

Pica disorder: causes, effects and treatment



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Introduction

This essay will discuss one of the feeding and eating disorder called the Pica Disorder. Specific reference will be made to a clear explanation of the disorder, epidemiology, etiology and clinical features. The essay will also look at the DSM-IV-TR, summarise the key problem areas in Pica DSM-IV-TR classification, pathology and laboratory examination. It will further discuss the differential diagnosis, the prognosis and the treatment.

The pica disorder has been recognized and explained since ancient times. The disorder is observed in ethnic groups around the entire world, in both the olden days and recent or modernised cultures; for both male and female and for different age groups. The name of the disorder derives from the Latin term for magpie, a bird known for its unusual indiscriminate eating habits. Pica has also been looked at in other animals such as chimpanzees. The disorder affects everyone but it is most common in young children. It doesn't only appear on its own, it can manifest in the present of another disorder. Pica is treatable, but when the disorder is ignored, it can lead to death.

1. What is Pica Disorder?

Pica is defined as a continuous eating of unhealthy and unbalanced substances for a maximum period of one month (Waugh, Markham, Kreipe & Walsh, 2010). There are no characteristics associated with biological disturbances for Pica disorder. Pica is only picked up when there are physical signs that need medical attention such as stomach pains and infections. Pica can also be examined even when the signs appear in the present of another disorder such as autism spectrum, schizophrenia, or intellectual disability.

However, the only time Pica can be diagnosed is when it is discovered to be serious and continuous to seek clinical attention (Sadock, Sadock & Ruiz, 2015).

Pica occurs in children, adolescents and adults. It is recommended by the DSM-5 that the diagnosis of Pica is primarily under the age of two and it is most likely to manifest in children than in adults. Pica appears in both boys and girls or men and women and is sometimes combined with the cultural belief in the spiritual gain of digesting unhealthy food. In this case, a diagnostic of pica is not applicable (Sadock et al., 2015). Pica is also found in mentally disturbed people as well as in pregnant women. In women that are pregnant it is found that it is caused by geophagia (intake of clay) and amylophagia (intake of starch), (Sadock & Sadock, 2003).

Pica is usually diagnosed after a maximum appearance of one month, but according to the recent DSM-IV criteria, it is not appropriate to children that are still developing and to not look into the fact that children have a habit of sucking and putting objects into mouth. The DSM-5 diagnosis Pica for children under the age of two (chronologically and mentally), with no limitation of older ages; and in adult it is classified as an example of 'other eating disorder'. Even though the DSM-5 adds Pica as a disorder that often manifests in young children or teenagers, it is obvious in the studies that have been done and reported that Pica is first diagnosed in adults. The persistent induction of Pica being an illness of infants and young children in DSM-5 accredits careful attention in the light of data that has got to do with age of opening and of an identification of the disorder (Waugh et al., 2010).

People with mental deficiency or other occurring developmental disorders such as autism, usually get pica as one of the signs of a larger domain of complicated actions. At the moment, DSM-5 criteria states that it is pretty much obvious for one to be diagnosed with pica, if there are an indication of abnormal behaviours and if it is in the present of another mental disorder that it immediately seek clinical or medical attention (Waugh et al., 2010).

Pica can be recognized by health professionals. “ Pica can be a manifestation of a range of medical conditions and can lead to a variety of complications including lead and nicotine toxicity, surgical intervention requirements, and parasitic infestation” (Ali, 2001). The literature gives an indication of the epidemiology, etiology and various complications in people suffering from intellectual disorders. The literature also views different medical, cultural and psychological theories that paly a huge role on etiology as well as on various complications.

A variety of terms have also been looked at that best describe the occurrence of pica; “ geophagia is the ingestion of clay; coprophagia is the ingestion of faeces; pagophagia refers to the ingestion of ice; and amylophagia is the ingestion of starch” (Ali, 2001). Pica is therefore labelled clearly if one of the terms is identified or is exaggerated in the study of indiscriminate pica (Ali, 2001).

2. Epidemiology

Pica has been found to occur in well functioning young and old people, but the majority lies within people who have severe health cases of intellectual disabilities (Bell and Stein, 1990). The popularity of pica is ambiguous. A

study of a big clinic population concluded that only 75 percent of infants (12months old) and 15 percent of toddlers (2- to 3-year olds) had put things or objects in their mouth, which is absolutely normal and does not necessarily lead to or cause ingestion (Sadock et al., 2015). Research has concluded that 15 percent of people with serious mental disturbances suffer from pica. However, pica affects both male and female fairly (Sadock & Sadock, 2003).

Pica has been looked at in three core perspectives: in children, some social contexts as a culturally sanctioned behaviour, and idiosyncratically. Many idiosyncratic reports are made in normal people and in people who suffer from intellectual disability. From infancy till 18 months, pica is regarded as normal because it is a developmental stage where children place substances in their mouth and it is known as physiological pica. For infancy pica is associated with risky substances that are placed in the mouth and with children above 18months, pica may be associated with intellectual abilities or faced stressors (Ali, 2001)

Cultural sanctioned pica is associated with clay eating in the African contexts and it is also found to be the most common in pregnant women. Many pregnant women reported that they are consuming clay and some reported that they consume it on different occasions. Pica is observed in normal functioning individuals and intellectual disability people. Research looks primarily on people suffering from other chronic disorders such as dementia on old people as well as people with unbalanced diets (malnutrition). Research found that pica is serious in intellectual people, however it decreases with age but manifests heavily after the age of 70 (Ali, 2001). Pica

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is also found to create problems in social interactions for people suffering from the disorder, usually children would undergo social experiences such as shyness, loneliness, and feeling inferior (Troop & Bifulco, 2002).

3. Etiology

Many theorists have been asked to explain the abnormalities of pica and none of their ideas have been credited. There's a major possibility of pica occurring in the person with families that show significant signs of the disorder. Absence of well-balanced substances has been speculated to be the major contributing factor to pica; often the desire to consume substances that are not healthy arises from dietary deficiencies. This is usually the desire to have ice or unhealthy substances which are known to be linked with the lack of iron and zinc. A common case of caregivers abandoning and deprivation has been linked with many incidents of pica (Sadock & Sadock, 2003). The reason for not having any care for infants and toddlers, as well as lack of sufficient feeding, leads to high risk of pica (Sadock et al., 2015).

The features and incidents of pica are found to be too complex to only be revealed as one sign or cause. Pica is not showing to be a "disease" as such but rather a symptom that can occur in various physical and psychological problems. Etiology of pica is found in psychological, cultural, and medical theories (Ali, 2001).

1. Psychological Theories

Pica can be classified as a learned behaviour from people suffering from intellectual disorders, as they couldn't differentiate between appropriate substances to consume and inappropriate substances. This is however

contradicted by the look of things from people who compiled a research on hostile people concentrating on a certain substance to ingest. From other psychological theories, this is taken as a type of aggression. Pica is found to be higher in communities with little interaction among the society (Ali, 2001).

2. Cultural Theories

Geophagia is the main cause of pica associated to cultural theories.

Consuming clay seems to be normal in most African people. Eating clay has been used as a method of detoxification. Clay is used as traditional remedies in most societies; also used for healing other infections such syphilis, increasing breast milk production and guiding the birth procedure (Ali, 2001).

3. Medical Theories

Medical theories look at a variety of components that cause pica disorder. These causes are the role of mineral status and nutrition, neurological or neurotransmitter pathology and psychiatric disorders and the addictive quality of the substance digested. There are lost sources to the correlation of lack of iron and pica. There's confusion in the literature on whether pica disorder causes the lack of minerals, or if the lack of minerals is the result of pica. The idea of the lack of minerals, particularly lack of iron is the result of pica regarded as "nutrient hypothesis". According to this hypothesis, pica is regarded as the responded actions to the deficiency. The proof in the context is found in past medical records and cases that have been reported. Lack of zinc has also been found to be the cause of pica. "Alternatively, the view that pica could cause a mineral deficiency is based on the observation that certain clays have chelating properties, that is they bind the mineral and

hence prevent its absorption” (Ali, 2001). It has been displayed that eating clay can prevent the intake of elemental iron.

4. Diagnosis and Clinical Features

Having intakes of inappropriate substances continuously for a period of 18 months of age is not normal, even though DSM-5 considers under 2 years for a diagnosis of pica. Actions of the disorder may start in infants 12 months to 24 months of age. Certain things that are digested may differ with their approachability, and they expand with the child’s ability of progression and the resultant increased autonomy and induced parental care. Infants may put things like hair, cloth, paint etc. in their mouth, while toddlers on the other hand may digest things like animal feces, dirt, small stones and paper. The substances that children digest may cause clinical complications and can be harmful to the individual. Other severe implications are lead poisoning from consuming lead-based paint, intestinal parasites after eating soil or feces, lack haemoglobin and lack of zinc after eating of clay, serious lack of iron after eating of larger portions of starch, and internal pains from digestion of hair balls, stones and gravel. Pica during pregnancy is often less to the pregnancy on its own (Sadock et al., 2015)

5. Summary of Key Problem Areas in Pica in DSM-IV-TR Classification

Pica manifest beyond the age domain implying its induction in the categorizing system has to be considered again. Its manifestation in older people is built in the present of its choice of words (e. g. the describing of schizophrenia in criteria), but it’s not apparent at the same time to the clinician based on the induction in the system. There are some considerations that pica might be best described as the “ obsessive-
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compulsive spectrum disorder”. This consideration derives from the proof regarding the reaction to SSRI’s, and looking at compulsive, anxiety relieving components of the eating disorder. There’s a consideration that there may be two core types: “ voluntary and involuntary”. This suggestion is not yet looked into and there’s some sort of proof that they will fall into subgroups. There must be changes on the induction of pica in the classification scheme so that it is not placed under the Feeding and Eating Disorder of Infancy or Early Childhood (Waugh et al., 2010)

6. Pathology and Laboratory Examination

There has been no experiments showing a diagnosis of pica, but many experiments done in the lab are valuable as pica is usually linked with unnatural levels of lead. Levels of iron and zinc in serum must be established and rectified if little. In unusual instances when it is the causes, pica may vanish when oral iron and zinc are conducted. Haemoglobin level must be established to exclude anemia (Sadock et al., 2015).

7. Differential Diagnosis

The various diagnosis of pica covers the avoidance of food, anorexia, or unusual lack of iron and zinc. Pica may happen in connection with a downfall to prosper, and be a dual diagnosis with schizophrenia, autism spectrum disease and kleine-Levin syndrome. Young ones also indicate unusual actions, involving the swallowing of toilet water, garbage and other unhealthy staff. Lead intoxication may be linked with pica. In terms of children who illustrate pica that requires clinical attention, along with another present disorder, both disorders must be coded based on the DSM-5 (Sadock et al., 2015).

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8. Course and Prognosis

The prognosis of Pica is often well and, in children that are intellectually functioning, pica settles concurrently with several months. In young children, pica often undertakes with increasing age; in pregnant women pica is reduced due to the pregnancy and in adults, pica may continue for many years especially those suffering from autism and intellectual disabilities. Investigations on these people are too little to make valid conclusions (Sadock et al., 2015).

The prognosis for people with pica differs, based on the kind and amount of substance taken, the extent of visible side effects and problems of pica may be turned back and if not treated, it may result to death (Encyclopaedia of Children's Health, n. d.)

9. Treatment

When seeking for pica treatment, the first thing to be done is to look into the cause of pica at all times. When Pica manifest as malnutrition and lack of child supervision, it's obvious that these incidents are avoided or stopped. There must also be an elimination of toxic substances such lead. No direct treatment available for pica as such, often treatment tries to achieve giving people lessons and modification of actions. Treatment includes various angles such psychosocial, environmental, behavioural and family supervision approaches. When lead is in the same environment as the child, it is only appropriate for the child to taken to a different surrounding. Behavioural shaping as well as behavioural models has been used to calm the disorder. Higher parental care, stimulation and emotional supervision will lead to

positive outcomes. Research found that pica occurred from poor areas, and some sick people, rectifying the lack of iron and zinc removes pica. Medical conditions such lead poisoning must also be given medical attention (Sadock et al., 2015).

Treatment of pica will rely on the etiology and the kind of pica. Conventional medical treatment may be relevant to some cases. For instance, certain pills with iron-containing vitamin have been proven to reduce the cause of seldom desires of substances to individuals who lack iron. Pica does not have exposed medical etiology in most instances; therefore it would be wise to utilize various methods of treatment such as therapy, psychoeducation, and ways to maintain good health (Encyclopaedia of Children's Health, n. d.)

1. Behavioural Treatments for Pica

- Self-Protection Device

Self-protective devices (SPD's) are used to get rid of any chance of getting into contact with pica. SDP's include bags or jackets that cover the arms and helmets that prevent an opportunity to the person's mouth.

- Overcorrection

Overcorrection methods are used to educate appropriate actions through overestimated actions. Overcorrection involves the unforeseen circumstances of one of the following:

1. Oral hygiene: people must brush their teeth for certain duration with a toothbrush immersed in a mildly aversive mixture.
2. Personal Hygiene: people must be careful and also wash their hands, face and anus.

3. Tidying: people must keep their places clean and empty rubbish bins.

(Bell and Stein, 1990)

- Behaviour Treatment Programmes

Treatment programmes involves hierarchal interventions, starting with positive support for substitution of behaviour. Various supports of possible and various supports of other behaviours are in all programmes; these include visual screening with goggles, personal hygiene, and unpredicted restraint (Williams, Sanchez, Enzinna, Dunn & Karasack., 2009).

10. Prevention

The prevention methods of pica are unknown. As soon as the disorder is found or suspected, certain steps in reducing the symptoms are considered. Getting rid of a certain substance from readily available places may be wise. A person with pica may need to be under supervision to be able to avoid inappropriate behaviours (Encyclopaedia of Children's Health, n. d.).

Conclusion

In conclusion, pica is a disorder that manifests after a continuous eating of non-nutritive substances for a maximum period of one month. The diagnosis is usually under two years of age according to the DSM-5 diagnosis criteria. Pica affects both male and female and it sometimes appears in the present of another disorder such as autism spectrum, schizophrenia and intellectual disorders. Pica is usually diagnosed after a maximum appearance of one month, but according to the recent DSM-IV criteria, it is not appropriate to children that are still developing and to not look into the fact that children have a habit of sucking and putting objects into mouth. People who suffer <https://assignbuster.com/pica-disorder-causes-effects-and-treatment/>

from pica are usually the ones that have severe health cases of intellectual disorders. It can be caused by various things and it is found in cultural, psychological and medical theories. There are various ways to treat the symptoms of pica, however, no prevention has been found for pica but the disorder can be reduced using various methods.