Comorbid Psychosocial Issues Seen in Pediatric Otolaryngology Clinics

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KEYWORDS

• Pediatric psychosocial functioning • Pediatric behavioral problems • Quality of life

KEY POINTS

- Many commonly treated conditions in otolaryngology clinics have serious psychosocial comorbidities, including cognitive, developmental, emotional, social, and behavioral issues.
- Screening for psychosocial and behavioral issues in pediatric otolaryngology patients should be standard of care.
- Screenings can be successfully integrated into busy practices and yield improved clinical outcomes.

INTRODUCTION

The purpose of this article is to review the literature on common disorders seen in pediatric otolaryngology clinics and their related comorbid psychosocial issues and conditions. The article aims to heighten awareness of the cognitive, developmental, behavioral, emotional, and social correlates of these commonly treated conditions. In addition, a screening algorithm is provided for identifying these issues and providing appropriate referrals that are designed to be time efficient to implement in the context of a busy practice.

COMMON DISORDERS SEEN IN PEDIATRIC OTOLARYNGOLOGY CLINICS WITH PSYCHOSOCIAL COMORBIDITIES

- Hearing loss
- Obstructive sleep-disordered breathing (OSDB)
- Cleft lip and palate

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- Psychosocial functioning in the surgery patient
- Attention-deficit/hyperactivity disorder (ADHD)
- Autism spectrum disorder (ASD)

HEARING LOSS

In the United States, hearing loss is the most commonly diagnosed birth defect.[1] Every year, hearing loss occurs in 20,000 newborns. Deaf children are at greater risk for a variety of emotional, behavioral, social, developmental, and cognitive problems. It is important for physicians to know how to recognize these problems.

Deaf children face difficulties in all 3 areas of quality of life: physical functioning, social functioning, and mental health (**Table 1**).[2] More than half of deaf youth have significant impairment in social relationships, and 33.3% have a moderate to severe risk in social functioning.[3] Compared with normal hearing children, deaf children have significantly more depressive symptoms and lower quality of life.[4] Not only is their mental and social health affected, but also their physical health as well. On the positive side, for those who can and do receive cochlear implantation, parents report improvement in social relationships and self-confidence in their child.[5]

Along with a decreased quality of life, deaf youth also suffer from academic, developmental, and behavior impairment. Deaf youth are at greater risk for ADHD, autism, and other developmental and learning disabilities than youth with normal hearing.[3] In fact, about 24% of deaf children have developmental disorders, and 20% of deaf youth are diagnosed with mental retardation.[6] This increase in developmental disorders and cognitive impairments coincides with impairment in school function affecting about 43% of deaf adolescents.[3] Language development and positive social experiences are important to all developing children and often do not proceed smoothly for deaf children. The communication barriers can limit or negatively affect social experience, leading to peer rejection, frustration in social interactions, impulsivity, irritability, and acting out behaviors.[7] Behavioral disorders occur in about 38% of deaf children.[3] Overall, the rates for cognitive, developmental, and behavioral disorders for deaf children are much higher than hearing children, along with related social

Table 1
Psychosocial comorbidities for hearing loss

Area of Concern	Specific Deficits
Cognitive/developmental	IQ deficits Developmental disorders Poor school performance Learning disabilities
Behavioral	Impulsivity Oppositionality
Emotional	Quality-of-life impairment Depressive symptoms Frustration with communication barriers Anger outbursts
Social	Impaired social skill development Impaired quality of friendships
Parent concerns	Lack of knowledge regarding hearing devices Lack of knowledge regarding pros/cons of cochlear implants Lack of knowledge of developmental, emotional, social issues related to hearing loss.