Maternal Psychiatric Disorders in Pediatric Inflammatory Bowel Disease and Cystic Fibrosis

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ABSTRACT: The mothers of 72 children and adolescents with inflammatory bowel disease (IBD) and 44 mothers of children and adolescents with cystic fibrosis (CF) were given A-SADS interviews. Fifty-one percent of IBD mothers and 41% of cystic fibrosis mothers had a lifetime history of depression. More IBD than CF mothers had a history of suicide gestures or attempts, and were more likely to have a history of obsessive compulsive disorder. However, CF mothers were more likely to have experienced panic attacks.

KEY WORDS: Psychopathology; mothers; Crohn's Disease; ulcerative colitis; cystic fibrosis.

Recent cross-sectional studies have shown increased psychopathology1 and depression2 in children with inflammatory bowel disease (IBD) as compared to children with other chronic illnesses. There may be a specific increased risk for depression in IBD, since the prevalence

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of current or lifetime anxiety disorders does not appear to be different in IBD than in cystic fibrosis. These studies support earlier findings of depression in children with ulcerative colitis, and reports that children with IBD exhibited more emotional disturbance than healthy controls, or siblings.

Recent reports of psychological distress in mothers of children with chronic disease lend considerable interest to the psychiatric status of mothers of children with IBD. Clinical reports have consistently suggested that the parents, especially mothers, of individuals with ulcerative colitis have compulsive personalities, but empirical evidence supporting these observations is lacking. However, in a recent study, a high proportion of the mothers of a small sample of children with new-onset IBD had a past history of depression, and depression in the child was significantly related to a maternal history of depression. A second study showed evidence of insecure attachments in mothers of children with new onset IBD. In a cross-sectional study, mothers of children with IBD scored significantly higher than mothers of healthy children for depression, anxiety, and somatization. While these studies suggest that mothers of children with IBD may have significant psychiatric histories, they involved small numbers of subjects and did not include comparison groups of mothers of children with a different chronic illness. Unfortunately, there are few reports concerning fathers of children with IBD. One study that did utilize information gained from fathers found that levels of distress in IBD fathers were similar to levels of distress in the fathers of a physically healthy comparison group. Further investigation of parental distress in IBD is, therefore, warranted.

We were interested in documenting the range of psychiatric disorders in the parents of children with IBD as a further step in understanding the aetiology of depression in children with IBD. The present report describes the lifetime psychiatric history of 72 mothers of children and adolescents with IBD and a comparison group of 44 mothers of children with cystic fibrosis. Fathers were omitted from data analysis and interpretation because too few agreed to participate in the study.

Methods and Procedures

Subjects

The sample consists of 72 mothers of children who had inflammatory bowel disease, and 44 mothers of children who had cystic fibrosis (Table 1). Forty-