

Functional somatic symptoms in 5-7-year-old children

Assessment, prevalence and co-occurrence

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ABSTRACT

Medically unexplained or functional somatic symptoms (FSS) in children constitute a major clinical problem. However, research on FSS in young children is sparse and hampered by lack of good standardised measures.

The present dissertation was carried out at the Faculty of Health Sciences, University of Aarhus, and consists of two studies:

In study one, we developed two measures to assess FSS in young children. The first measure is a parent interview, the Soma Assessment Interview, to assess the 1-year prevalence and associated impairment caused by FSS. The interview can be performed by lay interviewers and subsequently rated clinically by physicians. A preliminary validation showed a good agreement on FSS recognition between two clinical raters ($\kappa=0.86$), concurrent validity with independent measures of physical complaints and a good discrimination on the prevalence of FSS between a community sample and clinical samples.

The second measure is a systematic medical record review of FSS: the Medical Record Review for Functional Somatic Symptoms in Children. Our findings suggest that the review allows identification of paediatric patients with multisymptomatic FSS and long-term and/or impairing FSS. It may prove useful for case finding in clinical and epidemiological research.

In study two, the parent-reported FSS and their impairment in a population-based sample of Danish 5-7-year-old children was investigated. Data from 1327 children from The Copenhagen Child Cohort CCC 2000 were analysed. The 1-year prevalence was 23.2%. Different pain complaints, i.e. limb pain, abdominal pain and headache, were the most prevalent types of FSS. A subgroup (4.4%) of children with impairing FSS, i.e. FSS causing substantial discomfort, impairment of everyday life, absence from daycare or school and/or health care seeking, were identified.

Health anxiety symptoms (HAS) and their associations with different physical health variables were investigated in the same population. In total, 2.4% presented prominent HAS, and the level of

HAS was correlated with general poor health, chronic physical disease and physical complaints including FSS. In children with FSS, we found significant associations between the level of HAS and the impact of the children's FSS in terms of number of doctor's visits and missed school and/or daycare due to FSS as well as the degree of parental worries about the children's FSS. Furthermore, HAS were significantly associated with emotional symptoms.

The findings suggest an early onset of somatisation and point to the need for clinical and preventive intervention in a substantial proportion of children. The findings also suggest a close link between HAS, FSS and emotional symptoms. Further research in this area is needed.