Selective Mutism with Social Anxiety Disorder and Sibling Rivalry Disorder

Darpan Kaur, Rahul Mishra, Shubhangi Dere

ABSTRACT
A rare case of selective mutism, social anxiety disorder, sibling rivalry disorder, and temperamental difficulties in an 8-year-old girl has been reported. The relevant literature about clinical assessment and management of this disorder has been reviewed.

Keywords: Selective mutism, Sibling rivalry disorder, Social anxiety disorder, Temperamental difficulties.

How to cite this article: Kaur D, Mishra R, Dere S. Selective Mutism with Social Anxiety Disorder and Sibling Rivalry Disorder. MGM J Med Sci 2017;4(4):200-201.

Source of support: MGMIHS

Conflict of interest: None

BACKGROUND
Selective mutism is a rare childhood disorder characterized by persistent failure to speak in specific contexts where speech is expected, like at school or with playmates despite hearing and speaking appropriately in other contexts, such as at home with parents and siblings. Social anxiety disorder is a marked or intense fear or anxiety of social situations in which the individual may be scrutinized by others. There is fear or anxiety that occurs in peer settings for children. Diagnostic and Statistical Manual 5 describes the aforementioned disorders under anxiety disorders.1 Sibling rivalry can create a stressful and challenging situation for parents. The arrival of a new baby often causes older siblings to feel displaced, frustrated, angry, and even unloved.2 Limitations and gaps in the knowledge about selective mutism and social anxiety disorder still persist with sparse literature on comorbidities and management. We describe a rare case of an 8-year-old girl with selective mutism and multiple comorbidities.

CASE REPORT
An 8-year-old girl was brought to the child psychiatry clinic at the Department of Psychiatry in MGM Medical College & Hospital, Kamothe, Navi Mumbai, Maharashtra, India, by parents with complaints of not speaking at school and in social settings despite having the ability to do so at home. Parents also reported that the child was reluctant to have conversation with others and would not meet new people. She would speak at home with parents and her family members comfortably. The child had minimal involvement with children of her age and was often seen crying or clinging to her mother on social gatherings and cultural activities. Birth and developmental history was normal. There was history of sibling rivalry reported as well in the form of increased aggression toward younger sibling, feeling jealous, and showing anger and contempt toward the younger sibling and increased attention-seeking behavior and temper tantrums when her sibling was appreciated by parents. Her parents reported that right from her early childhood days she was very shy, withdrawn, and slow to warm up and had temperamental difficulties. There was no history of autism, language regression, seizures, and obsessive-compulsive symptoms. No significant family, personal, or medical history was reported. Child was not fully cooperative for mental status examination. The child continued to be mute throughout the assessment. After lot of efforts at building rapport with her, she uttered her name and spoke a little. She was found to be very anxious and appeared tensed. Her palms were sweating and she appeared restless. Based on history and clinical evaluation, she was diagnosed as selective mutism, social anxiety disorder, sibling rivalry disorder with slow to warm up temperament. Her routine investigations were normal. She had earlier been shown to a pediatrician and a pediatric neurologist and their clinical opinion had ruled out any medical or neurological morbidity in her. Her intelligence quotient as assessed by Binet Kamat Test, which was already carried out by a pediatrician, was normal. Anxiety Disorder Questionnaire Scale was administered at our setting, which revealed significant social anxiety. Children’s apperception test analysis report suggested anxiety, feeling of neglect, and jealousy toward the younger sibling and fear of school and friends. Parents were psychoeducated about the role of medications in
Selective Mutism with Social Anxiety Disorder and Sibling Rivalry Disorder

Selective Mutism with Social Anxiety Disorder and Sibling Rivalry Disorder

DISCUSSION
Selective mutism can present with a variety of comorbidities including enuresis, encopresis, obsessive-compulsive disorder, depression, premorbid speech and language abnormalities, developmental delay, and Asperger’s disorders. The specific manifestations and severity of these comorbidities vary based on the individual. Many etiologies have been proposed for selective mutism including psychodynamic, behavioral, and familial. A developmental model that includes a transactional dynamic interplay of the above etiologies is gaining perspective. The treatment model includes nonpharmacological therapy (psychodynamic, behavioral, and familial) and psychopharmacological therapy—mainly selective serotonin reuptake inhibitors (SSRIs). A variety of temperamental and behavioral characteristics, comorbid psychiatric conditions, neurodevelopment delay, and family factors have been associated with selective mutism. These children are described as excessively shy, withdrawn, “slow to warm up,” and inhibited. They often avoid eye contact, fear social embarrassment, and experience significant anxiety on separation from their attachment figures. Diagnosis of selective mutism is often missed in the formative years because the child does speak at home. Early diagnosis and treatment provide a vital key to addressing this rare disorder. Wong reviewed literature and found that 38% of children with selective mutism have premorbid speech and language problems and can exhibit broader developmental delays. Karakaya et al found a teacher-rated prevalence and clinician prevalence of selective mutism of 0.83 and 0.033% respectively. Selective mutism and its comorbidities can be debilitating in a child. Unfortunately, there is little research examining effective treatments for this disorder, and so designing an evidence-based treatment plan can be difficult. Kaakeh and Stumpf report that although data are limited to case reports and trials with small patient populations and short follow-up periods, some patients with selective mutism do respond to therapy with SSRIs. Fluoxetine is the most studied SSRI as treatment for the condition, although further investigation is required to determine the optimal dosage and duration of therapy.

CONCLUSION
A relatively rare case of selective mutism with social anxiety disorder and sibling rivalry disorder in an 8-year-old girl has been reported. She made good recovery with cognitive behavioral therapy and medication with SSRI drugs. Relevant literature in the subject is reviewed.

REFERENCES