

# Prader-Willi Syndrome Finding Psychiatric Help for Your Child

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## Introduction

Psychiatric symptoms can emerge in anyone when the ability to cope with stress has been compromised. Coping mechanisms can be adaptive or maladaptive. Coping strategies can be learned, but they are more likely determined by temperamental characteristics called personality traits. Temperament is both genetically determined and shaped by interpersonal experiences. Individuals with developmental disabilities have intellectual deficiencies, brain differences, and/or physical and sensory handicaps which affect their temperament, their capacity to relate to others in their environment, and their ability to acquire coping strategies. They are not only more likely to experience stress, but they are also less likely to be able to cope with stress adaptively. In these individuals psychiatric symptoms may be the way in which they communicate their distress. Internalizing behaviors (anxiety, depression) and externalizing behaviors (frustration, disruption, aggression) are common psychiatric symptoms which indicate distress.

*This summary was prepared to provide guidance to parents and other providers of care in seeking out psychiatric services. Clinical information for the consulting psychiatrist is available in a separate monograph.*

Psychiatric symptoms may also emerge as a manifestation of an underlying psychiatric disorder. Psychiatric diagnoses are made when a specific cluster of symptoms occurs over a long enough time period to alter an individual's level of functioning in their daily environment. The most common psychiatric disorders are anxiety and depression. Another common set of diagnoses originate in childhood and are classified as disruptive behavior disorders. The most severe psychiatric disorders are indicated by the presence of psychotic symptoms defined by hallucinations, delusions, and disordered thinking. In general, the predilection for a particular psychiatric disorder can be familial, genetically determined, associated with specific chromosomal abnormalities, or caused by brain injury. They are also frequently triggered by stress. Certain temperamental traits are also prodromal.

Psychiatric evaluation can:

- delineate symptoms
- identify stressors
- recognize the strengths and weaknesses in coping strategies
- indicate the presence of an underlying psychiatric disorder

Recommendations for intervention may include:

- prescriptions for environmental change
- alterations in interpersonal interaction through behavioral modification
- education to teach new coping strategies
- medication to alter the individual's threshold for response to stress
- medication to treat an underlying psychiatric disorder

## The Psychiatrist's Role

It is the role of the psychiatrist to obtain a thorough data base including developmental, behavioral, family and medical histories. This may involve interviews of family members, teachers, staff and/or other caretakers, as well as a review of records. The psychiatrist will also interview or observe the patient to obtain a mental status examination. This series of questions and assessments allows the psychiatrist to evaluate the patient's attention span, concentration, motor function, speech and language, interactional abilities, mood and affect, thought patterns and problem solving abilities. The mental status examination provides a window through which brain function is indirectly explored. The psychiatrist organizes the data and synthesizes a case formulation delineating the nature of symptoms, their etiology and their significance. A differential diagnosis is made, and further diagnostic testing is recommended. Ultimately, multimodal treatment interventions are suggested. Depending upon the expertise of the psychiatrist, some of the treatment recommendations may be referred to other professionals on the mental health team.

Parents (or other caretakers) aid the psychiatrist by coming to the appointment prepared with information that includes past life events with approximate dates, medication history and the patient's behavioral, medical as well as family history.

It is not necessary for the treating psychiatrist to have experience with Prader-Willi Syndrome. Because this is a rare disorder, there are few clinicians who have had

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the opportunity to see large numbers of patients with PWS. Rather, parents should seek a credentialed psychiatrist (ABPN certified in either Child and Adolescent Psychiatry or General Psychiatry) who has an interest and experience in caring for persons with developmental disabilities and

Experience caring for persons with developmental disabilities and a willingness to take time with a complex patient are essential qualities in a psychiatric consultant

who is willing to listen, read and learn about the syndrome.

Above all, parents should seek a psychiatrist who is expecting to follow the patient over time and who requests office visits and follow up phone calls whenever prescribing a new

medication or when changing a medication dose. Typical follow up may be in 1-3 weeks initially and at least monthly thereafter with an office visit depending on the nature of the symptoms and the type of medication prescribed. Some medications require blood testing when first prescribed, when the dose is changed and at less frequent intervals thereafter, perhaps every 3-6 months.