

PSYCHOSOCIAL SUPPORT

Preschool regulatory problems and attention-deficit/hyperactivity and cognitive deficits at school age in children born at risk: Different phenotypes of dysregulation?

Background

Multiple or persistent early regulatory problems (RP), such as excessive or prolonged crying (> 3 months of age), feeding, and/or sleeping difficulties, have been reported to be predictors of attention-deficit/hyperactivity and associated problems during preschool and school years. Using data of a large prospective population study of children born at risk, the study investigates whether persistent RP during the first 4 years of age are precursors of attention-deficit and/or hyperactivity problems and cognitive deficits at 8.5 years of age, controlled for psychosocial and neurological confounders.

Summary of results

Only persistent RP (5, 20, and 56 months) - not transient RP - predicted lower IQ, increased attention deficits as observed during test situation, and considerably increased odds of DSM-IV ADHD diagnosis, even when controlled for psychosocial and neurological confounders. This probably indicates a cascade model of development, whereby infant behaviour problems provide the starting point of a trajectory of dysregulation through time.

Strength

Due to the prospective approach regarding a large population sample this study offers the possibility of a long-term observation of persistent RP from infancy to school age and the chance to control for neurological and psychosocial risk factors. Measures of attention deficits based on multiple sources (child's test scores, parent interviews, expert ratings).

Limitations

Children, included in the study, were born in the years of 1985/1986, so they received treatment of other care standards compared to today. RP were conducted with parental reports asked by pediatricians, not with structured diaries. Aspects of dyadic functioning are considered insufficient, so that moderating effects by quality of parent-child-interaction could not be investigated.

Practical conclusion

Due to the fact, that also preterm children are at higher risk for attention deficits and the development of mental disorders, results offer specific implications for follow-up care. The latter should also include an ongoing monitoring of crying, feeding and sleeping problems as potential early indicators for further dysregulation problems. At the same time parents' impairment by RP and their capability to deal with these problems, in particular quality of parent-child-interaction, should be recorded and corresponding interventions should be offered.

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