

Children have layers...like an onion! Young Children with Complex Cases

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Conflicts of Interest

- No research funding
- No ownership in medical companies
- No pharmaceutical funding
 - Do bundt cakes count?
- I will be talking about some non-FDA uses of medication later in the talk



My Work with Young Children

- I don't get to evaluate or treat children with mild problems
 - By the time they get to me, the troubles are big
- **Complex cases-** multiple problems
- **Severe cases-** impacted, self-harm, extreme behavior, loss of placement
- Cases that aren't going well despite well thought out treatment
- **Medication treatment cases**
 - Non-FDA approved treatments
 - Not studied in young children*



**This case is
different***

- Usually, I present children whose cases include serious “in utero” complications, or early childhood risks like abuse, neglect, extreme stress, or all 4
- Not this one
 - Andrew is now 5 ½ years old
 - Parents are divorced since he was 2; spends equal time with each parent
- Referred to me because individual therapy and dyadic therapy is not working well



His symptoms

- When I first met him at age **3 ½** , he appeared to be **anxious**, inhibited, didn't **speak** much
- **Sensory** sensitivities to clothing, shoes, noises, bright lights, food
- **Reluctant to engage** in activities, pretends to be a **cat**- noises, crawling
- Troubles falling and staying **asleep**
- **Big blow ups*** when tired, overstimulated**



His presentation

- Hides behind father's legs
- Won't talk to me, gives fleeting eye contact
 - Clearly checking me out.
- Refuses to play with toys at first*



Collateral with mother

- Andrew attends school, doesn't speak up in class, plays near other children, but not with them.
- Wears soft clothing, troubles putting on shoes and socks
- At home likes to act like a cat, crawls on fours, hisses at her in a playful way or if limited from an activity



Here is what I have so far...

- 3 ½ year old boy- developmental age and chronologic age are the same
- Symptoms in 7 different areas (anxiety, speech and language, sensory processing, behavioral inhibition, sleep, aggression, and emotional regulation)
- Presents as anxious, wary, reserved at first visit
- Is aware of me, checking me out, avoiding interaction with me

So, what do you think at this point?

What are we dealing with diagnostically?

One thing?

Two things?

More?



Current Treatments

- CPP with an experienced, expert therapist
- Engagement in the process is a challenge.
- Not really emotionally dysregulated in therapy sessions, just doesn't do much



My Working Hypothesis

- Child definitely has an anxious and sensory sensitive presentation
- Could have a relatively mild case of ASD
- Sleep is a big issue
- My job is to see if medication could be helpful

- We begin with **arousal reduction**
 - Target is sleep, emotional blow ups



Response to this intervention

- Sleeps better
- Mornings are better, fewer battles over socks, clothing*
- Still very anxious, reserved, withdrawn
- Still some big blow ups during the day, especially after school**
- Still not very engaged in therapy sessions

So, what do you think at this point?

Try to target Anxiety?*

Emotional dysregulation events?**

Both?

**The parents*,
together, wonder if
we can do some
more for his
anxiety**



This works well





NEW PROBLEM!*

So, what did we do to Andrew?

Is this the onset of Manic behavior?*

Did we uncover ADHD by making the Anxiety decrease?**

Do we still think ASD is one of the diagnoses?***

What do we do next?

Depends on our formulation of Andrews troubles:

Manic*

ADHD**

Bad Anxiety***



Sertraline increase

- Doesn't go well
- Mom sees improvement, Dad does too, but also more hyperactivity, loud singing, defiance at home (new), hard to settle him at nighttime, irritable
 - Dad still calls this “manicy” behavior
 - Mom doesn't see it*, but does see the ADHD type symptoms at home
- School complains- Andrew is saying mean things to kids, tries to hurt them if they don't give in- kind of being a bully- new layer



So, where are we now?

- Anxiety is better, nearly 50% better*
- We have new symptoms that could be uncovered significant ADHD or conversion of mood dysregulation to more “manicy” symptoms**
- Differences in parental observations
- Seeing them on Zoom- hard for me to get a read on Andrew’s affect- doesn’t seem “manicy” during sessions

What do we do next?

Depends on our formulation of Andrews troubles:

Manic

ADHD

Bad Anxiety

Medication side effect?



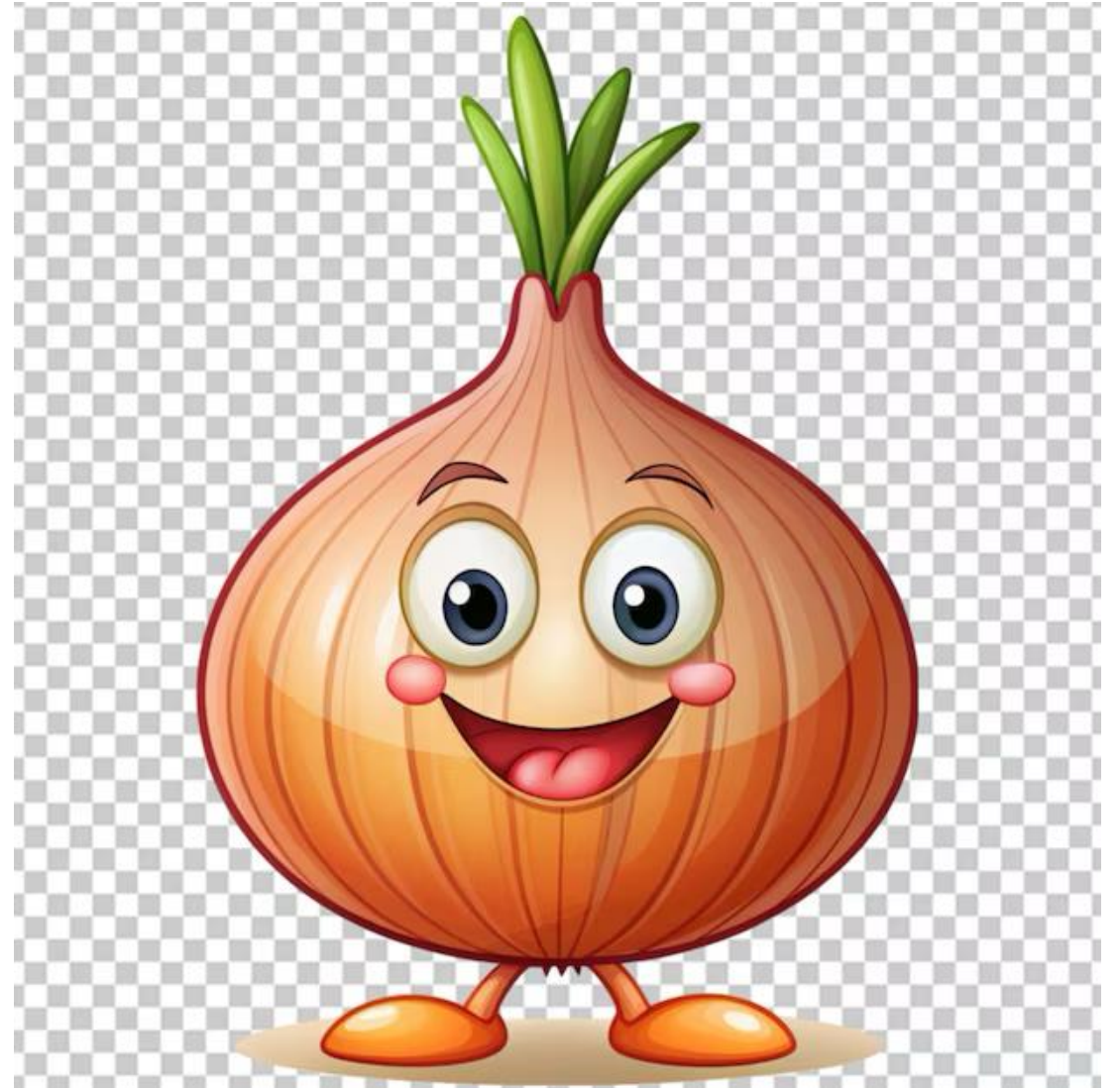
So, we started over, kind of...

- Couldn't go higher with sertraline, so we went back to the dose that seemed to help but cause fewer side effects- 100mg
- Parents agree to a stimulant trial to
 - This doesn't go well



Still have the same targets, but meds are not helping us enough


**This works very
well**





Venlafaxine (Effexor) trial

- This medication is about a 5th line med for the treatment of ADHD and a 3rd line med for Anxiety treatment- we are “out there” in terms of standards of care for medication treatment of young children
- It isn't studied for these problems, especially not in 5-year-old children, but there are some case reports




Optimizing the Effexor

- Increasing the dose causes increased emotional arousal, hyperactivity, problematic school behavior
 - We decrease this back to the partially helpful doses.
- I offer the parents some choices
 - More ADHD type, non-stimulant medications (Qelbree, Amantidine, Modafinil, TCAs, Wellbutrin*)
 - I ask them to consider SGA- they are antianxiety medications in addition to antipsychotic, and can decrease arousal and aggression, maybe even hyperactivity**

**This works very
well!**





Wellbutrin increase

- Doesn't go well
- Mom sees improvement, Dad does too, but also more hyperactivity, loud singing, defiance at home (new), hard to settle him at nighttime, irritable
 - Dad still calls this “manicy” behavior
 - Mom sees the irritability and defiance increase with the increased dose.
- School back to complaining
 - Andrew is saying mean things to kids, tries to hurt them if they don't give in-kind of being a bully again

So, what do you think at this point?

Do we stop?

Diagnostically we have a complex case with anxiety, ADHD, and emotional dysregulation (temperamental problems)

So, we hold steady for now.

Things are actually going OK
I told them the goal was 50% reduction
in symptoms- we are there
There are no noticeable side effects
Andrew is actually pretty happy and
doing pretty well

**Thank you for
listening and working
on this challenging,
complex case with
me***

Do you have any questions or comments
about this case, the way I worked it, or
any other points?