

Most Teens With IBD Have Psych Disorders

BY DOUG BRUNK
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SAN DIEGO — More than half of adolescents with inflammatory bowel disease met criteria for one or more DSM-IV disorders, in particular adjustment disorders and major depressive disorder, Dr. Andreas Richterich reported during a poster session at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

In addition, adolescents with a psychiatric disorder had higher levels of health-related distress, compared with those who did not have a psychiatric disorder. "What it means is, the way you cope with your illness determines your quality of life," said Dr. Richterich, of the department of psychosomatics in children and adolescents at University Medical Center Hamburg-Eppendorf (Germany).

"So within the group of somatically ill, it's worth screening for psychiatric disorders to help them."

In what he said is the first study of its kind, Dr. Richterich and his associates performed a cross-sectional analysis of 47 patients with IBD who were aged 12-18 years. They used the Clinical Assessment Scale for Child and Adolescent Psychopathology and questionnaires to analyze self-, parent, and physician ratings for health-related quality of life, emotional problems, and disease severity as defined by the pediatric Crohn's Disease Activity Index.

Questionnaires used in the study included the IMPACT III, a disease-specific quality of life questionnaire for children and adolescents; the Strengths and Difficulties Questionnaire (SDQ); and the Eu-

ropean Quality of Life instrument.

The mean age of the 47 patients was 15 years, and 27 were male. There were 24 cases of Crohn's disease, 20 cases of ulcerative colitis, and 3 cases of colitis indeterminata.

Overall, 26 of the adolescents (55.3%) fulfilled criteria for one or more DSM-IV disorders. Of these, 25.6% were adjustment disorders and 17% were major depressive disorder. The rest included anxiety disorder (6.4%), learning/developmental disorders (4.2%), and attention-deficit hyperactivity disorder (2.1%). Only 15% of

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patients, parents, and physicians in the measures of health-related quality of life. SDQ scores for patients with DSM-IV disorders were significantly higher, compared with patients who did not have DSM-IV disorders. Also, quality of life as measured by the IMPACT III was significantly lower in patients with DSM-IV disorders, compared with those who did not suffer from emotional problems.

There was a "dose-response" relationship between the severity of illness and level of reduced quality of life, especially among those who had mild IBD activity. "It's clear that the health-related distress rises with the [IBD] activity," Dr. Richterich said.

Key limitations of the study, Dr. Richterich added, are the small sample size and the fact that specific questionnaires for depressive disorder and anxiety disorder were not administered. ■



Depression, Not Anxiety, Linked to Sleep Problems in School Children

Sleep problems in school-aged children appear to be associated with depression but not with anxiety, reported Alice M. Gregory, Ph.D., of King's College of London, and her colleagues.

Their study of sleep problems in twins suggests that genetics also may play a role in these disorders. "Symptoms of depression in midchildhood are associated with a range of sleep difficulties, indicating that it may be useful to assess sleep difficulties in children who present with symptoms of depression and vice versa," they said (*Pediatrics* 2006;118:1124-32).

The 300 twin pairs who participated in this study came from the Emotions, Cognitions, Hereditary, and Outcome (ECHO) study. The pairs had a mean age of 8 years, and there were more girls than boys (57% vs. 43%). Most families in the study

were white (87%), and most parents in the study had completed education to at least age 18 years and were employed at the time of the study.

Children in the ECHO sample were screened for anxiety at age 8 using the Screen for Childhood Anxiety-Related Disorders. They were screened for depression with the Children's Depression Inventory. Parents reported on the sleep habits of their 8-year-olds with a version of the Child Sleep Habits Questionnaire.

Self-reported depression indicators were greater in children with bedtime resistance, sleep-onset delay, sleep anxiety, and sleep parasomnia. Self-reported anxiety was higher in children with parent-related bedtime resistance than in those without this condition.

—Sarah Pressman Lovinger

ChIPS Better Than K-SADS in Detecting Psychopathology

BY DOUG BRUNK
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SAN DIEGO — Agreement between the Children's Interview for Psychiatric Syndromes and the Schedule for Affective Disorders and Schizophrenia for School-Age Children ranges from 66% to 90%. But the ChIPS instrument is more sensitive than the K-SADS in detecting psychopathology, results of a comparative study show.

The finding marks the first independent evaluation of the DSM-IV version of the ChIPS, Dr. Jeffrey I. Hunt said in an interview during a poster session at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

"We've been using the ChIPS for the last 4 years, but we thought we needed to make sure that it was valid compared to what we think the gold standard is: the K-SADS," said Dr. Hunt, of the department of psychiatry and human behavior at Brown University, Providence, R.I. "We had hoped that the ChIPS was as valid as the K-SADS. We found that the ChIPS is a bit more sensitive. It picks up more diagnoses than the K-SADS, and it may be overdiagnosing somewhat."

He and his associates administered the ChIPS and the K-SADS to 100 psychiatric inpatients aged 12-18 years who were enrolled in a study exploring the cognitive

risk factors for suicidality. The mean age of the patients was 15 years, and 73% were female. Most (83%) were white.

The researchers reported that the percentage of agreement between the two diagnostic tools ranged from 66% to 90%, but they described the kappa agreement as "small to moderate." They also noted that the mean number of diagnoses endorsed on the ChIPS was 4.5, compared with a mean number of 3.15 on the K-SADS, a difference that was statistically significant.

"Because the ChIPS appears to be more sensitive and not necessarily highly specific in its diagnostic categories, it seems that the ChIPS may be better suited as a screening measure, for use in ruling out diagnoses, rather than as a diagnostic instrument," the researchers wrote in their poster.

They wrote that further studies should be conducted with an even larger sample size to figure out whether the ChIPS is reliable with other diagnostic measures. In addition, the investigators said, comparisons of ChIPS-derived diagnoses to scores obtained by using self-report instruments or checklists are needed to investigate the divergent validity of the interview.

"In the meantime, clinicians should be aware of the sensitivity of the ChIPS in diagnosis, and use it cautiously," they wrote. ■

Depression Diagnoses Rose 2.4-Fold From 1990 to 2001

BY DOUG BRUNK
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SAN DIEGO — Between 1990 and 2001, the number of children and adolescents diagnosed with depression increased 2.4-fold, and the use of antidepressants increased from 44% to 59%, according to a nationwide study of physician office visits.

Specifically, use of selective serotonin reuptake inhibitors increased from 21% to 40% over the same time period, while use of tricyclic antidepressants fell from 21% to 3%, Linda M. Robison reported during a poster session at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

"Physicians are doing a good job as far as not prescribing the tricyclics anymore," Ms. Robison of the Washington State University College of Pharmacy in Pullman, Wash., said in an interview. "That's what you would hope to see. Children are also being diagnosed [with depression] more than they have [been] in the past, which is probably appropriate."

In a study led by her associate, David A. Sclar, B.Pharm, the researchers used data from the U.S. National Ambulatory Medical Care Survey to determine

the population-adjusted rates of office-based physician visits that resulted in a diagnosis of depression in patients aged 5-18 years between 1990 and 2001. The diagnosis was based on International Statistical Classification of Diseases, 9th Revision.

The researchers also documented the type of antidepressant prescribed and broke the analysis into three time frames: 1990-1993; 1994-1997, and 1998-2001.

Ms. Robison and her associates found that over the 12-year time period, the population-adjusted rate of physician office visits documenting a diagnosis of depression increased 2.4-fold, from 12.9 per 1,000 patients to 31.1 per 1,000 patients.

At the same time, the number of patients who were prescribed an antidepressant increased from 44% in 1990-1993 to 59% in 1998-2001. The use of SSRIs increased from 21% in 1990-1993 to 40% in 1998-2001, while the use of tricyclic antidepressants fell from 21% to 3%.

Most office visits were made by 13- to 18-year-olds who were seen by a psychiatrist.

The study was supported by the National Alliance for Research on Schizophrenia and Depression. ■