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childPSYCH News

A newsletter for professionals and parents

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Coeliac Disease in Children

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The link between health problems and psychological problems have long been suspected and debated. In recent years, research has focussed more on this important link.

Psychiatrists and psychologists have long known about the link between such problems as a Strep Infection and the development of obsessive compulsive symptoms or thyroid problems mimicking depression.

In the last two decades, the world of natural medicine has seen a rise in people seeking out evaluation for wheat intolerances. There are now discussions amongst professionals about the rates of wheat intolerance in some children with autism as well as the link between irritable bowel syndrome and anxiety and depression.

What is a coeliac's disease?

Coeliac's disease is a wheat intolerance. The symptoms of coeliac's disease include; abdominal pain, fatigue, recurrent mouth ulcers and bone and join pain. Visit www.coelic.org.au for more information.

Coeliac's disease is caused by the body's difficulty with processing gluten (the protein found in wheat and rye etc) which then causes damage to the small bowel.

Coeliac's disease is best diagnosed by a medical professional through a small bowel biopsy but is first screened for with a blood test.

What is the link between autism and wheat?

First, not all children with autism have a wheat intolerance and treatment of wheat intolerance in children with autism should not be considered a cure. There is no clear science behind this.

"As an auto immune disease...researchers have found a link between wheat intolerance and neurological problems"

However, difficulty with processing gluten have certainly been found in some cases of children with autism. And the evaluation of wheat intolerance and other allergies should be part of the medical evaluation of autism. A study from Norway in 2003 reasoned that the peptides (amino acids) derived from gluten are related to transmitters in the brain that effect anxiety and mood.

The study is important in that the study lasted a year and participants were unaware of the exact dietary intervention they were receiving. So what did the study find? The study found a decrease in autistic symptoms (e.g. coping with change), improvement in motor skills, improvement in reasoning skills and the children showed more interest in social interactions. The control group by comparison, continued to show more autistic symptoms and less interest in socialising as well as a deterioration (small) in motor skills.

Remember, treating any wheat intolerance in children with autism is not a cure. But certainly can be considered part of the overall management of a child with autism who has a wheat intolerance.

What about other childhood conditions?

As an auto immune disease, it should come as no surprise that researchers have found a link between wheat intolerance and neurological problems.

Studies have shown that 51% of children with Coeliac's disease will have some sort of neurologic disorder compared to 19% of non-coeliac's. In adult sufferers of coeliac's, they were more likely to have problems such as epilepsy, dementia and other motor issues. In children with coeliac's, the findings of interest were that 20% tended to have some learning difficulties and AD/HD and 27% had headaches.

You may ask what would happen if they were placed on a gluten free diet? Well the children in this study were on a gluten free diet suggesting the neurologic difficulties were unimproved by a diet.

Does this mean that left untreated, coeliac's disease results in damage to the brain? The researchers could not prove that delays in diagnosis and treatment of coeliac's disease worsened cognitive functioning. However, the researchers did notice a trend in their data to suggest that there may be indirect effects of untreated coeliac's on attention span. You may reason again that treating coeliac's disease would "cure" AD/HD and behavioural problems? Wrong again! Providing a gluten free diet will improve behaviour but not cure it.

Conclusion

So some key points to take from all of this are: a thorough assessment, by a medical professional and psychologist is essential. Second, if a wheat intolerance is present, it must be managed.

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AD/HD and Learning Problems

AD/HD or "Attention Deficit / Hyperactivity Disorder" is seen in up to 5% of school age children. Approximately 50-70% of AD/HD children will have learning difficulties. These learning difficulties are not because of behavioural problems but represent a genuine learning disorder such as "Dyslexia" (*see childPSYCH News Vol 1 No 2 for assessment and treatment of learning difficulties*).

To understand why AD/HD children can have a learning disorder, it is necessary to first understand what AD/HD is.

AD/HD is a neurological condition that is characterised by difficulties with attention *and/or* hyperactivity and impulsivity. This means that there are 3 subtypes of AD/HD. The first is the "inattentive type" which used to be called "ADD". These individuals have neurological problems with attention, short term memory functioning, a slowness to their thinking and difficulty with thinking ahead and planning . Such children also commonly have auditory processing problems.

The second type of AD/HD are children who are mainly hyperactive and impulsive, but can concentrate well enough. They generally have less problems with memory functioning and auditory processing. This is a rare type of AD/HD to have however.

Finally there are AD/HD children who have problems with both attention and impulsivity/hyperactivity. This is the most common type of AD/HD child. As you have probably guessed by now, AD/HD children who have problems with attention are more likely to have learning disorders than other types of AD/HD children. This is because memory functioning is important in learning.

An assessment of the child's neurological functioning, using cognitive tests (conducted by psychologists), is important in helping to work out what type of AD/HD may be present and whether a learning disorder is likely. The results are important for helping to teach the child. For example, for some AD/HD children they learn best by having more learning breaks as they have trouble sustaining attention. Others require a slower explanation from the teacher as they are slower to process information. As you can see, a cognitive evaluation is very important in finding out the best way for AD/HD children to learn.

At *childpsych* children evaluated for AD/HD complete a cognitive assessment as part of our diagnostic approach.

Autism Services

childpsych provides a specialist autism clinic focused on assessment and diagnosis and intervention services. Our autism interventions are delivered by psychologists accredited to work with children with autism spectrum disorders.

- √ Assessment and diagnosis of autism
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childpsych.net.au/autismclinic

We are now consulting in Springfield!

Divorce and children - Quick answers

Is divorce ever in the best interests of the children?

It depends. The research on children who grow up witnessing abusive marriages characterised by conflict suggest they are more likely to have emotional and behavioural problems than children in intact non-abusive families. Therefore, for some children it would seem that it is in their interests that the parents separate.

How do children in non-abusive but divorced families react?

In general, children of divorced parents seem to have more behavioural and mood problems than their peers from non-divorced families. One study suggested that 25% to 33% of adolescents in divorced families disengage from their family and "go off the rails". This is compared to 10% of adolescents in intact families who also "go off the rails".

Will all children in divorced families have problems?

No. About 75% of children will cope well enough. However there seems to be some risk factors that will determine how well the child adjusts to family divorce. These are: ***Age*** - preschoolers seem to have greater problems adjusting to their parents separation/divorce. This may be because they lack the ability to understand what is happening. Adolescence is also another period of vulnerability as it seems there is less discipline in the household. ***Child temperament*** - the child themselves bring their own "personality". Some children are naturally more easily irritated or annoyed and so react worse to their parents divorce than would be expected. ***Parent conflict*** - divorced parents who fight and argue in front of the children seem to create children who are more angry (particularly boys). In fact it seems it is parental conflict rather than divorce itself that is the main risk factor!

So what can be done to help children in divorced families?

1. Consider pre divorce or post divorce counselling for the children.
2. Keep routines such as bed times, meal times and bath times consistent across both households.
3. Let children take toys between houses. This will help with "transitioning" between homes