

# Course and Outcome of Somatoform Disorders in Non-Referred Adolescents

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*The author examined the course of somatoform disorders in non-referred adolescents. Somatoform disorders were coded from DSM-IV criteria, using the computerized Munich (Germany) version of the Composite International Diagnostic Interview. About 35.9% of the adolescents with somatoform disorders at the index investigation continued to have the same disorders at the follow-up investigation: 26.7% had anxiety, 17.1% had depression, 22% had substance-use disorders, and 53.7% had no psychiatric disorders. Factors related to the chronicity of somatoform disorders included gender, comorbid depressive disorders, parental psychiatric disorders, and negative life events. Somatoform disorders showed a heterogeneous pattern of course.*

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Findings of studies in adults have given us much information about the course and outcome of somatoform disorders. According to these studies,<sup>1,2</sup> most patients with somatoform disorders experienced their first symptoms before the age of 15 years. These disorders have been reported to have a chronic course, with an average duration of about 18 years,<sup>3</sup> and they are associated with long-term psychosocial impairment. Although useful, these adult studies may be biased because of recall problems.

Information on somatoform disorders among non-referred children and adolescents is lacking, especially information on their course and outcome.<sup>4</sup> This lack of attention may be because of the ill-defined nature of the disorders, at least before the introduction of DSM-III. That is, the problem in studying somatoform disorders has been due to the unresolved problems at the interface of psychiatry and medicine.<sup>5</sup> Furthermore, there has been an absence of diagnostic criteria for somatoform disorders in childhood and adolescence, and it has often been argued that

the application of adult criteria may be inappropriate for these age-groups.<sup>6</sup>

The few studies on the course and outcome of somatoform disorders in children and adolescents are limited to small sample sizes, or focus on specific types of somatoform disorders, or are limited to young patients in clinical settings. Several reports on the course of somatoform disorders were based on case studies of adolescents suffering from specific types of somatoform disorders (pain disorder, conversion disorder, somatization disorder, dysmorphic disorder, undifferentiated somatoform disorders, hypochondriasis). According to these few studies, body dysmorphic disorder (BDD) has been described as a chronic and handicapping condition, with a waxing and waning of intensity.<sup>3</sup>

With respect to conversion disorder, a study by Pehlivanurk and Unal<sup>7</sup> has shown that 85% of the youngsters with this disorder had recovered completely at the 4-year follow-up investigation. About 5% of the patients showed some improvement; 10% showed no change; and 35% received a diagnosis of other psychiatric disorders (mostly anxiety and depressive disorders). Among three patients (7.5%) who recovered shortly after the initial visit, relapse was reported to have occurred 12 to 36 months later. Factors that predicted poor outcome in conversion disorder

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included polysymptomatic presentation, pseudoseizures, chronicity of the symptoms, comorbid psychiatric or medical disorders, poor capacity to gain insight, severe internal conflict, and serious family dysfunction.<sup>7</sup> Adolescents with conversion disorder who were classified as polysymptomatic, versus monosymptomatic, had significantly poorer prognosis and had more past psychiatric histories and family problems.<sup>8</sup>

No information is available on the course of hypochondriasis and somatization disorder in adolescents. However, according to previous adult studies, between 80% and 90% of the adult patients diagnosed with somatization disorder retain the same diagnosis over several years.<sup>9</sup> Among adults with hypochondriasis,<sup>10</sup> two-thirds continued to meet the criteria for the disorder 1 year later. Although one-third of these patients no longer met the criteria, they had persisting hypochondriacal symptoms.

Given the lack of information on the course of somatoform disorders in non-referred adolescents, the main aims of this article were to examine the course and outcome of somatoform disorders and to examine factors related to their chronicity. The specific aims of the present study were to address the following questions: 1) How many adolescents who met the diagnosis of somatoform disorders at the index interview still met these disorders at the follow-up interview? 2) How many of the adolescents with somatoform disorders at T<sub>1</sub> developed other disorders at T<sub>2</sub>? 3) What are the factors that predict the chronicity of somatoform disorders?

## METHOD

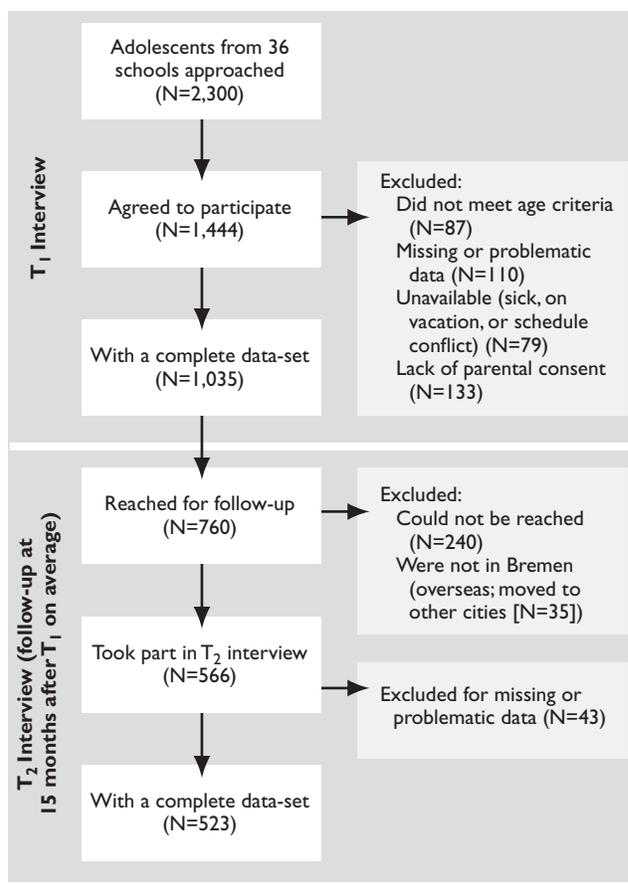
Participants were adolescents, age 12 to 17 years, who were randomly selected from 36 high schools in the province of Bremen, Germany. Details about the study design, the sample, and its characteristic have been described elsewhere.<sup>11</sup> Permission to conduct the study in the schools was granted by the Ministry of Education, the Ministry of “Confidentiality” (in German: “Landesbeauftragter für den Datenschutz”), and the ethics committees in each participating school. Schools were selected to ensure nationally representative estimates for each grade, and classes were selected from the target grade by use of simple random sampling. All students in a selected class were asked to participate and gave active parental and student written consent.

In all, 2,300 students were approached to participate in the study (Figure 1); the number of students approached in each individual school varied because of organization

(e.g., tight schedule, lack of room to conduct the interview) and political issues (e.g., lack of interest or support from teachers) in some schools. A total of 1,444 adolescent respondents agreed to participate; however, data from 1,035 students were used in the present analysis. Data from 197 adolescents were excluded because they did not fulfill the age criterion (younger than 12 and older than 17 years; N=87), or had too many missing or problematic data-points (N=110). Also, 79 students wanted to participate but were unable to do so because they were sick, on holidays, or not allowed by their teachers to participate because of tight academic schedules in their class; another 133 were unable to obtain a signed consent form from their parent or guardian. Thus, the response rate for the present study was 62.8%.

Of the 1,035 adolescent respondents with a complete data-set, there were 421 boys and 614 girls. The average age was 14.3 years (standard deviation [SD]: 1.7). Almost all of the respondents were living at home with at least one of their parents. About 15 months after the first interview

FIGURE 1. Study Design



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