

Noncardiac chest pain and psychopathology in children and adolescents[☆]

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Abstract

Objective: We sought to examine the prevalence of DSM-IV psychiatric disorders in children and adolescents with complaints of noncardiac chest pain (NCCP). **Method:** We assessed 27 youngsters (ages 8–17 years) referred to a pediatric cardiology practice with complaints of NCCP. Each child and a parent were interviewed using the Anxiety Disorders Interview Schedule for Children. **Results:** Sixteen youngsters (59%) were diagnosed with a current DSM-IV disorder. Fifteen (56%) had a current anxiety

disorder, nine of whom were diagnosed with panic disorder. One participant was diagnosed with a depressive disorder. **Conclusion:** Results of this preliminary study suggest that DSM-IV anxiety disorders may be common in youngsters with NCCP. No evidence was found for high prevalence of depression in this sample. Larger controlled studies are needed to determine the prevalence and impact of psychopathology in youngsters with NCCP.

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Introduction

Chest pain is a common complaint among children and adolescents [1]. Annually in the United States, about 600,000 individuals between the ages of 10 and 21 years see a physician for complaints of chest pain [2]. Chest pain is a frequent presentation in pediatric emergency departments [3] and the second most common reason for referral to pediatric cardiologists [4]. In contrast to its presentation in adults, chest pain in children and adolescents is rarely a sign of cardiac disease [5]. Rates of positive cardiac findings range from 0% to 6% in child and adolescent samples [3,6]. Although noncardiac medical causes (e.g., musculoskeletal, gastrointestinal, asthma) are sometimes

identified, the majority of cases (up to 85%) have no clear medical etiology.

Despite a benign medical prognosis, chest pain symptoms persist for many youngsters for months and even years following medical evaluation [3]. Youngsters often worry about the implications of chest pain [7]. A significant proportion of youngsters return for additional medical testing [8]. For some, chest pain symptoms interfere with school and other activities [3].

Systematic diagnostic studies of adults seeking treatment for noncardiac chest pain (NCCP) find that roughly a third have a diagnosis of panic disorder [9]. A population-based study of adult NCCP using self-reported symptoms found that 23% of adults had clinically significant anxiety while 7% reported clinically significant depression [10]. However, some clinical studies find higher rates of depression in adults with NCCP [11]. To date, no study has systematically assessed specific DSM-IV disorders in youngsters with NCCP. Tunaoglu et al. [12] conducted unstructured psychiatric interviews with 74 youngsters with NCCP in a pediatric cardiology service. They found that most of this sample had “psychiatric symptoms,” with

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“anxiety” as the most commonly reported problem. In the current study, we sought to assess psychopathology in a sample of youngsters referred for cardiology evaluation and found to have NCCP. We used semistructured diagnostic interviews of the youngster and a parent.

Method

The sample included youngsters (ages 7–18 years) referred to a large suburban pediatric cardiology practice due to complaints of chest pain. Chest pain was persistent or episodic pain and occurred in a variety of locations in the chest. All patients completed a comprehensive cardiology examination including history, physical exam, electrocardiogram, and echocardiogram. Those patients who showed no evidence of cardiac disease or other obvious medical pathology (e.g., peptic ulcer, costal chondritis) were considered eligible for this study. Physicians were carefully instructed to approach all eligible patients and to avoid judgments as to which patients might be more suitable for the study. Thirty-five eligible families were informed about the study by the treating physician; 27 (77%) agreed to participate. Patients who did not agree to participate were not asked again. Fifteen of the participants (56%) were male. Age of youngsters at time of interview ranged from 7 to 18 years (mean=12.7, S.D.=3.2). Twenty-six (96%) participants were Caucasian. One (4%) was African American.

The assessment included a diagnostic interview using the Anxiety Disorders Interview Schedule for DSM-IV: Child and Parent Versions (ADIS-IV:C-P). The ADIS-IV covers a broad range of anxiety, mood, and behavioral disorders and screens for the presence of additional disorders including developmental, psychotic, and somatoform disorders. It has demonstrated good test–retest reliability for most common childhood anxiety disorders [13].

A member of our research staff told a parent about the study and scheduled an evaluation in the participant's home. After study procedures were thoroughly explained, the interviewer obtained informed consent from a parent and assent from the child or adolescent before conducting the evaluation. Families were paid \$100 for participation. Interviewers were masters- or doctoral-level clinicians with prior experience assessing childhood anxiety disorders and who had completed specialized training in using the ADIS-IV:C-P. Based on the child and parent interviews, the interviewer assigned composite severity ratings for each diagnosis (0–8), with a score of 4 indicating diagnostic threshold.

Result

Sixteen youngsters (59%) were diagnosed with a current DSM-IV Axis I disorder. As shown in Table 1, 15 (56%)

Table 1

Current DSM-IV psychiatric disorders in ($N=27$) children and adolescents with noncardiac chest pain

DSM-IV diagnosis ^a	<i>n</i> (%)
Panic disorder	9 (33)
Panic disorder with agoraphobia	3 (11)
Panic disorder without agoraphobia	6 (22)
Generalized anxiety disorder	7 (26)
Social phobia	5 (18)
Specific phobia	5 (18)
Obsessive compulsive disorder	2 (7)
Separation anxiety disorder	2 (7)
Any anxiety disorder	15 (56)
Other DSM-IV disorders	
Attention deficit hyperactivity disorder	3 (11)
Learning disability	2 (7)
Major depression	1 (4)
Dysthymic disorder	1 (4)
Hypochondriasis	1 (4)

^a Rates of specific diagnoses are not mutually exclusive.

were diagnosed with a current anxiety disorder. The most common diagnosis was panic disorder, which occurred in nine youngsters. In most cases (66%), panic disorder occurred without agoraphobia. Other anxiety disorders, such as generalized anxiety disorder, social phobia, and specific phobia were also common. Eight youngsters in this sample (30%) were diagnosed with two or more current anxiety disorders. Three youngsters were diagnosed with attention-deficit/hyperactivity disorder. One participant was diagnosed with major depression.

Rate of any anxiety disorder was higher in girls than in boys (67% vs. 47%), although this difference was not significant (Fisher's Exact Test=0.441, $P=.26$). Rate of anxiety disorders was also nonsignificantly higher in adolescents 13 years and older as compared to children 12 years and under (69% vs. 43%; Fisher's Exact Test=0.252, $P=.16$). Rate of anxiety disorder was highest in female adolescents of whom 6 of 7 (86%) were diagnosed with an anxiety disorder. Rate of the most common diagnosis, panic disorder, also occurred more frequently in girls than in boys (46% vs. 21%) and in adolescents than in children (42% vs. 27%). Again, these differences were not significant.

Discussion

Results of this preliminary study suggest that DSM-IV anxiety disorders may be common in youngsters with NCCP. Findings are consistent with earlier observations by Tunaoglu et al. [12] of frequent anxiety symptoms in youngsters with NCCP based on unstructured interviews. Findings are also consistent with results of studies of adults with NCCP; rate of panic disorder (33%) in this sample approximates rates found in adults seeking treatment for NCCP [9]. The high proportion of panic disorder cases without agoraphobia is also consistent with patterns found

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