

Short communication

Alexithymia in adolescents with chronic fatigue syndrome

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Abstract

Background: Alexithymia is postulated as an important factor in the development of medically unexplained physical symptoms. Chronic fatigue syndrome (CFS) is presently medically unexplained. The aim of this study was to investigate whether the prevalence of alexithymia was higher in adolescents with CFS compared to healthy adolescents. Comorbidity such as anxiety and depression were analyzed as possible confounding factors. Secondly, alexithymia was investigated as a prognostic factor for the recovery of CFS. **Methods:** A cross-sectional study was performed among 40 adolescent outpatients diagnosed with CFS and 36 healthy controls. The 20-item Toronto Alexithymia Scale was used to assess all participants for alexithymia. Additionally, all participants completed a number of questionnaires regarding fatigue (Checklist Individual Strength), somatic complaints (Checklist Somatization Inventory), depression (Children's

Depression Inventory), and trait anxiety (Spielberger State Trait Anxiety Questionnaire). A follow-up study was performed among the CFS adolescents 1 1/2 years after the initial assessment. **Results:** CFS adolescents scored higher only on the subscale identifying feelings of the TAS-20 [mean difference after adjustment for depression and anxiety 2.8 (95% CI: 0.6; 4.9)]. Twelve CFS adolescents (30%) fulfilled criteria for alexithymia. This subgroup was characterized by higher scores for depression and anxiety and equal scores for fatigue and somatic complaints. At follow-up, no differences in recovery were established between the alexithymic and nonalexithymic CFS adolescents. **Conclusions:** Alexithymia neither appears to be a unique correlate of CFS nor to be a prognostic factor for recovery of the CFS illness.

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Introduction

Alexithymia has been defined as a deficit in cognitive processing and regulation of emotions, characterized by difficulties in describing and differentiating emotions and a cognitive style focused on external events instead of inner experience [1]. Alexithymia is considered an important risk factor for somatization [2]. Supposedly, emotions of highly

alexithymic individuals are not well represented mentally, with an ensuing tendency to focus on somatic sensations that accompany emotional arousal and to misinterpret these as signs of illness [3]. Alexithymic individuals are considered vulnerable to incorrectly attributing innocent bodily sensations to physical disease and to seeking medical care for their symptoms, for which subsequently no medical explanations can be found [4]. Chronic fatigue syndrome (CFS) is one of the medically unexplained illnesses, also designated as one of the functional somatic syndromes [5]. However, little is known about the role of alexithymia in the pathogenesis of CFS, and studies concerning alexithymia in adolescents with CFS are lacking.

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A study on alexithymia should simultaneously measure other constructs that might mediate alexithymia such as depression and anxiety [6–8].

Alexithymia was shown to be a predictor of an unfavorable outcome of adult patients with somatoform disorders, independent of other psychopathology or illness severity [9], although not confirmed in a recent study [4]. We hypothesized that adolescents with CFS are more alexithymic than healthy adolescents after adjustment for depression and anxiety. We further expected that alexithymic CFS adolescents would have a worse prognosis.

Methods

Population

A total of 70 adolescents (12–18 years old), referred with severe fatigue to the University Medical Center Utrecht in 2003 and 2004, were all examined by a paediatrician. A final diagnosis of CFS was established in 47 adolescents after medical and psychological examinations. In addition to the Centers for Disease Control and Prevention (CDC) exclusion criteria [10], patients with somatic comorbidity interfering with fatigue ($n=4$) and one patient because of severe primary depression were excluded. Two adolescents refused to participate. Of the remaining 40, 36 fulfilled all criteria for CFS of the CDC [10]. Four patients had less than 4 additional symptoms at the moment of the research examinations but were nevertheless included.

A follow-up study of 36 of these 40 CFS patients was performed 1 1/2 years after the initial study assessments (2006).

As a reference group, 102 adolescents aged 12–18 years from a secondary school were invited to participate with their parents. Families with an adoptive child or a child with a chronic illness were excluded ($n=3$). From the remaining 99 adolescents, 36 (37%) agreed to participate, including four pairs of siblings.

Instruments (questionnaires)

Alexithymia was assessed with a validated Dutch translation of the 20-item Toronto Alexithymia Scale (TAS-20), comprising three factors: difficulties identifying feelings, difficulties expressing feelings, and externally orientated thinking [11–13]. Items consist of statements presented in a five-point Likert scale (score, 1–5) along a “strongly disagree” to “strongly agree” continuum, with higher scores indicating more alexithymia. TAS-20 scores can be used dimensionally (score range, 20–100) and categorically, indicating yes or no alexithymia (score, ≥ 60 and < 60 , respectively) [14]. TAS-20 is validated for young adults (mean age, 21.5 years) and is not adapted for children.

Fatigue was assessed dimensionally with the Checklist Individual Strength (CIS-20) on fatigue in the preceding

2 weeks. There are four subscales: subjective experience of fatigue, concentration, motivation and physical activity, each item scored on a Likert scale (score, 1–7). Internal consistency is high, as is the discriminative validity for CFS [15].

Depression was measured with a validated Dutch translation of the Children’s Depression Inventory (CDI) [16,17]. CDI quantifies depressive symptoms in the past 2 weeks using 27 items rated on a three-point scale (range, 0–2).

Trait anxiety was assessed with a Dutch translation of the Spielberger State-Trait Anxiety Inventory for Children (STAIC) [18,19], consisting of 20 statements on a three-point scale that assess the level of anxiety a person reports as generally characteristic of himself.

Somatic complaints were assessed with a validated Dutch translation of the Children’s Somatization Inventory (CSI), rating the presence of each of 35 somatic symptoms in the preceding 2 weeks using a five-point Likert scale ranging from “not at all” to “a whole lot” (range, 0–4) [20,21].

All questionnaires were completed individually in, on average, 30 min and in separate rooms in a university building in May to September 2004.

The medical ethics committee of the University Medical Center Utrecht approved the study. Written informed consent was obtained from both adolescents and parents.

Outcome measures in the follow-up study

Questionnaires (CIS-20 and Child Health Questionnaire) were filled out at home in January 2006. The score on the subscale subjective fatigue of the CIS-20 was chosen as the major outcome variable in the follow-up of CFS cases. A cutoff score was set, (mean plus 2 S.D. of subjective fatigue distribution in healthy adolescents), to dichotomize outcome as recovery (< 40) or nonrecovery (≥ 40). This outcome measure was combined with the health perception question from the Child Health Questionnaire [22]. “My health is ‘excellent,’ ‘very good,’ or ‘good’” were all classified as “recovery” (in good health). My health is “moderate” or “bad,” were both classified as “nonrecovery” (in poor health). Final recovery classification required a positive score in both categories.

Analysis

Of the relevant variables, group-specific means and standard deviations were calculated.

We used linear regression with the variable of interest as dependent and a group indicator as independent variable to explore group differences. Results are presented as coefficients representing mean differences between CFS adolescents and healthy controls with 95% confidence intervals. The same models were used to adjust for possible confounding factors as age, gender, anxiety, and depression.

CFS adolescents were classified as alexithymia (yes/no) by the TAS-20 score (≥ 60 =alexithymic). These groups were described by mean values of depression, anxiety, somatic

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