



## Family patterns of psychopathology in psychiatric disorders

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### Abstract

**Objective:** Familial loading and crucial outcomes of family history of psychopathology in psychiatric disorders have long been recognized. There has been ample literature providing convincing evidence for the importance of family psychopathology in development of emotional disturbances in children as well as worse outcomes in the course of psychiatric disorders. More often, maternal psychopathology seems to have been an issue of interest rather than paternal psychopathology while effects of second-degree familiarity have received almost no attention. In this study, we addressed the relations between affected first- and second-degree relatives of probands and categories of psychiatric disorders.

**Method:** Subjects were 350 hospitalized psychiatric inpatients, consecutively admitted to psychiatry clinics in Van, Turkey. Mean age was 34.16 (SD ± 12) and 51.4% of the sample consisted of male patients. Assessment of psychopathology in psychiatric probands was conducted based on DSM-IV TR. Familial loading of psychiatric disorders amongst first- and second-degree relatives of patients were initially noted primarily relying on patients' retrospective reports, and confirmed by both phone call and following official health records via the Medical Knowledge System. We analyzed the data using latent class analysis approach.

**Results:** We found four patterns of familial psychopathology. Latent homogeneous subsets of patients due to familial characteristics were as paternal kinship psychopathology with schizophrenia, paternal kinship psychopathology with mood disorders, maternal kinship psychopathology and core family psychopathology.

**Conclusion:** Family patterns were critical to exerting variation in psychiatric disorders of probands and affected relatives. Probands with a core family pattern of psychopathology exhibited the most colorful clinical presentations in terms of variation in psychopathology. We observed a specificity of intergenerational transmission of psychiatric disorders when family patterns of psychopathology were taken into consideration, even second-degree relatives of psychiatric probands.

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### 1. Introduction

There has been a vast body of evidence that psychiatric disorders in parents are substantially associated with a rise in affect regulation problems in a wide range from mild to severe disturbances in children. Almost half of children of

parents suffering from psychiatric disorders develop affective problems that persist into adulthood, particularly bipolar disorders and substance misuse [1]. An extensive parental psychopathology research has generally focused on possible influences of maternal emotional difficulties on child development, whilst paternal psychiatric disorders have been demonstrated to exert crucial direct and indirect adverse influences on child's psychological development, even though data concerning the effects of paternal pathology on the offspring relatively lag behind maternal investigations [2]. In a prospective longitudinal community study of parental major depression as a risk factor of psychopathology in offspring, Lieb et al [3] tied parental psychiatric disorders to an increased risk of affected offspring in which

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odds ratios were virtually in parallel with Birmaher et al. [4] and differences in estimated risks of maternal and paternal psychopathology for intergenerational transmission to the offspring were not substantial.

Children of bipolar parents have a virtually 40% risk of a major depressive episode by the age of 20 [5]. Over 20 years, accumulating evidence from family studies strongly suggested that affective disorders have familial underpinnings and having a proband with either major depressive disorder or bipolar disorder puts offspring to a major risk for affective disorders [6,7]. Adjusting for demographic variables, offspring of parents with bipolar disorder had thirteen-fold increased risk for bipolar spectrum disorders and five-fold greater risk for any mood disorders, as well as two-fold higher risk for anxiety spectrum disorders. More offspring of those whose both parents had bipolar disorder more prevalently endorsed bipolar spectrum disorders and more than 75% of these offspring had a mood episode by the age of 12 years [4]. Familiarity in affective disorders was the most potent predictor of mood disorders among risk factors [8].

Anxiety disorders in parents are not rare in population and offspring of these parents with anxiety disorders are at a greater risk for anxiety problems [9]. In comparison of rates of anxiety disorders in the offspring, a meta-analysis concerning intergenerational continuity of parental anxiety disorders demonstrated that offspring of non-affected controls significantly differentiated from affected cases in terms of lower rates of anxiety disorders. Evidence for specificity of transmission is mixed and particularly parental anxiety disorders were likely to confer risk for a scope of disorders in the offspring [10]. Comorbid anxiety or mood disorders in parents put the offspring at an increased risk of anxiety disorders, as was the case for having more than one affected parents with anxiety disorders [11,12].

Transmission of adversity is not unidirectional and intergenerational transmission of psychopathology may probably pursue various pathways through miscellaneous developmental mechanisms. Gene–environment interplay in psychiatric disorders has long been a matter of increasing interest in transmission of psychopathology. Causal relations between genetic susceptibility and environmental effects seem to be reciprocally interrelated rather than linear interaction, whilst scholars have also been put forward several forms of gene–environment interplay [13]. Shanahan and Hofer [14] draw on empirical literature to suggest four models of gene–environment interplay: social context can set in motion some genetic inclinations, the context may serve as a precipitator of the effect of genetic influences, environmental contexts may compensate for a genetic diathesis, and finally, there may be environmental limitations to reduce the role of genetic influence, thereby constraining life opportunities and choices. Bronfenbrenner and Ceci [15] placed a great emphasis on advantageous proximal environments which have direct influences on the individual that would increase the genetic effect. Keeping in mind that consideration of a true clear-cut for the possible influences of genes and environments appears like an oversimplification. Separating genetic components of

familial loading and investigating solely interfamily mechanisms in terms of shared environment presents some difficulties and yet risk estimation from family loading seems to be complicated. Even genetic loading for risk of psychopathology may considerably vary within affected individuals [16]. These effects are not separate, while variations in heritability arise from contextual factors are considerable, as well as the process is bidirectional in nature in a broad range of multifactorial conditions [13].

An important aspect of expanding the elucidation of effects of parental emotional dysfunction is to examine the complex relations between parental symptomatology, child socio-emotional development and family functioning. The developmental process is multifaceted and central to effects of parental psychopathology on children's capacity to both resilience and vulnerability in the face of adversity. Models of familial transmission of psychopathology underscore the role of psychopathology in each parent to be influential in the developmental trajectory through epigenesis, development of maladaptive mechanisms leading to self-dysregulation, and exposure to contextual stressors engendering from parental emotional disturbance as well as marital discord and conflict [2,17]. Mental health problems may interfere with optimal parenting skills and result in risky family environments characterized by conflict and aggression, and by relations that are cold, dismissive and neglectful [18]. Mothers with depressive disorders spent substantially shorter time with their children, were less able to provide daily routines, were more irritated; and were more likely to physically or verbally aggress their children [19]. Depressive parents were also more negative, unsupportive and intrusive with their children [20]. Children living in risky family systems may probably be more apprehended with their family stability, commensurate with exposure to marital conflict that may mediate the linkages between parental psychopathology and child adjustment problems [21].

It is apparent that rates of transmission of parental psychiatric disorders to children are substantial and affected parents pose risk to the offspring probably independent from longevity or severity of parental psychopathology [22]. A more accurate elucidation of the process of intergenerational transmission of psychopathology is important for many reasons but at the outset it will provide a more profound understanding of the pathways to a range of psychological disturbances in children. It appears that an extensive research involving transmission of psychiatric disorders has focused on possible influences of mental problems in first-degree relatives on children and potential pathways in intergenerational transmission of disorder from caregivers or core family members. However, transmission of disorders from second-degree relatives has received almost no attention in the empirical literature. In this study, an advanced method of latent class analysis algorithm was applied to examine the patterns of associations between presence of psychopathology in relatives of case probands and categories of disorders in a relatively representative sample of psychiatric patients.

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