpatient hospital. Patients with PRS often require hospital admission for assessment and exclusion of other medical, neurological and psychiatric disorders. However, because of the rarity many medical and psychiatric professionals have little experience of the treatment and rehabilitation required.

Methods: The specific MDT management approach necessary to meet the complex needs of patients with PRS will be discussed, as treatment is often counterintuitive, and some approaches can result in deterioration rather than improvement.

Results: In terms of improvement and recovery from the disorder, less is known about long term follow-up, as only a few studies have reported on immediate outcome. The authors have undertaken a long term follow-up (in press) and will discuss issues relating to prognosis.

Conclusion: A specific MDT treatment approach for PRS will be discussed, alongside the clinical decisions and dilemmas involved in following this approach.

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