Most Teens With IBD Have Psych Disorders

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — More than half of adolescents with inflammatory bowel disease (IBD) had 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 European 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 inde-termina.

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 patients with DSM-IV disorders had ever been in contact with a child and adolescent psychiatrist or psychotherapist,” Dr. Richterich reported. They found that there was overall agreement between patients, parents, and physicians on the levels of reduced quality of life, especially among those who had mild IBD activity.

“It’s clear that the health-related distress arises with the (inflammatory bowel disease) activity,” Dr. Richterich said.

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

ChIPS Better Than K-SADS in Detecting Psychopathology

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Agreement between the Children’s Interview for Psychiatric Syndromes and the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Restructured was found for 90%, but they agree only “small to moderate.” They also noted that the mean number of diagnoses endorsed on the ChIPS was 4.3, 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, Not Anxiety, Linked to Sleep Problems in School Children

BY DOUG BRUNK
San Diego Bureau

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 any- more,” said Dr. Robison of the Washington State University College of Pharmacy in Pullman, Wash., said in an interview. “What’s that you would hope to try?”

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 75% were female. Most (83%) were white.

The researchers reported that the per- centage of agreement between the two diagnostic tools ranged from 66% to 90%, but they agree only “small to moderate.” They also noted that the mean number of diagnoses endorsed on the ChIPS was 4.3, compared with a mean number of 3.15 on the K-SADS, a difference that was statistically significant.

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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.

The study was supported by the National Alliance for Research on Schizo- phrenia and Depression.