

Problematic screen media use manifesting as attention deficit hyperactive disorder in an eight-year-old boy: A case report

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ABSTRACT

Problematic screen media use among children is on the rise across the globe and is of greater concern among mental health professionals. This report discusses a case of an 8-year-old boy with ADHD-like features due to prolonged screen exposure that was worsened further because of unhealthy parenting practices. Available guidelines emphasise parent-based interventions for children below 12 years of age, whereas a combination of individual and family-based interventions is recommended for children above 12 years.

Keywords: Problematic screen media use, ADHD, parenting

INTRODUCTION

Problematic screen media use (PSMU) in younger children is an emerging concern among mental health professionals as children have unrestricted availability and access to electronic appliances such as television, mobile phones, gaming consoles, computers, laptops and tablets. PSMU among children and adolescents is related to multiple underlying issues like anxiety, attention and learning impairment, compromised privacy and confidentiality, sleep disturbances, behavioural problems, cyberbullying, poor academic performance, and attention-deficit hyperactive disorder (ADHD).^[1,2,3]

COVID – 19 pandemic necessitated lockdown and school closure; usage of electronic media among children became vital to maintain the continuity of school. The non-educational use of screen media was not strictly monitored by most parents due to the parental strain of managing work, household chores and parenting simultaneously. This exacerbated the problematic usage of electronic media among children.^[4] The use was prolonged even after the passage of the pandemic leading to various biopsychosocial consequences. Research studies.^[5,6] indicated excessive screen time due

to PSMU as a risk factor for a decline in academic performance, behavioural problems and externalizing disorder symptoms in children.

Problematic parenting styles can enhance the effects of excessive screen time resulting in further attention and concentration difficulties in children during their studies, and peer interactions; mimicking behaviours seen in ADHD. Excessive screen time in pre-children (2.5 – 6 years) with ADHD enhances parental stress. Both parents working, poor knowledge, attitude and practice on ‘screen time’, severity of ADHD in the child and managing the child’s tantrums are some reasons for parents giving into their children’s demands and letting them use electronic appliances.^[7,8]

Guidelines for ideal screen exposure to children are available. World Health Organisation^[9] guidelines for children focus on screen time monitoring, the need for physical activity and proper sleep. Early intervention and management of inappropriate screen use behaviours are advised. American Academy of Pediatrics (AAP) recommends zero screen exposure to children less than 2 hours and for those between 2 -4 years, less than 2 hours.^[10]

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We report a child highlighting the intersection of PSMU, ADHD-like presentation, poor academic performance and unhealthy parenting styles.

BRIEF CASE DESCRIPTION

R, an 8-year-old, was born to working parents. Till the age of 2 years, he had motoric hyperactivity by throwing things away or pulling the clothes and hair of his parents and hitting them whenever his clothes were changed or when he was not attended to. He had been fussy around eating by smearing the food everywhere, would eat less and demanded to eat when it was not his regular meal time.

Since the age of 2 years, he has been using his father's phone to view cartoon videos during his feeding time. His parents found that he could engage with the phone well and not throw any tantrums so this pattern continued. They observed that he began to mimic the voices of cartoon characters and repeat their dialogues. The child began to have less interest in interacting with other kids at pre-nursery school, started approaching people who had mobile phones and started throwing tantrums by crying inconsolably until his demand to view videos on his phone was met. His parents told him that he would not get the phone at home if he used others.

Gradually he started viewing cartoon channels on their TV at home. He would spend 3-5 hours after school viewing TV until his parents could return from work and attend to him. He was found inattentive and disinterested in any conversation made with him and did not shift his gaze away from the TV when he was called. Teachers reported to parents that he would not sit steadily for long enough as his classmates, he would climb on the bench, pull the clothes of kids and laugh at them, he would forget to do his homework and not enter most assignments in his school diary, his class notes are often partly completed. At home, he demanded to watch TV first and then do his homework. He started breaking belongings whenever his parents tried disciplining him sternly.

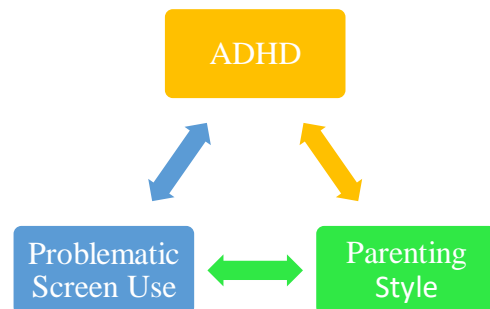
Gradually parents found it harder to make him sit steadily unless he was viewing either TV or phone, could not engage in any fair, interactive game plays with other kids of his age, he was remarked as a mischievous and difficult kid at home, school and the neighbourhood. His academic learning was below average. With

these concerns, parents consulted the team at the Drug De-addiction Treatment Centre, PGIMER, Chandigarh. Adopting a healthy parenting style and regulating screen time helped the child to overcome his attentional problems; the child did not have diagnosable ADHD during the long-term follow-up and remained at a sub-syndromal level not warranting any anti-ADHD medication. This case highlighted that sub-syndromal ADHD got exacerbated due to PSMU and the need for initiating early parent-based interventions.

CASE CONCEPTUALISATION

A comprehensive analysis based on the information gathered from parents and school based on the reports of teachers indicates the interplay of three aspects of three aspects in this case, (a) problematic screen media use (b) attention deficit hyperactive disorder and (c) parenting style.

R's PSMU started at a very young age watching cartoons on his father's mobile. The permissive act of parents helped reduce the child's tantrums. Digital media became a source of multi-sensory stimulation for the child, on the other hand, helped with distraction and temporary alleviation of the emotional distress in the parents. Difficulty in concentrating, poor attention and hyperactivity increased due to prolonged screen media use. PSMU could explain the lack of interest in pro-social activities, poor peer interaction, deficit in frustration tolerance and deterioration in academic performance in 'R'. Parents of 'R' was permissive to the demands of the child. Initially mobile phones and TV viewing was allowed without any restriction as behavioural management for tantrum control. In the early days, parents unaware of long-term implications felt temporarily relieved from distress by engaging child with a digital appliance. Later, they were clueless, express helplessness on the aggression of 'R' when digital devices were denied.



MANAGEMENT AND DISCUSSION

Literature^[11] on PSMU indicates a mutual link between emotional symptoms, conduct problems, hyperactivity/impulsivity, decreased pro-social behaviours and peer relationship problems as witnessed in the case of ‘R’ discussed here. At first, it is important to understand the context in which problematic internet or screen media use started. Problematic internet/media use and the underlying neurodevelopmental/psychiatric disorders were managed then. If the child is <12 years old, parent-based interventions are ideal; if the child is >12 years old, working with the child individually and involving the family is recommended. ‘R’ was screened for excessive screen media exposure with ‘problematic media use measure’.^[12] Parents were educated on healthy parenting practices, in-person peer interactions equip children with conflict resolution skills and emotion regulation. They were advised to follow the available guidelines.^[9,10] They were instructed to enforce the ‘media rule’ at home recommended by AAP given below:

1. No digital screen media to be allowed in the child’s bedroom
2. Charging of screen media devices to be done outside the child’s bedroom
3. TV and other screen media devices not to be allowed during family’s meal time
4. Screen to be turned off one hour before the bed time
5. Strictly restrict apps and shows not meant for children
6. Separate weekdays rules and strict enforcement on screen media use in the family
7. Separate weekend rules and strict enforcement on screen media use in the family^[13]

Interactional theory of Childhood Problematic Media Use discusses the roles of distal, proximal and maintaining factors linked to PSMU among children. ‘Distal factors’ which are early risk factors for problematic media use (such as socio-economic status, house hold chaos, parent’s media use, persuasive digital environment design) exerts influence on ‘proximal factors’, the antecedents to

problematic media use (such as emotional dysregulation in child, parental stress, inconsistent parenting, peer’s access to mobile) leading to advent of problematic media use. Maintaining factors (such as negative reinforcement of parents, positive reinforcement of child, media as coping mechanism, peer pressure to game or engage online) interact with proximal (and distal) risk factors and sustain problematic media use during childhood.^{12.} The case discussed concurs with this theoretical explanation.

CONCLUSION

The case of ‘R’ demonstrates the impact of PSMU on a child as young as 8 years old, wherein there is an interplay of an underlying psychiatric condition, parenting factors and problematic screen exposure. It also highlights the importance of parental coordination in managing the issue with the support of trained mental health professionals. PSMU among children calls for larger clinical, research and preventive initiatives from mental health professionals.

Ethical Consideration: Informed consent was taken from the parents of the child. Institutional Ethical Committee approval was not sought as this is a single-case study.

Conflict of interest: There is no conflict of interest among the authors.

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