

## PSYCHOLOGICAL-PSYCHIATRIC SUPPORT TO CHILDREN WITH SEVERE SPINAL INJURY

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**Introduction:** Joint psychological and psychiatric support of children after severe spinal cord injury (sSI) at an early stage of rehabilitation allows to have a timely differentiated assessment of emotional and motivational disorders. It helps to develop a correct curative tactics for patients because changes in their emotional and personal background may impede the adequate course of rehabilitation process.

Severe spinal injury with its medical and psychological consequences entails a psychological shock. This trauma is a real stress for the child and, it takes long time to physically and psychologically adapt to life after such trauma.

Depression is one of the frequent consequences of spinal trauma in adults. One can find different information on the incidence of depression in sSI patients, but all these studies are related to adults. Practically, there is no any clinical trials on the pediatric group of patients, especially related to pharmacotherapy as well as there is no any findings on pediatric sSI psychopharmacology either.

**Objective:** To determine the degree of severity of depressive conditions in children after sSI at an early stage of rehabilitation and to develop an algorithm for psycho-psychiatric care.

**Subjects and methods:** 35 children aged 8-18 with sSI. All patients were examined by a psychiatrist and a psychologist in dynamics. The following diagnostic scales and questionnaires were used: Spielberger scale of anxiety for children from 14 years of age; scale of obvious anxiety (for children from 8 years of age); hospital scale of depression and anxiety (HADS); depression scale developed in Bekhterev's Institute of Psychoneurology.

Psychological support of patients was provided using Gestalt correction techniques.

Psychotropic medication: antidepressants from the group of serotonin reuptake inhibitors.

Results: Patients were divided into three groups:

1. 17.1% of children with depression
2. 31.4% of children with emotional peculiarities manifested by high anxiety and reduced motivation
3. 51.4% of children with no depressive tendencies

Using findings obtained in the discussed trial, we could define basic emotional features in children with sSI at an early stage of rehabilitation and could developed an algorithm for joint psycho-psychiatric treatment:

Children from the first group with obvious signs of depression had to have psychiatric correction first, while psychological support was secondary to them.

Children from the second group with high anxiety and low motivation but not pronounced depressive tendencies needed psychological support first, while psychiatrist's help was recommended in the form of consultations.

Children from the third group were recommended only psychological support.

**Conclusion:** Joint psycho-psychiatric support of patients will allow:

1) to timely identify children with severe depressive tendencies, high degree of anxiety combined with low motivation;

2) to provide a qualified psychological help;

3) to adequately provide specific psychiatric care with neuropsychopharmacological support.