



ORIGINAL ARTICLE

## Psychiatric disorders and symptoms severity in preschool children with atopic eczema



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ECI-4;  
Enuresis;  
Encopresis

### Abstract

**Background:** To compare with a control group the frequency of psychiatric disorders and severity of psychiatric symptoms in preschool children with atopic eczema.

**Methods:** The study included children between the ages of 3–5 who were diagnosed to have atopic eczema. The parents of the children with atopic eczema were interviewed in person and were asked to fill in ‘‘The Early Childhood Inventory-4’’ form. This form assesses the psychiatric disorders and symptoms severity in children between the ages of 3–5.

**Results:** The atopic eczema group included 80 patients (38 male, 42 female) with a mean age of  $48.4 \pm 15.7$  months and the control group included 74 patients (41 male, 33 female) with a mean age of  $49.9 \pm 15.19$  months. It was established that 68.8% of the group with atopic eczema received at least one psychiatric diagnosis. Between the psychiatric disorders, ADHD (Odds ratio: 2.57, 95% CI: 1.049–6.298,  $p=0.035$ ), enuresis and encopresis (Odds ratio: 2.39, 95% CI: 1.121–5.097,  $p=0.022$ ) and attachment disorder (Odds ratio: 2.03, 95% CI: 1.046–3.953,  $p=0.035$ ) were found to be significantly higher when compared with the healthy control group. When the groups were compared in terms of psychiatric symptom severity scores calculated by using ECI-4, ADHD severity ( $p=0.043$ ), conduct disorder severity ( $p=0.001$ ), anxiety disorders severity ( $p<0.001$ ), eating disorders severity ( $p=0.011$ ) and tic disorder severity ( $p=0.01$ ) were found to be higher in the atopic eczema group.

**Conclusion:** Psychiatric illnesses are frequent in preschool children with atopic eczema.

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## Introduction

Atopic eczema (AE) is a chronic, relapsing, and highly pruritic dermatitis that generally develops in early childhood, and has a characteristic age-dependent distribution. Atopic eczema is relatively common, affecting 10–20% of children in developed countries.<sup>1,2</sup> The chronic process in atopic eczema affects the quality of life, sleep pattern, and behaviour development.<sup>3–5</sup> Few studies on this subject have shown that Attention Deficit Hyperactivity Disorder (ADHD) is more frequent in children with atopic eczema.<sup>6–8</sup> Children with chronic skin diseases such as atopic eczema were found to have more psychiatric disorders such as depression and anxiety.<sup>9</sup> Although studies have so far reported that in allergic illnesses such as atopic eczema, psychiatric disorders such as ADHD and tic disorder are frequent, no studies have assessed the psychiatric illness symptoms in preschool children with atopic eczema extensively.

The purpose of this study is to find out the frequency of psychiatric disorders in children between the ages 3–5 with atopic eczema.

## Materials and methods

This multi-centred study was conducted between June 2013 and January 2014. Children between the ages of 3–5 who were diagnosed with atopic eczema or who were being monitored for atopic eczema were included in the study. The parents of patients with atopic eczema who were admitted to the Pediatric Allergy and Asthma Clinics of Inonu University, Ondokuz Mayıs University, Adnan Menderes University and Kanuni Sultan Süleyman Training and Research Hospital were interviewed and asked to fill out a sociodemographic data form. This form included the patients' information on demographic, sociodemographic characteristics, education status, family characteristics, education level of the parents, and socioeconomic level of family. After this form was completed, Early Childhood Inventory 4 (ECI-4) was completed in about 30 min by the parents who provided care to the patients. The volunteer control group underwent the same procedure after being informed of the study and giving their consent. All scales were evaluated by a child psychiatry consultant. Those patients whose forms were not completely and correctly filled out were excluded from the study.

"The early childhood inventory-4", developed by Sprafkin and Gadow,<sup>10,11</sup> is a scale designed to evaluate the behavioural, emotional, and cognitive symptoms of children between the ages of three and five according to DSM-IV diagnostic criteria. Disorders such as schizophrenia, which rarely occur between the ages of three and five, are not investigated in the ECI-4. However, diagnoses such as eating, sleep, and attachment disorders, which occur more frequently during these ages, are included. The ECI-4 is composed of 108 items that are rated as "never", "sometimes", "often" and "nearly always". Sprafkin and Gadow graded the ECI-4 in two different ways: symptom score points and symptom severity points. In the number of symptoms scoring, "never" and "sometimes" are scored as 0 and "often" and "almost always" as 1. Scores obtained for each disorder in ECI-4 are added. If this overall score is equal to or

higher than the number of symptoms required for DSM-IV diagnosis, symptom criteria score for that disorder is evaluated as "yes". In scoring the severity of symptoms, "never" is scored as 0, "sometimes" as 1, "often" as 2 and "almost always" as 3. Scores obtained from questions are added and the severity score of the involved disorder is found.<sup>10,11</sup> The score's reliability/validity study in Turkey was carried out by Başgöl et al.<sup>12</sup> in children between the ages of 3 and 5. There are two different forms of the scale, one of which is completed by the parents and the other by teacher. In this study, the parent form was used.

*Atopic eczema diagnosis* was conducted according to the Hanifin and Rajka criteria based on patient history and clinical characteristics.<sup>13</sup>

## Data analysis

Statistical analysis was performed using Statistical Package for Social Sciences (SPSS) 15.0 software (SPSS Inc., Chicago, IL, USA). Descriptive statistics were expressed as frequency and percentage for categorical variables, whereas quantitative data were expressed as median for non-normally distributed data and as mean for normally distributed data. We used the Mann–Whitney *U* test and Student's *t*-test to compare two groups (atopic eczema group and healthy control group), and the Chi-square test to compare the categorical variable. We considered a two-sided  $p < 0.05$  as statistically significant.

## Ethical considerations

The study was approved by the ethics committee of Inonu University, Faculty of Medicine. The written informed consent was obtained from the parents of all the participants.

## Results

The atopic eczema group included 80 patients (38 male, 42 female) with a mean age of  $48.4 \pm 15.7$  months and the control group included 74 patients (41 male, 33 female) with a mean age of  $49.9 \pm 15.19$  months. There were no statistically significant differences between the groups in terms of age and gender ( $p > 0.05$ ). The sociodemographic characteristics of both groups are presented in Table 1. No statistically significant differences were found between the two groups with respect to sociodemographic characteristics ( $p > 0.05$ ).

When groups were compared with respect to the psychiatric diagnoses they received measured by ECI-4, it was established that 68.8% of the group with atopic eczema received at least one psychiatric diagnosis, while 50% of the control group had received at least one psychiatric diagnosis, with a statistically significant difference ( $p = 0.018$ ). The psychiatric diagnoses made with the data obtained from ECI-4 are presented in Table 2. As shown in the table, ADHD (Odds ratio: 2.57, 95% CI: 1.049–6.298,  $p = 0.035$ ), enuresis and encopresis (Odds ratio: 2.39, 95% CI: 1.121–5.097,  $p = 0.022$ ) and attachment disorder (Odds ratio: 2.03, 95% CI: 1.046–3.953,  $p = 0.035$ ), were found to be significantly higher when compared with the healthy control group. Oppositional defiant disorder (ODD) was found higher in

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