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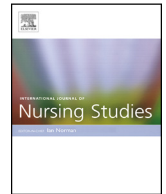

Childhood atopic dermatitis: A cross-sectional study of relationships between child and parent factors, atopic dermatitis management, and disease severity

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ABSTRACT

Background: Successful management of atopic dermatitis poses a significant and ongoing challenge to parents of affected children. Despite frequent reports of child behaviour problems and parenting difficulties, there is a paucity of literature examining relationships between child behaviour and parents' confidence and competence with treatment.
Objectives: To examine relationships between child, parent, and family variables, parents' self-efficacy for managing atopic dermatitis, self-reported performance of management tasks, observed competence with providing treatment, and atopic dermatitis severity.
Design: Cross-sectional study design.

Participants A sample of 64 parent-child dyads was recruited from the dermatology clinic of a paediatric tertiary referral hospital in Brisbane, Australia.
Methods: Parents completed self-report questionnaires examining child behaviour, parents' adjustment, parenting conflict, parents' relationship satisfaction, and parents' self-efficacy and self-reported performance of key management tasks. Severity of atopic dermatitis was assessed using the Scoring Atopic Dermatitis index. A routine home treatment session was observed, and parents' competence in carrying out the child's treatment assessed.
Results: Pearson's and Spearman's correlations identified significant relationships ($p < .05$) between parents' self-efficacy and disease severity, child behaviour difficulties, parent depression and stress, parenting conflict, and relationship satisfaction. There were also significant relationships between each of these variables and parents' self-reported performance of management tasks. More profound child behaviour difficulties were associated with more severe atopic dermatitis and greater parent stress. Using multiple linear regressions, significant proportions of variation in parents' self-efficacy and self-reported task performance were explained by child behaviour difficulties and parents' formal education. Self-efficacy emerged as a likely mediator for relationships between both child behaviour and parents' education, and self-reported task performance. Direct observation of treatment sessions revealed strong relationships between parents'

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treatment competence and parents' self-efficacy, outcome expectations, and self-reported task performance. Less competent task performance was also associated with greater parent-reported child behaviour difficulties, parent depression and stress, parenting conflict, and relationship dissatisfaction.

Conclusion: This study revealed the importance of child behaviour to parents' confidence and practices in the context of atopic dermatitis management. Children with more severe atopic dermatitis are at risk of presenting with challenging behaviour problems and their parents struggle to manage the condition successfully.

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What is already known about the topic?

- Atopic dermatitis has a profound impact on the quality of life of affected children and their families, and parents are key to successful management.
- Child behaviour problems and parenting difficulties are more common in this clinical group, and have been linked to difficulties managing other chronic conditions in children.

What this paper adds

- Parents of children with concurrent atopic dermatitis and behaviour difficulties are at risk of lower self-efficacy for managing their child's condition, report less successful performance of management tasks, and demonstrate lower competence with providing routine treatment.
- Results suggest that parents' self-efficacy mediates the relationship between child behaviour difficulties and performance of management tasks.
- Interventions should focus on child behaviour and parenting issues to support parents of children with atopic dermatitis and improve child health outcomes.

1. Introduction

Although atopic dermatitis (AD) has long been recognised as a common health problem among children (Williams et al., 1999), recent international studies suggest the problem is worsening, with prevalence increasing steadily over past decades in Western Europe, Canada, South America, Australasia, and the Far East (Williams et al., 2008). Children commonly develop AD at an early age, most within the first year of life (Ben-Gashir et al., 2004; Kay et al., 1994), and although many "grow out" of AD over time, almost half (47%) of those with AD at 7 years of age continue to experience symptoms until age 11, and one third (35%) have AD persisting into adulthood (Williams and Strachan, 1998).

The impact of AD on the physical, psychological, and social wellbeing of affected children, their parents, and family, is substantial (Lewis-Jones, 2006). Treatment can be time-consuming, complex and costly (Su et al., 1997), and management poses a significant and ongoing challenge for many parents (Zuberbier et al., 2006). In addition to undertaking long-term management of an episodic and often unpredictable disease, families must frequently manage multiple comorbidities including asthma, allergic rhinitis, and food and environmental allergies (Kapoor et al., 2008), which are all more common in children with AD, and can make treatment more complex. Stigmatisation of individuals with AD has been reported, and appearance-related teasing and bullying can make an already frustrating and difficult condition even more distressing to manage (Magin et al., 2008).

Lack of adherence to AD management plans is common and presents a threat to successful management (Chisolm et al., 2009; Krejci-Manwaring et al., 2007). A study by Storm et al. (2008) found that 47.8% of prescriptions for children attending a dermatology outpatient clinic remained unfilled. Even where medications are supplied directly to parents and regular follow-up is provided, objectively-measured adherence rates are as low as 32% (Krejci-Manwaring et al., 2007). Recent evidence suggests that apparent lack of response to traditional therapy, or failure of therapy after a good initial response, may be due to waning adherence to the AD management plan as opposed to increasing resistance to topical medications over time (Krejci-Manwaring et al., 2007).

Characteristics of children with AD and their parents have the potential to make management difficult. Children with AD tend to experience more emotional and behavioural problems than their healthy peers (Absolon et al., 1997; Dennis et al., 2006; Elliott and Luker, 1997; Pauli-Pott et al., 1999; Reichenberg and Broberg, 2004), and the presence of increased difficulties has been verified by independent observation of child behaviour as well as by parent report (e.g. Daud et al., 1993). A link between more profound emotional and behavioural problems and greater AD severity has been identified by some studies (Absolon et al., 1997; Daud et al., 1993) but not others (e.g. Dennis et al., 2006); these contradictory results may be explained by wide variations in age and AD severity of child samples, and in measures of AD severity and child behaviour. Elevated levels of parenting stress, depression, and anxiety are also more common among parents of children with AD (Daud et al., 1993; Faught et al., 2007; Pauli-Pott et al., 1999), and reports of marriage instability attributed to the strain of caring for a child with AD are frequent (Daud et al., 1993; Elliott and Luker, 1997; Lawson et al., 1998).

There is an emerging literature in the broader field of child chronic disease management suggesting that behaviour problems in children with chronic diseases may affect parents' ability to implement their child's treatment plan. Relationships have been found between child behaviour problems and difficulty managing children with asthma

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