



Research paper

Effects of maternal history of depression and early life maltreatment on children's health-related quality of life



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ARTICLE INFO

Keywords:

Quality of life
Depression
Maltreatment
Child
Sensitivity
Stress

ABSTRACT

Background: There is a well-established link between maternal depression and child mental health. Similar effects have been found for maternal history of early life maltreatment (ELM). However, studies investigating the relationship of children's quality of life and maternal depression are scarce and none have been conducted for the association with maternal ELM. The aim of the present study was to investigate the effects of maternal history of ELM and depression on children's health-related quality of life and to identify mediating factors accounting for these effects.

Methods: Our study involved 194 mothers with and without history of depression and/or ELM and their children between five and 12 years. Children's health-related quality of life was assessed by maternal proxy- and child self-ratings using the KIDSCREEN. We considered maternal sensitivity and maternal parenting stress as potential mediators.

Results: We found an effect of maternal history of depression but not of maternal history of ELM on health-related quality of life. Maternal stress and sensitivity mediated the effects of maternal depression on child global health-related quality of life, as well as on the dimensions Autonomy & Parent Relation, School Environment (maternal and child rating), and Physical Wellbeing (child rating).

Limitation: Due to the cross-sectional design of the study, causal interpretations must be made with caution. Some scales yielded low internal consistency.

Conclusions: Maternal impairments in areas of parenting which possibly developed during acute depression persist even after remission of acute affective symptoms. Interventions should target parenting stress and sensitivity in parents with prior depression.

1. Introduction

A common reaction to early life maltreatment (ELM²) experiences is a depressive disorder in adulthood (Heim and Nemeroff, 2001; Putnam, 2003; Springer et al., 2007). A growing body of research suggests that

ELM not only has negative implications for the person concerned but may provoke intergenerational effects by acting as a risk factor for impaired mental health in the offspring. More precisely, children of mothers that experienced ELM show deficits in their social-emotional development and are at an elevated risk for emotional and behavioral

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² ELM = Early Life Maltreatment.

problems that are considered precursors of oppositional defiant and affective disorders (Bosquet Enlow et al., 2016; Briggs et al., 2014; Schwerdtfeger et al., 2013). Intergenerational effects have also been demonstrated in depressive disorders as children of depressed mothers are more likely to exhibit a range of maladaptive behaviors, including difficulties in emotion regulation, academic and social problems at school, internalizing and externalizing behaviors, and insecure attachment (Gelfand and Teti, 1990; Goodman and Gotlib, 1999).

The above-mentioned studies have focused on the prevalence of psychiatric symptoms or disorders in offspring as outcome measures. However, examining psychiatric symptoms or mental disorders encompasses only one aspect of a comprehensive understanding of health and, in particular, neglects the subjective representation of function (Ravens-Sieberer et al., 2001). Importantly, the World Health Organization (WHO) defines health as “not merely the absence of disease”, but as “a state of complete physical, mental and social wellbeing” (World Health Organisation, 1948). Also referred to as health-related quality of life (HRQoL³), this often neglected component of health is a multi-dimensional construct that comprises several aspects of a person's wellbeing and function including physical, mental, behavioral, emotional, and social components as perceived by the person him- or herself and related individuals (Bullinger, 2011; Ravens-Sieberer et al., 2001). In conclusion, to fully understand how a person feels and copes with everyday life, researchers need to use also measures of quality of life.

However, studies investigating the relationship of maternal history of ELM and depression on child HRQoL are scarce. So far, a negative association between general parental mental health problems and HRQoL of their children has been reported in previous research: Children of mentally ill parents show lower HRQoL than reference samples derived from the general population –whereas the quality of life is particularly affected in children with parents displaying a more depressive coping style (Giannakopoulos et al., 2009; Jeske et al., 2009; Wiegand-Grefe et al., 2012). Concordantly, parental depressive symptoms have been identified as a significant predictor of lower child HRQoL (Wiegand-Grefe et al., 2010). Thus, the literature indicates a negative effect of parental depression on their children's HRQoL. However, previous research has solely relied on parent-ratings of child HRQoL and focused on acute depressive symptoms in parents. These acute symptoms may affect response patterns in psychometric instruments and lead to over-reporting of child behavior problems (Fergusson et al., 1993). Furthermore, mediating factors between parental depression and child HRQoL remain to be elucidated.

Even though previous work has given some insight into maternal psychopathology as a risk factor for child HRQoL, research to date has not explored how maternal history of ELM may affect child HRQoL. Importantly, ELM is often associated with major depression in adulthood (Springer et al., 2007). The majority of studies fails to account for the co-occurrence of both maternal risk factors, although effects of depression might be confounded by effects of ELM and vice versa. To address this issue, the present study included the investigation of both maternal depression and maternal ELM in one study allowing us to disentangle the effects of these factors. Thus, the first aim of our study was to investigate the effects of maternal history of ELM and depression in remission on child HRQoL.

In our study, we examined mothers with depression in remission only in order to circumvent a possible rating bias caused by acute depression, and to address the question whether maternal depression impacts on child HRQoL even after full remission. We expected children of mothers with fully remitted depression to still exhibit lower HRQoL because (1) effects of (past) maternal acute depressive episodes on child HRQoL might persist even after complete remission of maternal depressive symptoms; and (2) maternal emotional-cognitive deficits (Joormann and Gotlib, 2007; Lange et al., 2012) and negative parenting

behaviors (Lovejoy et al., 2000) might persist even after full remission of affective symptoms.

An important aim in the research of intergenerational transmission is the identification of underlying mechanisms (Rutter, 1998). Prior research has identified parenting behavior as a potential pathway of intergenerational transmission of maternal depression and ELM (Dixon et al., 2005; McCarty et al., 2003). Specifically, previous studies found maternal depression and maternal history of ELM to be associated with higher levels of parenting stress (Milgrom and McCloud, 1996; Pereira et al., 2012) and lower levels of maternal sensitivity (Campbell et al., 2007; Driscoll and Easterbrooks, 2007; Kluczniok et al., 2016). Sensitivity thereby denotes an accurate and timed responsiveness to and perception of the child's signals. Furthermore, studies indicate an association of low maternal sensitivity and high parenting stress with low child HRQoL (Campbell, 1995; Kidwell et al., 2015). Consequently, both maternal sensitivity and parenting stress could function as mediators for the effects of maternal history of ELM and depression on child HRQoL; however, this link has not been examined so far. Hence, we aim to fill this gap and investigate whether maternal sensitivity and parenting stress mediate effects of maternal history of ELM and depression on child HRQoL.

The present study tested two hypotheses: (1) both, severity of maternal history of ELM and depression predict child HRQoL. (2) Maternal sensitivity and perceived parenting stress mediate these associations. In addition, in contrast to previous investigations, we did not solely rely on parent-ratings of child HRQoL but also considered the child's individual perspective.

2. Method

2.1. Participants and procedure

The current study was performed within the framework of the UBICA (Understanding and Breaking the Intergenerational Cycle of Abuse) multicenter project which investigates the effects of maternal history of ELM on mother–child interaction and child wellbeing. The present study involved 194 mothers and their children between five and 12 years of age who all attended primary school (see Table 1 for demographic variables). As an inclusion criteria mother and child had to live together.

Mother-child dyads were recruited by advertisement (e.g. gynecologists' and psychiatrists' outpatient clinics) in Berlin and Heidelberg. Additionally, we re-contacted mothers from a previous study in Heidelberg (Moehler et al., 2007). We included mothers who experienced physical and sexual abuse in their childhood before the age of 17 (moderate or severe score in CECA interview; Bifulco et al., 1994) with or without at least one episode of Major Depression (MD) later in life (M.I.N.I., Sheehan et al., 1998), mothers with at least one lifetime MD and no history of childhood maltreatment, and healthy mothers with no history of childhood maltreatment nor lifetime MD. Mothers who had experienced an episode of MD had to be currently in full remission as defined by a Hamilton Depression Scale (HAMD; Hamilton, 1960) score of below or equal seven. Please note that the analyses did not follow a group design but a regression analysis with ELM as a continuous predictor.

Mothers with and without history of depression did not differ with regard to age and intelligence level of mother or child, mother's years of education, nationality, and gender of child. However, a larger proportion of mothers with history of depression were single, separated from partner/husband, divorced or widowed (53.9%) compared to mothers without history of depression (15.3%; $\chi^2 = 20.07, p < .001$). Severity of maltreatment experiences was negatively correlated with relationship status ($r = -.157, p = .027$) and non-German nationality ($r = .172, p = .017$), but not with age or intelligence level of mother or child, sex of child, nor mother's years of education.

Exclusion criteria were severe physical or neurological diseases,

³ HRQoL = Health-related Quality of Life.

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