

Psychosocial Factors in Severe Pediatric Asthma



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KEYWORDS

• Asthma • Children • Adolescents • Parents • Psychosocial

KEY POINTS

- Most research suggests that children with severe asthma display more emotional and behavioral problems than their healthy peers.
- Psychological difficulties are associated with increased risk for functional impairments and problematic disease course.
- Caregivers of children with asthma are at increased risk for emotional difficulties, which may have a significant impact on their ability to manage their child's asthma.
- Multidisciplinary teams that assess and treat these psychological factors are important for children whose asthma is poorly controlled.

Asthma is the most common chronic illness among children in the United States, affecting an estimated 6.8 million (9.4%) children.¹ A more complete understanding of pediatric asthma involves the integration of genetic, immunological, and psychosocial factors that may affect symptom presentation, chronicity, and illness management.² Increasingly, the health and functioning of children with asthma has been examined within a larger social-ecological framework (Fig. 1)³ that includes parents, extended family, caregivers, and psychosocial providers, as well as the child's medical care team.⁴ The purpose of this report was to examine the psychological variables that impact asthma management and severity, and to provide a rationale for a multidisciplinary approach to patient care.

RELATIONSHIP BETWEEN ASTHMA AND BEHAVIORAL DISTURBANCE

Epidemiological Associations

Although the literature regarding psychiatric comorbidities and behavioral problems among children with asthma is somewhat conflicting,^{5–12} most research suggests that children with asthma display more emotional and behavior problems than their

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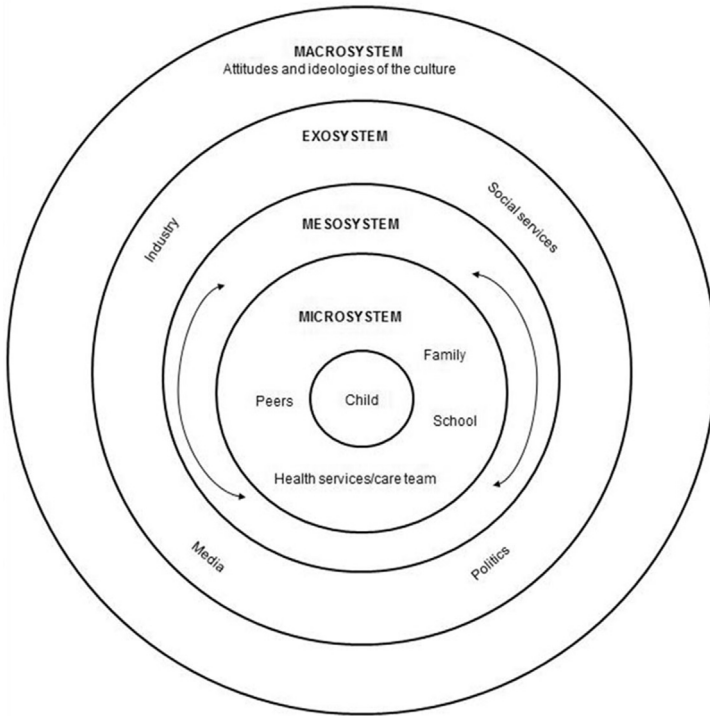


Fig. 1. Social-ecological framework.

healthy peers.^{5,13–23} A meta-analysis of emotional and behavioral functioning in children with asthma concluded that they display more behavioral difficulties than do healthy children, with a stronger effect size for internalizing behaviors such as anxiety and affective symptoms ($d = 0.73$) than for externalizing behaviors, such as symptoms of inattention, hyperactivity, and oppositional behaviors ($d = 0.40$).⁵

Internalizing symptoms

Estimates of the prevalence of internalizing disorders, such as anxiety and affective disorders, range from 5% to 43% of children with asthma, which is significantly above the prevalence in the general pediatric population.^{13–16,21,23,24} In addition, parents of children with asthma report significantly more internalizing symptoms in their children compared with parents of healthy controls.^{13,18,20,25–27} Importantly, increased asthma severity has been associated with greater behavioral and emotional difficulties, which may account for the wide range in epidemiological results. Studies directly comparing children with mild or intermittent asthma with those with persistent and severe asthma have found significantly higher rates of internalizing difficulties among children with severe asthma.^{5,13,15,28,29} When compared with healthy controls, children with mild and/or remitted asthma have not shown heightened vulnerability to psychological disorders compared with healthy children.^{8,15} These results suggest that children with severe asthma, but not those with mild to moderate asthma, may be especially at risk for comorbid internalizing difficulties.

In addition to differences in asthma severity, there is preliminary evidence of differential prevalence of self-reported internalizing symptoms by asthma phenotype. Two

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