

## Original Research Reports

# Parental-Reported Health Anxiety Symptoms in 5- to 7-Year-Old Children: The Copenhagen Child Cohort CCC 2000

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**Objectives:** *Hypochondriasis, now often designated as health anxiety, is important in terms of prevalence, levels of suffering, and health services cost in adults. Whereas the DSM-IV-TR suggests that the condition primarily begins in adulthood, retrospective reports point to a possible origin in childhood with onset as early as preschool age. However, little research has addressed health anxiety in children. In the present study we explored parental-reported health anxiety symptoms (HAS) and their association with physical and mental health in a population-based sample of 5- to 7-year-old children. Methods:* Parents of 1323 children (49.7% boys), recruited from the birth cohort: Copenhagen Child Cohort CCC 2000, completed questionnaires regarding their child's HAS, and physical and mental health. Associations were examined using multiple logistic regression analyses adjusted for concurrent chronic

*physical disease. Results:* HAS were present in 17.6% and present 'a lot' (categorized as considerable HAS) in 2.4% of the children. Children with considerable HAS demonstrated more physical health problems and internalizing disorders than children with no or non-considerable HAS, but in the majority (71.9%) no associated chronic physical disease or other mental disorder was reported. In a subsample of children with functional somatic symptoms (FSS), impairing FSS were more likely among children who reported HAS. **Conclusions:** The findings suggest that HAS present as primary complaints early in life and are associated with impairing child health problems in the area of FSS and internalizing disorders. These aspects may be important to understand and also to prevent the development of severe health anxiety.

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Health anxiety refers to excessive concerns regarding one's health. The core cognitive feature is disease conviction, which may motivate maladaptive coping behaviors with reassurance-seeking and recurrent checking for, e.g., bodily changes.<sup>1</sup> Severe health anxiety in adults, most often classified as hypochondriasis or hypochondriacal disorder in the current DSM-IV-TR and ICD-10,<sup>2,3</sup> has been shown to have significant negative impacts on well-being, social and occupational functioning, and health care resource utilization.<sup>4–6</sup>

Intergenerational transmission of health beliefs may be an important mechanism for the development of health anxiety.<sup>7, 8</sup> Besides the genetic concordance between par-

ent and child, there is increasing evidence that the ways in which parents respond to children's health complaints (re-

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inforcement) and the ways in which they cope with their own illnesses (modeling) influence their children's health attitudes and behavior,<sup>9-11</sup> and those later in life.<sup>12</sup> However, studies dealing directly with the presence of excessive concern or preoccupation with symptoms and illness in children and adolescents are very few.<sup>13,14</sup> To our knowledge, only two population-based studies, one on school-age children and one on adolescents, have been performed. Both demonstrated fears, beliefs, and attitudes in youth with similarities to cognitive and behavioral features of health anxiety in adults.<sup>15,16</sup> The possibility that health anxiety has its roots in childhood is further supported by retrospective reports of adult patients with severe health anxiety. Though prone to recall bias, these reveal that the level of health-related worries in adulthood is positively correlated with similar worries in childhood.<sup>17</sup>

The research to date in this area leaves a number of questions unanswered. We need to know more about the prevalence, impact, associated factors, and course of health anxiety symptoms (HAS) early in life in order to understand the development of severe health anxiety, and to provide new avenues for prevention and treatment.

The present study is mainly exploratory in order to contribute to the sparse descriptive data on health-related anxiety, especially in young children. As onset of health anxiety in retrospective reports of adults has been reported to be as early as at the age of five,<sup>18</sup> we wanted to explore the presence and distribution of parent-reported HAS in a general population-based sample of 1323 children (ages 5- to 7-years old). A secondary aim was to examine the association between these symptoms and parental-reported current physical and mental health problems in the child. We hypothesized that (1) HAS can be demonstrated already at this early age, and (2) the close relationship, repeatedly reported in adults,<sup>4</sup> between health anxiety and medically unexplained, i.e., functional somatic symptoms (FSS), and internalizing, disorders, i.e., depression and anxiety, can also be demonstrated in young children.

## METHODS

### Participants and Procedure

The basic study population was the Copenhagen Child Cohort CCC 2000 (CCC 2000), which is a birth cohort established to facilitate longitudinal studies of child mental health, including the interplay between physical and mental health, over time. The cohort comprises all 6090 children born in 16 municipalities in the former county of

Copenhagen during the calendar year 2000. Details of the cohort and the basic study design have been reported previously.<sup>19</sup>

This study was part of the 5- to 7-year follow-up (CC5-7) where a larger wave of data collection was carried out between August 2005 and December 2007. For the purpose of this study, we focused on children from the cohort who were selected as a random sample at inception ( $n = 3000$ ). Children were traced through the Civil Registration System in which all Danish citizens have a unique 10-digit number that is stored with information on residence and ID number of parents. Nine children had died and 79 were not contactable during the follow-up, leaving 2912 children eligible for the study. The overall study was organized over two stages. At the first stage, during which a screening questionnaire for mental health problems was sent to families to all eligible children, 1725 (59.2%) agreed to participate. A total of 1723 families (two were not contactable) were subsequently invited for interviews. The interviews included measures on psychopathology, physical health problems, and HAS. Additional information regarding the child's mental health was obtained by questionnaires to the child's preschool teacher (see the Measures section). In total, 1327 (77% of those who participated in the first stage; 45.6% of the total eligible sample) participated in the interview stage of which the current study was part.

The study was approved by the Scientific Ethics Committee of Copenhagen County (KA-05103) and the Danish Data Protection Agency. All parents of participating children gave written informed consent.

## MEASURES

### Health Anxiety Symptoms (HAS)

HAS assessment relied on three items in the Soma Assessment Interview (SAI). The SAI is a parent interview that we originally developed to perform epidemiologic assessment of functional, i.e., medically unexplained, somatic symptoms (FSS) in young children. Detailed description of the SAI is given elsewhere.<sup>20</sup> The three specific HAS items were intended to reflect characteristic cognitive and behavioral features of adult health anxiety: worrying about or preoccupation with fears of harboring a severe physical disease, bodily preoccupation, and persistence of preoccupation despite medical evaluation and reassurance.<sup>21</sup> The items were constructed in a way appropriate to the developmental stage of 5- to 7-year-old

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