

MÉMOIRE ORIGINAL

Opinion des mères tunisiennes concernant le premier épisode psychotique de leur enfant

Tunisian mothers' beliefs about their child's first psychotic episode

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MOTS CLÉS

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Résumé L'objectif de ce travail était d'établir les différents facteurs modulant, du point de vue de leurs mères, l'initiation du traitement psychiatrique chez des adolescents présentant un premier épisode psychotique. Un hétéroquestionnaire a été passé aux mères de 22 patients suivis au service de pédopsychiatrie de l'hôpital Razi en Tunisie durant la période allant de décembre 2003 à janvier 2010. Le questionnaire comprenait, outre la saisie des données sociodémographiques et cliniques, quatre questions s'enquérant : de l'attribution de la symptomatologie à une étiologie, des facteurs orientant vers la nécessité d'un traitement psychiatrique, des obstacles rencontrés dans l'initiation de ce dernier, enfin de suggestions pour la facilitation de l'initiation de ce traitement. Parmi ces adolescents, âgés de 12 à 19 ans lors du travail, 91 % souffraient de schizophrénie, 4,5 % de trouble schizoaffectif et 4,5 % de trouble schizophréniforme selon les critères du DSM-IV. La durée moyenne de psychose non traitée était de 11,49 mois ; 95,1 % des mères n'avaient pas suspecté initialement un trouble psychotique chez leur enfant. Dans 63,3 % des cas, la possession par « un djinn » était considérée comme la cause prédominante de la symptomatologie. Les principales causes ayant amené les mères à consulter en psychiatrie étaient les troubles de comportement dans 77,3 % des cas et l'inefficacité de la prescription du tradithérapeute dans 54,5 % des cas. La crainte de la stigmatisation, retrouvée dans 70 % des cas, était la cause principale ayant retardé la consultation en milieu psychiatrique. Les mères proposaient la mise en place de programmes de sensibilisation et d'information qui permettraient l'initiation précoce d'un traitement psychiatrique.

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KEYWORDS

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Mothers;
Adolescent;
Duration of untreated psychosis

Summary

Introduction. – Initiating psychiatric treatment depends on several factors including clinical, personal, familial and economic factors. In the case of a first psychotic episode in an adolescent, parents, especially mothers, have a critical role in initiating psychiatric treatment for their child.

Objective. – In this study, we investigated mothers' beliefs about their child's first psychotic episode.

Methods. – Participants were adolescents consulting the department of Child and Adolescent Psychiatry of the Razi hospital in Tunisia. They were aged from 12 to 19 years at the onset of their medical follow-up. Their diagnoses were schizophrenia, schizoaffective disorder and schizophreniform disorder according to DSM-IV. A questionnaire was submitted to patients' mothers after their approval. It was divided into two parts. The first part was used to collect information on socio-demographic and clinical characteristics of the mothers and their children. The second part was composed of the following four questions in Tunisian dialect: (1) what did you think was the matter when you first noticed psychotic symptoms in your child? (2) what was the main reason for which you thought psychiatric treatment was necessary? (3) what obstacles did you perceive in initiating psychiatric treatment? (4) do you have any advice or suggestions for caregivers on how they could facilitate an early start of treatment?

Results. – Twenty-two mothers were included. The mean age of the mothers at onset of the follow-up of their child was 42 years (SD: 4.81). Ten mothers had never been schooled, five had primary school level, four had secondary school level, three had bachelor's degree and two had a diploma of doctorate; 63.6% of the mothers were housewives. The mean age of patients was 13.77 years at the start of their medical follow-up (SD = ± 2.14). Most of the patients were male (14 males for eight girls). Most patients were diagnosed as having schizophrenia (91%); 4.5% were diagnosed with schizoaffective disorder and 4.5% with schizophreniform disorder. The duration of untreated psychosis (DUP) was 11.5 months. Longer duration of untreated psychosis was associated with male gender ($P=0.008$). A significant relationship was also found between long DUP and stigmatization of mental hospital and psychiatry (respectively $P=0.04$ and $P=0.05$). Most of the mothers did not think that their child initially suffered from a psychotic disorder. In 63.3%, the cause of the child's symptomatology was attributed to spirit possession. The others reasons for seeking psychiatric treatment were: behavioral disorder in 77.3%, inefficacy of traditional practices in 54.5%, and patient refusal (40.9%). Stigmatization of the Razi hospital, the unique psychiatric hospital in the country, and of psychiatry in general were evoked by mothers as the main obstacles in initiating psychiatric treatment in more than half of the cases (70%). Others obstacles were: fear of side effects of psychiatric treatment (50%), patient refusal (40.9%), inaccessibility to psychiatric services (31.8%) and fear of an addiction to psychotropic agents (31.8%). Thirty-six percent of mothers underlined the need to consult in the occurrence of school difficulties or any change in the child's behavior; 27% proposed educational and anti-stigmatizing campaigns about the signs of early psychosis through radio, newspapers, cinema, and TV media advertisements. Making teachers and educators sensitive to psychosis was proposed by 13.6% of mothers; 9.1% thought that diagnostic skills should be improved in general practitioners.

Conclusion. – Knowledge of attitudes of mothers towards the illness of their child prior to psychiatric treatment and towards the start of treatment is essential for the development of interventions for reducing duration of untreated psychosis.

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Introduction

Le recours aux soins psychiatriques dépend de facteurs inhérents au sujet, à la maladie, ainsi qu'à l'environnement socio-familial.

Dans le cas des premiers épisodes psychotiques à l'adolescence, deux éléments essentiels influencent le recours aux soins et donc la durée de psychose non traitée: les caractéristiques de la maladie et l'implication de l'environnement familial encore prépondérant à cet âge. La durée de psychose non traitée, largement connue dans

la littérature sous le terme de *Duration of untreated psychosis* (DUP) correspond à la période entre l'apparition des premiers symptômes psychotiques et le début du traitement, et fait l'objet de travaux nombreux du fait de son lien avec l'évolution et le pronostic des troubles psychotiques. En effet, sa longueur est fortement corrélée au pronostic de la maladie [1]. Prolongée, elle serait associée à une évolution moins bonne en termes de sévérité des symptômes, de chronicisation, de retentissement psychosocial plus sévère et de risque plus important de rechutes [2–5].

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