FEATURES OF PSYCHOMOTOR DEVELOPMENT IN CHILDREN WITH BREATH-HOLDING SPELLS

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Introduction

One of the most frequently observed non-epileptic paroxysmal disorders in initially healthy young children is breath-holding spells (BHS), manifested by involuntary breath holding with a short-term impairment of consciousness, breathing, and motor activity in response to exogenous irritating factors, such as pain, fear and etc.

Objective. To study the features of psychomotor development in children with breath-holding spells

Material and methods. A total of 103 children aged 1 to 36 months were examined as part of the targeted study. The diagnosis of BHS was made on the basis of the history provided by the mothers and the observation of seizures. Seizures were defined as the child's expiratory cessation of breathing after taking a deep breath while crying. Seizures were classified as cyanotic, pale, and mixed. We recorded the type and frequency of seizures. To assess the psychomotor development of children, we used the method of Pantyukhin G.V., Pechora K.L., Fruht E.L. The technique is a qualitative assessment of the development of the child without the use of points. The table shows the indicators of development of children from 10 days to 3 years of life (norm) according to the main lines of development (sensory, speech, motor, emotional, skills and abilities).

Results. When evaluating the psychomotor development of children using the psychodiagnostic method, the following information was obtained.
Psychomotor development of children up to 6 months according to the following indicators: delay in active speech for 1 epicrisis period in 2 (3.3%) children, average 1.75±016 (>0.05), delay in general movements for 1 epicrisis period in 4 children, mean value 1.5±0.19 (>0.05), delayed visual and auditory orientation for 1 epicrisis period was observed in 1 child, mean value 1.88±0.13 (>0.05), psychomotor development children in the control group were age-matched (<0.05).

The psychomotor development of children under 1 year of age was delayed for 1 epicrisis period in 6 (10%) children according to the following indicators; work with objects 1.71±0.18 (>0.05), active speech 1.57±0.2 (>0.05), sensory development 1.57±0.2 (>0.05), general movement 1.71±0.49 (>0.05), signs of social development 1.43±0.2 (>0.05). In the control group, the total movement was 1.57±0.33 (>0.05), that is, one child had a lag compared to age.
Psychomotor development of children aged 1 year 3 months was delayed for 1 epicrisis period in 2 (3.3%) children on the following grounds; work with the subject 1.6±0.24 (>0.05), sensory development 1.6±0.24 (>0.05), skill 1.8±0.2 (>0.05) than control groups (<0.05).
Psychomotor development of children aged 1 year 6 months was delayed by one epicrisis in 5 (8.3%) children on the following grounds; work with objects 1.78±0.14 (>0.05), active speech 1.78±0.14 (>0.05), sensory development 1.44±0.18 (>0.05), understanding speech 1.78±0.14 (>0.05), skill 1.78±0.14 (>0.05), in the control group, these signs correspond to age (<0.05).
Psychomotor development of children aged 1 year 9 months was delayed for 1 epicrisis period in 4 (6.7%) children on the following grounds; work with objects 1.67±0.21 (>0.05), active speech 1.67±0.21 (>0.05), sensory development 1.67±0.21 (>0.05), understanding speech 1.83±0.16 (>0.05), competence and skill 1.5±0.22 (>0.05).), in the control group, these signs correspond to age (<0.05).
Psychomotor development of children under 2 years of age according to the scale of movements with an object, active speech, sensory development, signs of skill lagged behind by 1 epicrisis period compared with the control group in 2 (3.3%) children; work with objects 1.67±0.21 (>0.05), active speech 1.67±0.21 (>0.05), sensory development 1.67±0.21 (>0.05), understanding speech 1.83±0.16 (>0.05), general movement 1.83±0.16 (>0.05), skill index corresponds to age;
Psychomotor development of children aged 2 years 6 months was delayed by one epicrisis in 3 (5%) children on the following grounds; active speech 1.71±0.18 (>0.05), sensory development 1.71±0.18 (>0.05), skill 1.81±0.14 (>0.05).

Conclusion. Thus, a delay in the psychomotor development of children with BHS for 1 epicrisis period was observed in 34 (57%) children, of which 19 (32%) were boys and 15 (25%) were girls. All of them were included in group II of psychomotor development. In children of the control group, psychomotor retardation was not detected. The delay in the formation of motor function in children of the main groups averaged 1 epicrisis period. When evaluating the function of speech, we found that the function of active speech suffers to a greater extent than its understanding. During the examination, we received a lower assessment of the formation of active speech (p> 0.001). Function ability to understand speech, in sick children was formed with a delay (p>0.05). When diagnosing the sensory development of children of the main groups, it was formed with a delay of 1 epicrisis period in relation to the children of the comparison group (p>0.05). Acquisition of social skills, development of

abilities for play of children of the main groups was formed with a delay of 1 epicrisis period in relation to children of the comparison group (p>0.05). When studying the formation of the emotional sphere, it differed statistically significantly. In the children of the main groups, negative emotions prevailed in relation to the children of the comparison group (p>0.05). Thus, the results according to the psychodiagnostic method showed a delay in sensory, speech development and impaired fine motor skills.

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