Sleep, Behavioral Problems Often Linked in Teens

Study found increased cortisol near sleep onset and REM density were predictive of future depression.

**By Patrice Wendling**

Sleep, Behavioral Problems Often Linked in Teens

Pittsburgh — Adolescence is physically and emotionally a time of great change, and by the time young people enter their teens, many Characteristics of the adolescent brain and body have changed. Yet, as Dr. Ronald E. Dahl said at the clinical problems, Dr. Mack said overprotection was significant, "affirming the media
tional role of overprotection in predicting childhood diagnoses."

In a separate presentation at the Anxiety Disorders Association of America meeting, Auren Pinto Wagner, Ph.D., said parents might unwittingly fuel anxiety in their children. "Studies have shown that parents of anxious children are often overprotective."

However, she added, "Not all parents of anxious children are overprotective." The anxious child might elicit the parental behavior.

"In addition, parents may feel differently with their nonanxious children. "Ask parents about how they interact with their other children," suggested Dr. Pinto Wagner, professor of neurology at the University of Rochester (New York).

Minor head trauma account
ed for 23%, while head surgery and idiopathic intracranial hyperten-
sion each was associated with 10% of the cases.

The onset of NPH may be an example of a new diagnosis or a manifestation of an existing condition in some patients.

Physical Stress Often Precedes Daily Headache

**By Ben Abramoff**

Contributing Writer

Los Angeles — New daily persistent headache in children and adolescents appeared to be most often caused by a physical stress, viral illness, or minor head trauma, according to study findings reported by Dr. Kenneth Mack at the annual meeting of the American Headache Society.

"Illnesses preceded the onset of new daily persistent headache (NDPH) in 43% of the 40 patients studied (range 12-18 months). Most common was infection with the Epstein Barr virus, accounting for more than half of those illnesses, said Dr. Mack, a neurologist at the Mayo Clinic, Rochester, Minn.

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ed for 23%, while head surgery and idiopathic intracranial hyperten-
sion each was associated with 10% of the cases.

The onset of NPH followed an appendectomy in one patient. In another, a child claimed the parent was overprotec-
tive, they might have to treat the whole family."

Parental Control, Overprotection Associated With Anxiety in Children

**By Damian McNamara**

Miami Bureau

Miami — Overprotection may be the mechanism through which parental anxiety and mood disorders lead to such disorders in their children, according to a poster presentation at the annual conference of the Anxiety Disorders Association of America.

A maternal anxiety disorder significantly predicted anxiety disorders in children in one report (J. Abnorm. Child Psychol. 2001;29:1-10). This study found that parental overprotection did not mediate the child’s anxiety, although other research suggests it does. For example, parental control was specifically associated with symptoms of general anxiety disorder in children in a study showing that the more the children perceived parental behavior as anxious and controlling, the higher their reported anxiety levels were (Pers. Indiv. Dis. 1998;25:1199-206).

To further elucidate the possible mediating effect of parental overprotection, Dr. Donie and associates assessed 65 chil-
dren and adolescents from 7 to 16 years old. Children had to have three diagnoses—for example, phobia, social anxiety, and a mood disorder—to participate in the study. The current analysis is part of a larger study of how parental behavior might affect specific phobias in children.

The primary caregiver for each child completed the Anxiety Dis-
orders Interview Schedule (ADIS-L). Client Interview, the ADIS-Par-
tern, and the Parental Bonding Interview. Researchers adminis-
tered the ADIS-Child to the par-
ticipants to determine the number of childhood anxiety diagnoses. The investigators used two-step hierarchical regression analyses to determine if overprotection was indeed a mechanism to explain the relationship between parental and childhood anxiety.

"We found that if the parent con-
trolled the child more closely, said Ms. Doxie, who is a research assistant for the child and adolescent phobia project at Virginia Commonwealth Institute and State University, Blacksburg.

Parent mood and anxiety dis-
order diagnoses significantly pre-
dicted overprotection in the children in the first step of the analysis. In the second step, researchers added overprotection to the regression analysis and found the relationship between parental psychopathology and child anxiety disorder was no longer significant. However, Ms. Doxie said overprotection was significant, "affirming the media
tional role of overprotection in predicting childhood diagnoses."

Dr. Mack compared his re-
sults from this study with a follow-up study of 94 children (aged 7-18 years) who had a history of episodic migraines that evolved into transformed migraines.

He found that the transformed migraines that were abruptly triggered followed an illness 46% of the time and were triggered by minor head trauma 18% of the time, while individual cases were triggered by id-
opathic intracranial hypertension or developed after surgery. In 25% of cases there were no identifiable preceding events.

Other etiologies that have been proposed for the onset of daily headache include analgesic overuse, psychological stress, caffeine, alcohol, and hyperthyroidism, but Dr. Mack found no evidence of these in his study.

Dr. Mack noted that the on-
set of symptoms of NDPH and transformed migraines are very similar, as are the comorbid symptoms. He proposed that the onset of NDPH may be one of the first signs of transformed migraine in some patients.