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BEHAVIORAL DISORDERS IN CHILDREN IN PANDEMICS

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ABSTRACT:
THE SARS-COV-2 VIRUS WAS THE NEGATIVE "REVELATION" OF 2020. IN ADDITION TO THE POLYMORPHISM OF CLINICAL MANIFESTATIONS (RESPIRATORY, DIGESTIVE, CUTANEOUS, ASSOCIATED COAGULATION DISORDERS, CARDIOVASCULAR MANIFESTATIONS, ANOSMIA, AGEUZIA, ETC.) IS EMERGING RETROSPECTIVELY, MORE AND MORE PSYCHIC REPERCUSSIONS WITH IMPLICATIONS STILL UNKNOWN IN THE FUTURE.
THE UNPRECEDENTED STATE OF ISOLATION SINCE THE BEGINNING OF THE PANDEMIC HAS MEANT A LACK OF INTERPERSONAL RELATIONS. THE CHILDREN, FOR EXTRA PROTECTION, WERE SENT TO THEIR GRANDPARENTS.
THERE WERE VARIOUS BEHAVIORAL DISORDERS FROM: INTERNALIZATION, OPPOSITION REACTIONS, AGGRESSION, ACQUIRED AUTOMATISMS, STUTTERING, ETC.
IN MOST CASES THE DISORDERS WERE OBSERVED BY FAMILY OR CLOSE ENTOURAGE.

KEYWORDS: CHILD, BEHAVIORAL DISORDERS

Once in about 100 years, humanity is going through ”decimation" during a pandemic. In the historical periods was the plague, the Spanish flu, with a global spread, comparable to the COVID-19. Population agglomerations, damage to wildlife habitat, by the extension of

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human settlements, pollution, persistence of chronic, metabolic or deficiency diseases, are just some of the favoring factors.

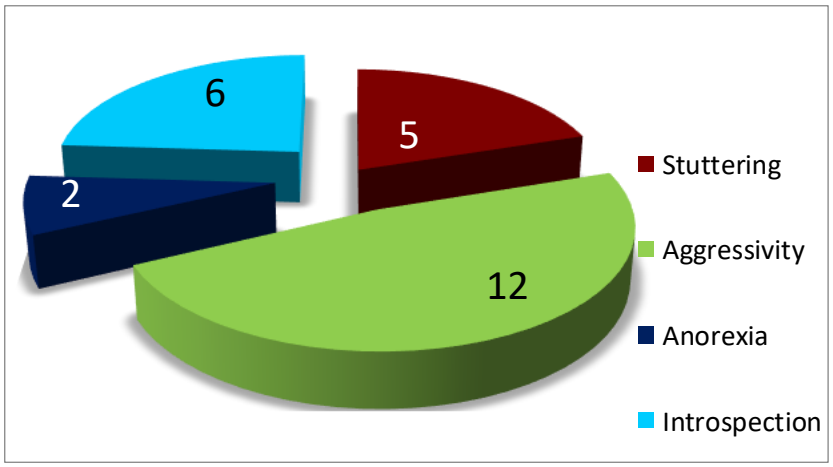
We still have little data on the SARS-CoV-2 virus. It investigates receptors, target organs, multiorgan damage, immunity that develops or not. General resonance depending on comorbidities, "remote" sequelae, etc.

A phenomenon promptly noticed by parents in the period of isolation with their own children was that of the "aberrant" psychic manifestations they had, their spectrum varying between: introspection, sadness, lack of interest, aggression against themselves or towards others, anorexia. From a study conducted on 15 03-15 09 2020, on a group of 100 children, consulted on an outpatient basis for various problems, practically, the vast majority of children endured the consequences of blocking interaction with others.

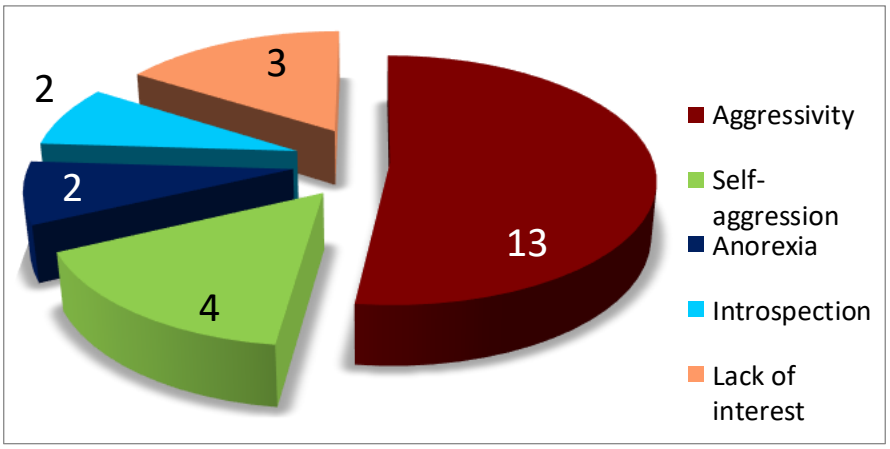
A retrospective study was performed on 100 children between 0-16 years old presented in the outpatient department for various collateral diseases.

It was found that no behavioral changes were reported in the 0-2 age group, an explanation being the fact that the intra-family pressure was not passed on or could not be correctly quantified by the relatives - 18 cases.

In children aged 2-4 years (24 cases), stuttering (5 cases), aggressivity (12 cases), anorexia (2 cases) and introspection (6 cases) were particularly noticeable.



In children aged 4-7 years (27 cases) there was a much more frequent increase in the tendency of aggressivity towards both others (13 cases) and self-aggression (4 cases). Otherwise anorexia and opposition reactions were noted in 5 cases, verbal automatisms (2 cases) and internalization, lack of interest (3 cases).



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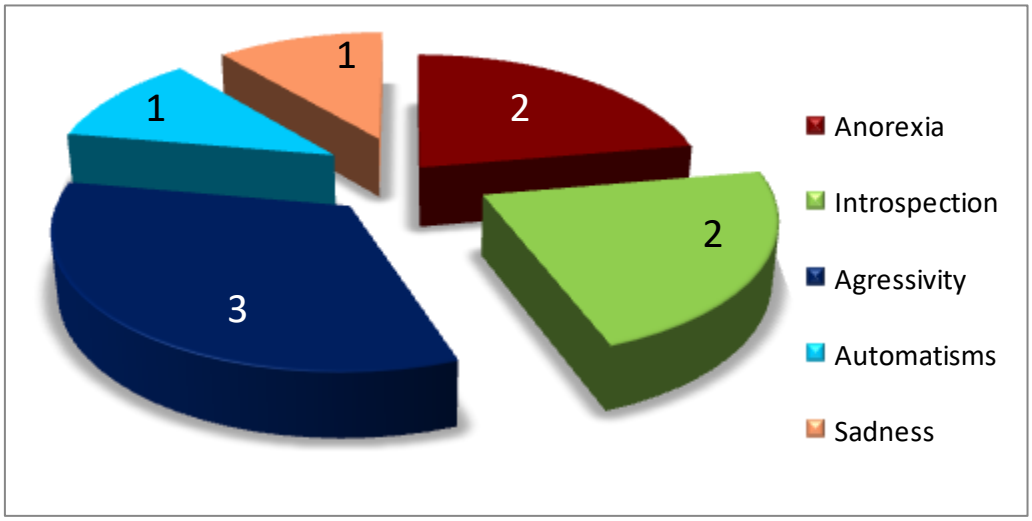
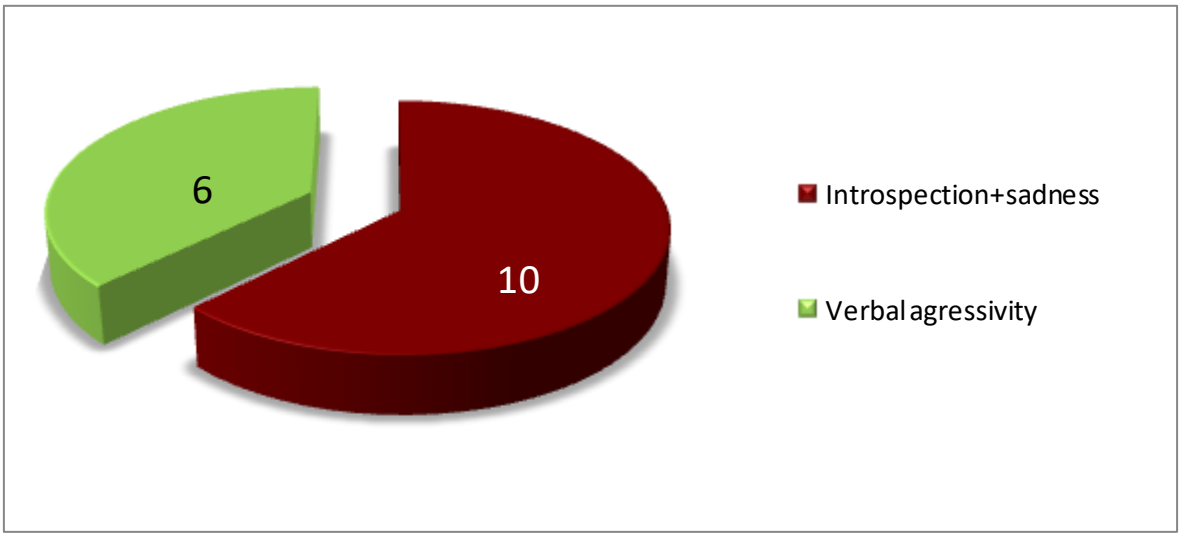
In children between 7-10 years (10 cases), it was found: anorexia (2 cases), introspection (2 cases), aggressivity (3 cases), automatisms (1 case) and severe sadness (1 case).

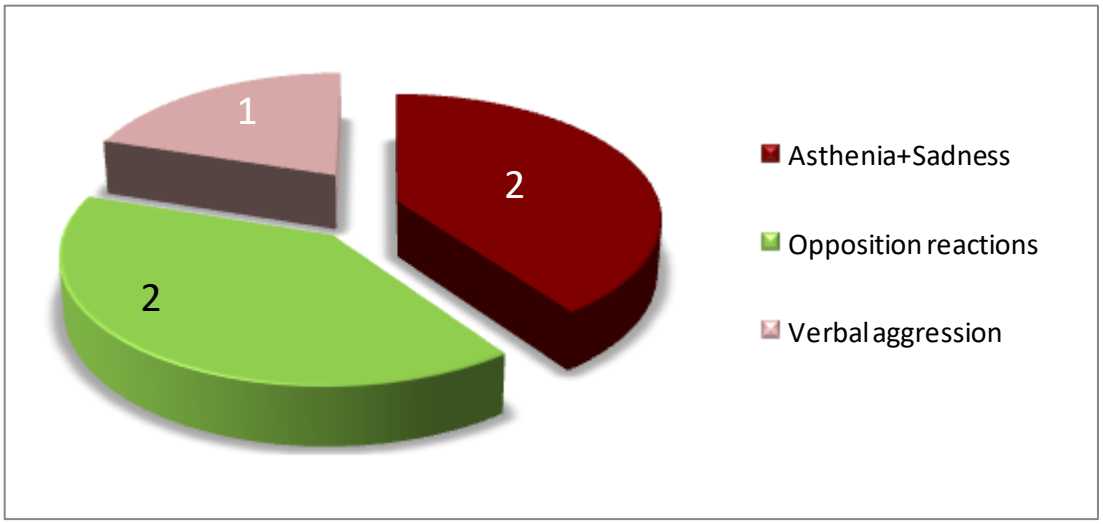


With the onset of puberty, there is an increase in behavioral disorders partially overlapping the "mental constellation" that characterizes age.

Between 10-14 years there were 16 cases, in the majority (10) noticing the tendency of internalization and inexplicable feelings of sadness, the rest (6) acquired especially verbal aggressivity towards the other family members.



Between 14-16 years old, there were 5 patients, 2 had episodes of asthenia and sadness, and 2 had reactions of opposition. One maintained a high threshold of verbal aggression, present and past.



CONCLUSIONS

COVID-19 infection, in addition to the actual polymorphic damage in children (respiratory, digestive, skin, cardiovascular damage - Kawasaki disease, etc.) has a side effect - mental damage, remains to be seen and determined later if the "ostracization" itself, causes behavioral disorders or even asymptomatic COVID-19 infection of the child includes manifestations in the clinical picture of the disease.

Children are very sensitive recipients of discussions and concerns expressed within the family, the long-term consequences of reaction or opposition disorders being difficult to perceive.

The pediatrician must have the skills of a psychologist or psychopedagogue, in order to guide the child and his family towards a positive curative climate, eliminating negative, disruptive factors, encouraging interpersonal interaction, provided that epidemiological precautionary criteria are met.

Early detection of any behavioral disorder determines the possibility of its rapid elimination, without risk of chronicity.

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