What is Pervasive Refusal Syndrome?

Pervasive Refusal Syndrome is a rare psychiatric disorder found in children and most commonly seen in girls between the ages of 8 and 15, although also affecting boys and younger age groups. First described by Bryan Lask as a profound and pervasive life threatening condition in which children refuse to eat, drink, walk, talk or care for themselves in any way for several months or more. The child completely socially withdraws this includes from their family, although separation anxiety from one parent is frequently present.

Pervasive Refusal Syndrome often develops after a viral illness, a period of generalised ill health, pain and reluctance to eat. A child can then deteriorate quite quickly, to the extent that they no longer want to care for themselves and can be verbally and physically abusive to people who try to provide care for them. A determined and angry resistance to any form of treatment is a striking component of this condition, which distinguishes Pervasive Refusal Syndrome from other childhood psychiatric disorders.

Establishing a cause of Pervasive Refusal Syndrome can be difficult. There is evidence that it is associated with periods of extreme stress and that a child is demonstrating an extreme form of avoidance behaviour. Many sufferers of Pervasive Refusal Syndrome are sensitive high achievers, often with low self esteem and may feel under intolerable pressure to meet either their own or others expectations.

Treatment needs to be comprehensive and is based on supporting the child in recovering at their own pace, while ensuring physical safety and well-being. If the tendency is to try to speed the recovery process up it can almost invariably lead to regression and relapse. It is recommended that children suffering from Pervasive Refusal Syndrome require inpatient care from a multidisciplinary team which includes a Consultant Paediatrician, a Child Psychiatrist, a Family Therapist, a Child Psychologist or Psychologist. Other members of the team are to include a Dietician, Play Team Specialist, Physiotherapist, nurses and other personnel appropriate to a child's individual needs. The team will also work very closely with the parents of the child. The prognosis is good, provided treatment is appropriate, but recovery can tend to take a year to two years.