



Authentication of Social Cognition in Children

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DESCRIPTION

The capacity to perceive, comprehends, and interprets social cues and respond to them correctly is known as social cognition (SC), and it is a complicated cognitive function. To interact with others appropriately, build connections, succeed in school and at work, and generally live a decent life, both children and adults need to have strong social cognitive abilities. The foundation of social cognition is made up of a number of interconnected or complementary components, ranging from straightforward processes (such as processing of eye movements, paying attention to social cues, prosody perception, spotting human movement, and identifying emotions through facial expressions) to more intricate ones that call for more organised cognitive abilities. We can accurately recognise human emotions by looking at someone's facial expressions thanks to emotion recognition by facial expression. From infancy to puberty, this skill steadily improves. The visual cortex, orbitofrontal cortex, mesial temporal cortex, insula, and amygdala are among the neural circuits involved in this process. Theory of Mind (TM) is a complicated cognitive talent that may be used to infer the mental states of others. Early childhood is when a simple Theory of Mind (TM) first appears, and it steadily gets better until early adulthood. Prefrontal, temporoparietal, and mesolimbic brain areas, among others, are involved in the formation of this intricate process [1,2].

Two chronic neurological disorders that often affect children include migraine and epilepsy. The incidence of migraines rises from infancy through adolescence and is often about 7%-8%. Approximately 2%-5% of preschoolers, 10% of school-age kids, and 20%-30% of teenagers report having episodic migraines. Males and females are equally impacted in childhood, although females are more likely to experience it throughout adolescence. Children who suffer from migraines may differ from adults in terms of their symptoms. Before adolescence, headaches are often bilateral and shorter than in adults. In addition, children may be less able to express their symptoms verbally; therefore it is frequently necessary to infer that they are in pain from their behaviour. One of the most common neurological diseases in

children is epilepsy, which affects roughly 1% of children overall and has a peak incidence in the first year of life. Approximately 10.5 million people under the age of 15 have epilepsy, making up about 25% of the population overall. While generalized epilepsies affect both cerebral hemispheres, focal epilepsies are characterised by unifocal and multifocal problems as well as seizures coming from one hemisphere. From self-limiting to drug-resistant types, which can account for up to 30% of cases, the prognosis is wide-ranging. However, given that they are clinically distinct illnesses, these frequent, paroxysmal, and chronic disorders may share certain pathophysiological and clinical characteristics. Epidemiology studies have shown that both migraine and epilepsy are more common among individuals with migraine than they are in the general population. There is evidence that these two conditions have a genetic component, notably in familial hemiplegic migraine syndromes, where a number of mutations can cause either migraines, epilepsy, or both. Additionally, a number of pharmacological treatments work for both migraine and epilepsy, highlighting the connection between the two conditions once more [3,4].

Recent literature study has also revealed that these disorders may be linked to a decline in several cognitive abilities, including social cognition, memory, attention, and metacognition. In this context, a number of studies have shown that social cognition deficiencies are common in children with epilepsy, and that worsening issues are associated to the development of seizures earlier in life. An early seizure onset and protracted illness duration were both associated with considerable impairment in both ER and Theory of Mind (TM) among children and adolescents with epilepsy, according to a recent analysis. In contrast, relatively few studies examined Social Cognition abilities in children with migraine. Some recent studies, albeit the conclusions were still tentative, revealed that children with migraines had impairments with metacognition and Theory of Mind (TM) abilities as compared to their typically developing peers. A probable correlation between social cognition and Executive Functions (EF) or non-verbal intelligence has been suggested by recent study that also looked into the relationship

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between social cognition capabilities and other cognitive abilities [5].

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