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The role of the family in paediatric care, illustrative cases from Enugu Nigeria

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Africa in terms of family has been segmented into unclear and polygamous family types with some still clinging to old traditional system, some others having been westernized and the bulk of the people in transition of the mixed type. However, the family extended or unclear still remains under clans, towns, states, tribes etc. At the University of Nigeria Teaching Hospital Enugu, the Child Abuse and Neglect Monitoring Centres of the African Network for the Prevention and Protection Against Child Abuse and Neglect Nigeria Chapter and at the Therapeutic day Care Centre and Boarding School Abakpa Enugu (TDCC) for Special needs of children, families are involved in the care of the ill, disturbed and or violated child. The paper presents several cases drawn from the above institutions to illustrate the importance of family involvement in paediatric care in Nigeria. A case is presented as illustration. A 12 year old epileptic child with intellectual impairment at the Therapeutic Day Care Centre and Boarding School Enugu was placed on 400 mg Tegretol by her paediatrician. Unknown to the school, the father in apparent denial of her daughter's disability reduced her dosage to 200 mg taken in the mornings. One day, she gave two big bites to a 12 year old quiet autistic child (female). She repeated the bite on the same girl after 2 weeks. School authorities became suspicious and invited family members. The father boasted, he had reduced the dosage to 200 mg and was proud the child had no more seizures. The unprovoked bites were pointed out to the father as possible sequelae of her low Tegretol dosage and family members were referred back to their paediatrician.

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Hypomania spectrum disorder in adolescence: A 15-year follow-up of non-mood morbidity in adulthood

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Background: We investigated if adolescents with hypomania spectrum episodes have an excess risk of mental and somatic morbidity in adulthood, as compared to adolescents exclusively reporting major depressive disorder (MDD) and controls without mood disorder.

Methods: A community sample of adolescents (N=2300) was screened for depressive symptoms. Participants with positive screening and matched controls were diagnostically interviewed. Ninety participants reported hypomania spectrum episodes (40 full-syndromal, 18 with brief episode, and 32 subsyndromal), while another 197 had MDD without a history of a hypomania spectrum episode. A follow up after 15 years included a blinded diagnostic interview, a self-assessment of personality disorders, and national register data on prescription drugs and health services utilization.

Results: There were no significant differences between the adolescents with hypomania spectrum disorder and MDD regarding subsequent adult non-mood Axis I disorders (53% vs. 57%), personality disorders (29% vs. 20%), pattern of disorders or other health outcomes. Compared to adolescents without mood disorders, both groups had a higher subsequent risk of mental morbidity, utilized more mental health care, and received more psychotropic drugs.

Conclusions: Adolescents with hypomania spectrum disorder and adolescents with MDD do not seem to differ substantially in health outcome, challenging the diagnostic value of less severe symptoms of hypomania in adolescents. However, both groups are at increased risk of subsequent mental health problems and should be carefully followed.

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