



Comorbid psychiatric disorders in Arab children with Autism spectrum disorders

Mostafa Amr^{a,f*}, Dahoud Raddad^a, Fatima El-Mehesh^b, Ashraf Bakr^c, Khalid Sallam^d, Tarek Amin^e

^a College of Medicine in Al-Ahsa, Saudi Arabia

^b Psychiatric Hospital in Al-Ahsa, Saudi Arabia

^c College of Medicine, Mansoura, Egypt

^d College of Medicine in Banha, Egypt

^e Faculty Medicine, Cairo University, Cairo, Egypt

^f College of Medicine, Mansoura, Egypt

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ABSTRACT

The objective of our study is to estimate the prevalence of comorbid psychiatric disorders in a sample of children with autism spectrum disorders (ASD) recruited from three Arab countries. We also examine the relationship between comorbidity and children's cognitive functioning and gender. Children who received a diagnosis of ASD ($n = 60$) from a child psychiatric outpatient clinic in Mansoura (Egypt), Al-Ahsa (Saudi Arabia) and Amman (Jordan) were included in this study. Comorbid diagnoses were established with a clinical interview and a semi-structured clinical interview for children and adolescents (SCICA). In addition, for all patients the cognitive evaluation was measured given the range in age and level of ability. Sixty-three percent of the children were diagnosed with at least one comorbid disorder. The most commonly reported comorbid disorders were anxiety disorders (58.3%), ADHD (31.6%), conduct disorders (23.3%), and major depressive disorder (13.3%). Out of the total sample, Obsessive compulsive disorder was the most prevalent anxiety disorder (55%). Elimination disorders were also diagnosed in 40% of patients. These findings emphasize a wide variety of psychiatric comorbidity afflicting youth with ASD and may be important targets for intervention.

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1. Introduction

Autism spectrum disorders (ASD) are clinically heterogeneous neurodevelopmental disorders with prominent impairments in social reciprocity, language impairment and restricted repetitive behaviors or interests (Newschaffer, Fallin, & Lee, 2002). There is ample evidence indicating that young people with ASD often have comorbid psychopathology contributing further to the broad variability in the ASD clinical presentation (Gjevik, Eldevik, Fjæran-Granum, & Sponheim, 2010; Leyfer et al., 2006; Mukaddes, Hergüner, & Tanidir, 2010; Sinzig, Morsch, Bruning, Schmidt, & Lehmkuhl, 2008; Sinzig, Morsch, & Lehmkuhl, 2008; Sinzig, Walter, & Doepfner, 2009; Yerys et al., 2009). Comorbid symptoms and disorders represent an added handicap for the affected child, require considerable attention and become a focus for intervention and

* Corresponding author. Current address: Department of clinical neurosciences, College of Medicine in Al-Hassa, King Faisal University, Member of the board of Saudi Psychiatric Association (SPA), Hofuf, 31982, P.O. Box: 400, Saudi Arabia. Tel.: +966 0566818994; fax: +966 035800820.

E-mail address: mostafap@yahoo.com (M. Amr).

medical treatment (Gadow, Devincent, & Schneider, 2008). Comorbidity in the assessment of ASD is a topic that has infrequently been addressed, particularly when compared to other childhood psychiatric disorders such as ADHD (Kadesjo & Gillberg, 2001), depression (Angold, Costello, & Erkanli, 1999), and eating disorders (Lewinsohn, Striegel-Moore, & Seeley, 2000). Disruptive behavior disorders and anxiety disorders have been shown to be common in children with ASD (Goldstein & Schwabach, 2004; Green, Gilchrist, Burton, & Cox, 2000; Leyfer et al., 2006; Rumsey, Rapoport, & Sceery, 1985), while findings on mood disorders, such as schizophrenia or related disorder are more inconsistent (Matson & Nebel-Schwalm, 2007). Assessing comorbidity in children and adolescents with ASD presents specific challenges.

First, children with ASD can be limited in their communicative abilities (Lord & Paul, 1997) in their restricted range of speech acts (Wetherby, 1986), as well as their conversational and narrative skills (Loveland, Landry, Hughes, Hall, & McEvoy, 1988). These communication impairments can interfere with the ability to report symptoms. In addition to communication problems, children and adults with autism have impairments in “theory of mind”, complex information processing, central coherence, and executive functioning which make personal interviewing difficult (Baron-Cohen, 1991; Tager-Flusberg & Cooper, 1999).

Second, an important barrier to the study of comorbid behavior problems is the heterogeneity of symptoms presented by individuals with ASD. Such individuals often differ significantly in cognitive and adaptive functioning, and the nature and severity of autistic behaviors vary and change with development (Dawson et al., 2002; Lord, Cook, Leventhal, & Amaral, 2000). It is not well understood how these individual differences impact the occurrence and presentation of behavior and emotional problems beyond the core symptoms that define the ASD population (Lecavalier, 2006). Third, The Diagnostic and Statistical manual of Mental Disorders–Fourth Edition, Text Revision (DSM-IV-TR) implies that psychiatric symptoms should not be diagnosed in clinical practice if better accounted for by a more severe disorder (American Psychiatric Association, 2000). This guideline may lead clinicians to attribute all presenting symptoms to the ASD phenotype. DSM-IV-TR does not allow a diagnosis of separation anxiety disorder, generalized anxiety disorder, social phobia or ADHD in individuals with ASD. However, these guidelines are based on consensus of diagnostic procedures, and not grounded in research demonstrating that all presenting symptoms are related to core ASD symptoms. Hence, it is increasingly argued that comorbid psychiatric disorders should be assessed and diagnosed when present (Simonoff et al., 2008).

Fourth, symptoms of comorbid psychiatric disorders and core features of ASD may be overlapping and difficult to distinguish. Social phobia may be difficult to distinguish from impairment of social interaction, obsessive-compulsive disorder (OCD) from repetitive and ritualistic behavior (Zandt, Prior, & Kyrios, 2007).

Finally, comorbid psychiatric disorders were first reported in a number of questionnaire studies in both children and adolescents (13–17 years) that only inquire about current symptoms, while standardized interview studies yielding DSM-IV diagnoses are limited (Bradley & Bolton, 2006; Gjevik et al., 2010; Leyfer et al., 2006; Simonoff et al., 2008). Moreover, most previous studies have included clinically referred samples and focused on children with high functioning autism, pervasive developmental disorder-not otherwise specified, and Asperger’s syndrome. Therefore, there is a need to examine comorbid disorders in children with ASD that have a broader range of cognitive functioning.

The majority of studies in this context have been carried out in western industrialized countries, such as the US, UK and Europe. Few reports have been published about the occurrence of ASD in Arab countries (Al-Farsi et al., 2010; Al-Salehi, Al-Hifthy, & Ghaziuddin, 2009; Eapen, Mabrouk, Zoubeidi, & Yunis, 2007; Seif Eldin et al., 2008).

In the light of growing interests in children’s life in the developing countries, surprisingly little attention has been paid to examine the differences in children’s functioning within different cultural settings. Studies examining whether comorbid psychiatric disorders in children with ASD are shaped by socio-cultural or ecological factors are scanty. Focusing on a neurodevelopmental condition like ASD may be a starting point in realization of cross cultural differences in models of health and disease. Data emanating from diverse regional, cultural and linguistic groups have yielded new and important insights into many topics of social scientific relevance (Kirmayer & Minas, 2000) such as a widely reported condition in childhood and adolescence, Attention-deficit hyperactivity disorder (ADHD). This study investigated the comorbid psychiatric disorders in 37 boys and 23 girls with ASD and its association to children’s cognitive functioning and gender. The aspects of this study include: sampling children from three Arabic countries (Egypt, Saudi Arabia and Jordan), with lower and higher functioning children on the autism spectrum, as well as sampling children with seizure disorders. Our study used a double-test strategy for assessment of comorbid psychiatric disorders in children with ASD, a semi-structured clinical interview for children and adolescents (SCICA) observation form with a clinical interview based on DSM-IV-TR criteria (American Psychiatric Association, 2000); both interviews are conducted by a child psychiatrist. Greater understanding of comorbid psychiatric disorders in children with ASD has important implications for tailoring more specific assessment measures and interventions. Based on the previous work in the Arab region (Al-Farsi et al., 2010; Al-Salehi et al., 2009; Eapen et al., 2007; Seif Eldin et al., 2008), we tested the hypothesis that ASD in children would be associated with more externalizing (e.g., ADHD) than internalizing disorders such as anxiety, phobia and depression.

2. Methods

2.1. Participants

We examined 60 children (37 boys and 23 girls) diagnosed with ASD during their regular follow-up. Those children were recruited from specialized centers in three Arab countries: Center for Early Diagnosis of Children’s Disabilities (EDCD),

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