

“ To be or Not to be ” ; the Choice will Always be ours, Percussions of Chronic Physical Illnesses on Pediatric Mental Health

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Pediatric chronic physical illnesses

Although it varies widely from one country to another, the overall prevalence of pediatric chronic physical illnesses approximately ranges from 10% to 20% [10]. On the other hand, it is estimated that 7 out of 10 c W visits to a primary care practitioner are due to chronic physical diseases [11]. YgY diseases are associated with variable degrees of impaired functions of X] YFbhbody organs or systems as in cases of poorly controlled bronchial asthma, chronic rheumatic heart disease, congenital heart disease, autoimmune disorders, chronic hemolytic anemias, endocrinopathies, and chronic hepatic and or renal diseases.

Because of the advances in health care delivery all over the world, there is a growing concern about the mental consequences of pediatric chronic physical disorders. Chronic illnesses in childhood usually include pain, discomfort, scholastic absences, poor scholastic achievement, dependence on X] YFYh medications, frequent health care visits and hospitalizations, social incompetence, and poor self-esteem; all of which increase the risk of developing internalizing and externalizing mental disorders [12,13].

Percussions of pediatric chronic physical illnesses on mental health

Ydisability and dysfunction that are commonly encountered with chronic illnesses were found to be attributed to the concomitant anxiety and or depression rather than the physical manifestations of such illnesses [14].

Reciprocal relationship between chronic illnesses and anxiety

It is believed that both chronic illnesses and anxiety interact with each other in ways which are likely to precipitate and or exacerbate their manifestations. On one hand, clinical anxiety increases the risk of development of medical complaints and or exaggeration of physical symptoms via either biological mediators (as hormonal or autonomic changes), psychological mechanisms (as biased symptom perception or defective coping), or a combination of both (as impaired immunity in cases of chronic worry and or excessive avoidance behaviors). On the other hand, the physical manifestations of chronic illnesses and or associated pain, dependence on medications, and or repeated hospital admissions may result in extreme fear about safety or separation from parents that eventually ends with school refusal or may lead to increased scanning and obsessions concerning physical symptoms ending with increased anxiety and panic responses to both physiological body changes and manifestations of physical diseases ° xist) ind dSphysical dixim

Quality of life in the diabetic children [24] with g[b] Wbh prevalent anxiety disorders [25].

Impact of rheumatic disorders and arthritis on pediatric mental health

Pediatric rheumatologic disorders are usually severer than the same disorders of adult onset and might lead to g[b] Wbh psychiatric morbidity with increased risk for internalizing problems especially anxiety and depression. Such high risk for psychiatric morbidity can be attributed to an autoimmune process, underlying vasculitis, and or treatment with steroids, immune suppressive medications, and or immune modulators which are potential causes of psychiatric adversities [26,27].

On the other hand, arthritis is usually associated with restriction of physical activities and might even end with physical disability that is considered as a high risk factor for the development of anxiety and or depression [20,28].

Corticosteroid therapy

Corticosteroids are indicated in a wide variety of pediatric physical diseases. Ym have been demonstrated to have g[b] Wbh neuropsychiatric side Y Wg as cognitive disorders, behavioral changes, depression, and even psychosis. Practitioners should warn caregivers about these adversities before subscribing steroids and other similar drugs to children with X] Ybh chronic illnesses [29].

What is resilience?

Resilience is XY bXas “the power or ability to return to the original form, position, etc...”

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