

A Critical Perspective on Psychogenic Movement Disorders in Children

Melinda Jonas*

Department of Physical Medicine and Rehabilitation, University of Ibadan, Ibadan, Nigeria

DESCRIPTION

Psychogenic Movement Disorders (PMDs) are movement disorders (MDs) which occur due to psychological imbalance. These PMDs become a challenging problem for therapists as well as neurologists. The term “psychogenic” is referred to define the disorders which cannot be validated to any notorious neurochemical disease.

The disorders usually exist with several difficult movements. Symptoms simulate the irregular instinctive actions. The disorders generally accomplish psychiatric conditions for a transformation illness which is one of the of somatoform disorder. Physicians are being disinclined to perform the diagnosis of PMD due to broad disinclination of patients to receive the diagnosis.

These movement disorders are categorized into two types: (a) HEMD (Hyperkinetic Movement Disorders), (b) HOMD (Hypokinetic Movement Disorder). HEMD is also called as “dyskinesias” whereas HOMD is sometimes called as akinetic disorder or rigid disorder. HEMD depicts the unusual and continuous instinctive movements which includes childhood movement disorders such as ballismus, myoclonus tics, dystonia etc. The prime MD is Parkinsonism which is mainly during adulthood as “Parkinson’s disease”. HOMDs are comparatively rare in case of children. Moreover, in this article, preliminary perception about the PMD in children is depicted. Later, some challenges along with solutions are described.

Wilson and Keener have described their perspectives about the MDs in children in the year 2018 [1]. The authors have firstly depicted about the tremor, dystonia as well as tics disorders. Some of the standard pharmacologic treatments have also been described along with stereotypies. Later, they have concluded that there is a need for advancement of intervention to treat movement disorders. In the year 2019, Kuiper et al. has examined MDs as well as neuropsychological movements in children [2]. Classification as well as frequency and severity of MDs in cohort patients are considered and described.

The authors have considered patients from Netherlands and the United Kingdom. Neurological experiments are evaluated and with the help of experts, the levels of severity, classification are

noticed. 37 patients are recruited and among those 37, 19 are adult and rest of the 18 are children. Characteristics such as gender, age group, diagnosis time, residence time etc. are considered for the study.

Dystonia as well as tremor are observed as major features in children with MDs. They have concluded that 47.2 % of behavioural conflicts are related with MDs. Finally, they have concluded that HEMDs seem very frequent in both children as well as adult. They have also suggested that wherever applicable, advanced treatments for MDs should be applied. In the year 2020, Pandey et al. has made an examination on MDs in children in North India [3].

Patients enrolled in KGMU (King George Medical University) which is present in Lucknow are considered for the study. Ethical approval has been taken to evaluate the study on patients. For performance evaluation purposes, the authors have considered the severity, categorization as well as treatment’s response as characteristics for MDs at a teaching hospital in northern India. The authors have considered chorea, tremor, tics, ataxia as well as some other disorder patients for the study. They have observed that most of the patients are infected with TM (Tuberculosis Meningitis), ES (Encephalitis Syndrome) etc.

MDs are one of the hot topic among the researchers as well as practitioners of disorder research communities. Although, many treatments are available for MD, still there is a need to improve the efficiency of level of treatment to diagnose MDs especially in children. There is a need to give treatments for MDs wherever applicable. Performing treatment at the right time to patient is a challenging concern and it is one of the limitations for MDs. It can’t be overstate to say that the response for the treatment for MD patients is unpredictable. Still, there is requirement to improve the treatment methodology for diagnosing MDs especially in children.

REFERENCES

1. Wilson RB, Keener AM. Movement disorders in children. *Advances in Pediatrics*. 2018;65(1):229-40.
2. Kuiper A, Grünwald S, Murphy E, Coenen MA, Eggink H, Zutt R, et al. Movement disorders and nonmotor neuropsychological

Correspondence to: Melinda Jonas, Department of Physical Medicine and Rehabilitation, University of Ibadan, Ibadan, Nigeria, E-mail:jonasmelinda@gmail.com

Received: December 11, 2020; **Accepted:** December 24, 2020; **Published:** December 30, 2020

Citation: Jonas M (2020) A Critical Perspective on Psychogenic Movement Disorders in Children Disease. *Int J Phys Med Rehabil*.8:S2.003.

Copyright: © 2020 Jonas M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

- symptoms in children and adults with classical galactosemia. *Journal of Inherited Metabolic Disease*. 2019;42(3):451-8.
3. Pandey CS, Kumar R, Malhotra HS, Kohli N, Kumar C, Verma SK. Movement Disorders in Children: An Observational Study in a Tertiary Care Center in North India. *Journal of Pediatric Neurology*. 2020;18(03):135-40.