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ORIGINAL ARTICLE

Psychopathology, quality of life, and related factors in children with celiac disease[☆]

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KEYWORDS

Celiac disease;
Quality of life;
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Abstract

Objective: This study aimed to survey children with celiac disease (CD) for psychiatric disorders, determine the possible factors that predict psychopathology, and analyze health-related quality of life and possible factors that could affect the quality of life.

Methods: In this study, all children completed the Schedule for Affective Disorders and Schizophrenia for School Age Children – Present and Lifetime Version – Turkish Version (K-SADS-PL-T), as well as the Pediatric Quality of Life Inventory (PedsQL) for the 8–12 age group, and a sentence completion test. A face-to-face interview was performed with the parents of the participants to inform them about the study.

Results: This study included 52 children with celiac disease in the age range of 8–12 years, and 40 healthy children. The mean age of the study group was 10.36 ± 0.36 years, and 31 (59%) of them were females. The mean age of the control group was 10.35 ± 0.46 years and 24 (60%) of them were females. The mean subscale scores of the Pediatric Quality of Life Inventory were significantly lower in children with celiac disease when compared to the control group ($p < 0.05$). There was at least one psychiatric disorder in the 26 (50%) children with celiac disease.

Conclusions: This study has shown once more that celiac disease is associated with some psychiatric signs/diagnoses, and that it decreased quality of life. Further studies are needed to determine the factors that could reduce the psychiatric signs. It is apparent that those studies would contribute new approaches to improve diagnosis, treatment, and quality of life.

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PALAVRAS-CHAVE

Doença celíaca;
Qualidade de vida;
Criança;
Diagnóstico
psiquiátrico

Psicopatologia, qualidade de vida e fatores relacionados em crianças com doença celíaca**Resumo**

Objetivo: Neste estudo, foram avaliadas crianças com doença celíaca (DC) para verificar a existência de transtornos psiquiátricos, determinar os possíveis fatores que predizem psicopatologia e analisar a qualidade de vida relacionada à saúde e possíveis fatores que podem afetá-la.

Métodos: Neste estudo, todas as crianças responderam à Entrevista para Transtornos Afetivos e Esquizofrenia em Crianças em Idade Escolar – Versão Presente e ao Longo da Vida – Versão Turca (K-SADS-PL-T), bem como ao Inventário Pediátrico de Qualidade de Vida (PedsQL) da faixa etária de 8-12 anos e ao teste de completar sentenças. Uma entrevista presencial foi realizada com os pais dos participantes para informá-los sobre o estudo.

Resultados: Este estudo incluiu 52 crianças com DC entre as idades de 8 a 12 anos e 40 crianças saudáveis. A idade média do grupo de estudo era de $10,36 \pm 0,36$ anos, e 31 deles (59%) eram do sexo feminino. A idade média do grupo de controle era de $10,35 \pm 0,46$ anos, e 24 deles (60%) eram do sexo feminino. Os escores médios das subescalas do PedsQL foram significativamente menores em crianças com DC quando comparados com o grupo de controle ($p < 0,05$). Havia pelo menos um transtorno psiquiátrico em 26 (50%) crianças com DC.

Conclusões: Este estudo mostrou mais uma vez que a DC está associada a alguns sintomas/diagnósticos psiquiátricos e reduziu a qualidade de vida. São necessários estudos adicionais para determinar os fatores que podem reduzir os sintomas psiquiátricos. Está claro que esses estudos contribuiriam com novas abordagens para melhorar o diagnóstico, o tratamento e a qualidade de vida.

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Introduction

Celiac disease (CD) is a chronic, inflammatory, immune-mediated disease characterized by persistent intolerance of the small intestines to gliadin.¹ Its prevalence is approximately 1% in most countries of the world. The manifestations of CD can be divided into gastrointestinal symptoms and extraintestinal symptoms. The diagnosis depends on gluten-dependent symptoms, CD-specific antibody levels, the presence of human leukocyte antigen (HLA-DQ2) and/or HLA-DQ8, and characteristic histological changes in the duodenal biopsy. In the presence of high antibody levels, the diagnosis of CD may be based on a combination of symptoms, antibodies, and HLA, thus omitting the duodenal biopsy. Compliance with a gluten-free diet (GFD) is monitored by endomysium antibody (EMA) status.² The treatment consists of removing gluten from the diet throughout life.³ Just like other chronic diseases, CD affects physical, mental, and social life, as well as the health-related quality of life of children.⁴

A number of studies have investigated the effect of CD on quality of life and psychopathology. Although the prevalence of major depressive disorder, dysthymic disorders, and adjustment disorders varies between 10 and 80%, they are the most common psychiatric disorders (PD) in adults and children with CD.⁵ The basic factor focused on in those studies was the quality and degree of adherence to the GFD. It is known that lifelong GFD increases perception of well-being and positive feelings in some domains, and decreases those perceptions in some other domains.⁶ In conclusion, children

with CD trying to adapt GFD are at risk for psychological disorders.

Most of the studies in the literature that investigated psychopathology and quality of life were conducted on adults, and the data on children are scarce.⁷ The present study aimed to screen children with CD for PD, determine possible factors that predict psychopathology, and analyze health-related quality of life and the possible factors that affected the quality of life in those children.

Methods**Samples**

This cross-sectional study was carried out with fifty-two patients who were formerly diagnosed with CD recruited from the Department of Pediatric Gastroenterology, Emel-Mehmet Tarman Children Hospital in Kayseri, Turkey, between January and March 2016. The diagnosis of CD was based on the criteria outlined by the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition.⁸ Biopsies of the small intestine were performed for all patients with a positive serum EMA test and all biopsy specimens were evaluated according to the modified Marsh criteria. All celiac patients had Type III-c enteropathy according to Marsh's criteria. Exclusion criteria included any child less than 8 years or more than 12 years of age; those who did not have a comorbid disease such as an IgA deficiency, diabetes mellitus type 1, or Down syndrome; and

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