Anxiety Does Not Interfere With Phobia Treatment

BY ROXANNE NELSON
Contributing Writer

WASHINGTON — Inner-city children with persistent asthma appear to have more problems with negative social skills, anxiety, and shyness than children without asthma, according to data presented at the annual meeting of the Pediatric Academic Societies.

"Children with persistent asthma symptoms had significantly more behavior problems across several domains, compared to children with no asthma symptoms," said Jill S. Halterman, M.D., of the University of Rochester in New York. Dr. Halterman and her colleagues looked at the relationship between asthma and behavior in all kindergarten children in the city of Rochester school district in 2003. At the beginning of that school year, parents of kindergarten children completed a detailed health and development survey assessing the child's background, behavioral functioning, and medical history—with specific questions about asthma symptoms.

Children were included if they were older than 4 years but younger than 6 years at the time of the survey, making a total of 1,619 Black children accounted for 60% of the survey population; Hispanic children accounted for 22%. A majority of the children (59%) received Medicaid insurance.

Asthma status—no asthma, intermittent asthma, or persistent asthma—was determined from parent responses to three questions about asthma symptoms. The criteria for these three categories were based on the National Heart, Lung, and Blood Institute’s guidelines for defining asthma severity. Seven percent of the children had intermittent asthma, and 8% had persistent asthma.

Using 12 items on the survey, a child's behavioral functioning was assessed using a 1-to-4 scale in four areas—positive and negative peer social skills, task orientation, and shyness/anxiety.

There was no difference between the three asthma groups for average positive peer social skills scores, but children with persistent asthma had worse scores for negative peer social skills than children with intermittent asthma or no asthma. Children with persistent asthma also had worse scores than the other two groups for task orientation skills and had higher scores for shyness/anxiety.

More than 20% of children in the persistent asthma group had worse scores (one standard deviation or greater) on two or more behavior measures, compared with 16% of those with intermittent asthma and 10% of those with no symptoms. Children with persistent symptoms were two times more likely than those without symptoms to score more than one standard deviation worse on two or more of the scales.

Multivariate regression analysis was used to evaluate the independent relationships between asthma status and the behaviors. There was no significant association among children with intermittent asthma and negative behaviors.

"For children with persistent asthma, a significant association was found for negative peer and shy/ashy behaviors," said Dr. Halterman, speaking at the meeting also sponsored by the American Pediatric Society, the National Institute of Child Health and Human Development, the American Academy of Allergy, Asthma, and Immunology, and the American Academy of Pediatrics.

Beahvioral Issues More Common In First-Time Seizure Patients

BY KERRI WACHTER
Senior Writer

WASHINGTON — Children with new-onset epileptic seizures appear to have more behavior problems than do those without the disorder, David W. Dunn, M.D., said at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

"We know that kids with new-onset seizures have more problems at baseline than siblings. This suggests to us that there is something that is going on already before children have a first seizure," said Dr. Dunn of Indiana University in Indianapolis.

The researchers enrolled 356 children aged 6-14 years who had their first identified seizure within the past 3 months. Their siblings, also aged 6-14 years (205), were recruited as controls. The children had first seizures measured in the clinical range, as did 16% of the siblings.

The investigators evaluated treatment efficacy in 105 children aged 7-16 years, who met the DSM-IV criteria for a specific phobia based on a pretreatment structured interview. Among the group, 22.8% had a specific phobia (SP) only, 42.8% had an SP and another untreated SP, and another 25% had a second untreated SP as a secondary diagnosis and another untreated SP as a secondary diagnosis. The primary diagnosis was asthma and social anxiety disorder or a secondary diagnosis, 17.1% were diagnosed with comorbid separation anxiety disorder, 17.1% had co-morbid social anxiety disorder, and 12.4% had comorbid attention-deficit hyperactivity disorder.

Treatment was an intensive CBT for specific phobias called ‘One Session Treatment,’ which was implemented in a single session and involved several CBT techniques, including in vivo exposure, participant modeling, social reinforcement, and cognitive restructuring.

Another therapy, known as Educational Supportive Treatment (EST), served as a control and did not provide exposure to fear producing stimuli or modeling of contact with the phobic object.

The study is still in progress, Dr. Ollendick said, but based on the data found so far, the numbers are robust. Children with a specific phobia had a 62.5% response rate to CBT, compared with 33% of those with an accompanying comorbid anxiety disorder.

Response rates to EST were much lower, compared with intensive CBT. But no significant difference was found between subjects with and without a comorbid condition.

Another finding was that treating for a specific phobia also had an impact on the comorbid disorder. Before receiving therapy, 77% of the children had at least one additional disorder, but posttreatment, that percentage had declined to 48.6%.

“It is very important to know that treatment can work with children who are more complex, and we found that it worked very well,” Dr. Ollendick said.