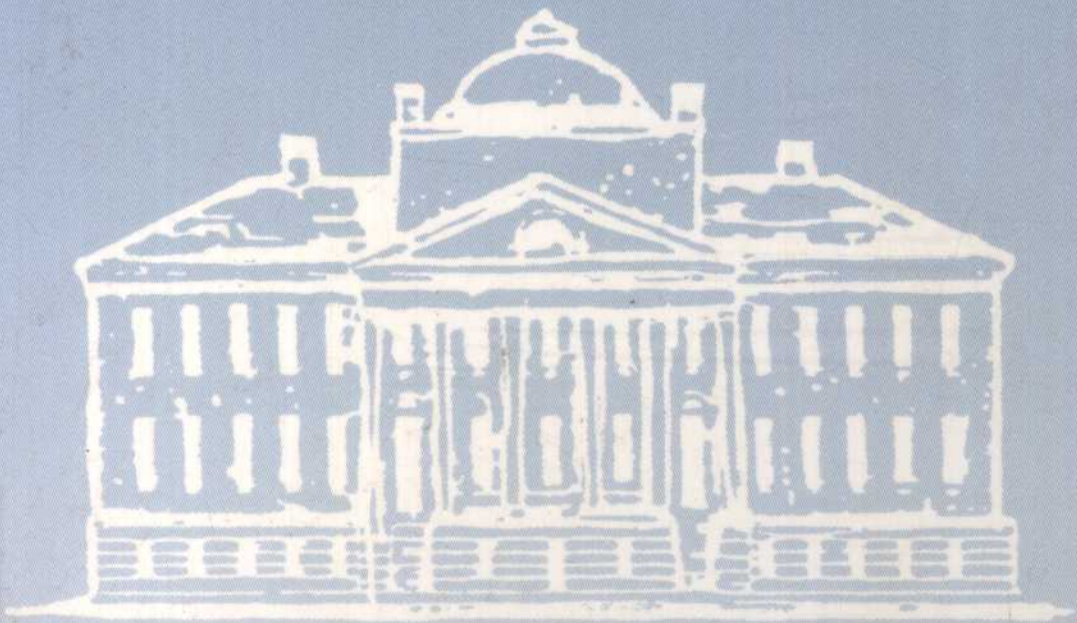


A YEAR BOOK

HANDBOOK

MASSACHUSETTS GENERAL HOSPITAL
PSYCHIATRIC ASPECTS OF
GENERAL HOSPITAL
PEDIATRICS



MICHAEL S. JELLINEK / DAVID B. HERZOG

MASSACHUSETTS GENERAL HOSPITAL

Psychiatric Aspects of General Hospital

Pediatrics **NOT FOR RESALE**

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MASSACHUSETTS GENERAL HOSPITAL

**PSYCHIATRIC ASPECTS OF
GENERAL HOSPITAL PEDIATRICS**



We would like to dedicate this handbook to Dr. Donald Medearis and to the memory of Dr. Thomas Hackett, both of whom provided the leadership that has encouraged collaboration between child psychiatrists and pediatricians at the Massachusetts General Hospital. We thank our own families (Barbara, David, Abraham, and Isaiah J., and Jennifer, Jonathan, and Matthew H.) for their support through three residencies, beeper calls, and our commitment to this handbook.

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Preface

Pediatric house officers confront psychological problems every-day on the inpatient wards. They frequently experience frustration, and often do not have the time or training to deal with the moods and behaviors of patients and families. We have lived through many of these psychiatric dilemmas in our own training and with pediatric interns and residents. Although there are handbooks that provide ready access for the medical management of hospitalized children, there is none devoted to the psychiatric care of such children and their families.

The 53 contributors from Massachusetts General Hospital have created chapters that are brief. Each chapter can be read in 10 to 15 minutes and the handbook can be carried in a lab coat or back pocket. This is not a comprehensive textbook, nor can it replace the efforts of an experienced, empathic teacher.

We did not edit for uniformity. Each chapter bears the author's style and approach. Some themes are repetitive, yet the perspectives are diverse. This handbook reflects our respect for the technical and creative skills necessary for the care of hospitalized children. Essential to this care is the collaborative relationship between pediatrics and child psychiatry.

We especially wish to thank Helen Kiddy, Darcie Andrews, and Barbara Cunningham for including this small undertaking in their workload and for doing it with so much care.

Michael S. Jellinek, M.D.
David B. Herzog, M.D.

Introduction

There are at least four very good reasons to write this book. Some years ago I was asked by a medical student why the patients on one particular hospital service seemed to have no psychiatric problems, whereas so many of our pediatric patients did seem to have them. My answer was, of course, that one sees and deals with only what one is prepared to see. That anecdote relates to one reason for this book, the prevalence of emotional disorders in pediatrics. Estimates of the prevalence of psychiatric conditions in the general pediatric population range from 8% to 30%. There are no data suggesting that patients with medical problems requiring admission to a hospital have fewer psychiatric disorders. Indeed, the reverse is probably the case. Understanding children's adjustment to illness will help the physician to more ably care for the patient. The child psychiatry liaison service here has been a source of great support and help to the patients and the staff in this regard.

A second reason is that psychiatry is undergoing a productive revolution. It is a medical field of unparalleled complexity and our capacity to begin to describe, define, elucidate, and treat its manifold disorders has been greatly increased over the past two decades through the application of epidemiologic, psychologic, physiologic, biochemical, and molecular studies. Moreover, there is now a greater willingness to accept the reality of psychiatric diagnoses without pejorative stigmata, and to deal more directly and effectively with such conditions. This too is an important reason for an attempt to summarize the pertinent information in the field and assist the resident and staff physician to better care for his or her patient,

by having a better understanding of child psychiatry and its clinical applications in the inpatient pediatric setting.

A third and compelling reason is that there is no similar handbook despite the need. The eleventh edition of *The Harriet Lane Handbook* has a section on developmental evaluation within which the "Draw a Person" test is included, but there is no section on behavioral or psychiatric disorders or on liaison psychiatry. Only 10 of the over 900 pages of the seventh edition of *The Residents Handbook of Pediatrics from the Hospital for Sick Children, Toronto*, are devoted to behavioral pediatrics. In that section somatoform disorders, acute psychoses, school refusal, depression, suicide, and child abuse are only briefly considered, but the dying child, managing the difficult patient or parent, the affective complications and manifestations of chronic disease, house officer stress, and team functioning are not. This handbook is more complete.

Finally, the editors are exceptionally well qualified to write this handbook. Both are board certified in pediatrics and child psychiatry; both work with patients, parents, house staff, and staff of this pediatric service daily; both are known for the excellence of their published observations; and both are highly respected, valued, and liked by their colleagues. We are fortunate to have their written views on this set of very important topics at this timely point, and I feel privileged to have been invited to write this introduction.

In short, this is a handbook that I believe pediatric residents, staff, and practitioners need and will find useful and valuable.

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