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PSYCHOSOMATIC SYMPTOMS AMONG CHILDREN AND PARENTS

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SOMATIC SYMPTOMS

 THE PREVALENCE OF SOMATIC SYMPTOMS AMONG CHILDREN AND ADOLESCENTS RANGES FROM 20% TO 83% (VULIĆ-PRTORIĆ, 2016).

- SOMATIC SYMPTOMS CAN BE ANAYSE AT DIFFERENT LEVELS:
- 1. SINGLE-SYMPTOMS LEVEL
- 2. SYMPTOMS AS A DOMINANT FEATURE OF SOME DISORDERS
- 3. SYMPTOMS AS A DOMINANT FEATURE OF INTERNALIZED DISORDERS
- 4. SYMPTOMS UNDERLYING CHRONICAL DISEASES

PSYCHOSOMATIC SYMPTOMS

 PSYCHOSOMATIC SYMPTOMS – BODY/PHYSICAL SYMPTOMS WHICH OCCUR UNDER THE INFLUENCE OF EMOTIONAL FACTORS, THEIR APPEARANCE INCLUDES ACTIVATION OF ONE OF THE ORGAN SYSTEMS WHICH IS, USUALLY, UNDER THE CONTROL OF THE AUTONOMIC NERVOUS SYSTEM

- FREQUENCY AND SEVERITY OF SYMPTOMS
- CONTINUANCE OF SYMPTOMS FUNCTIONING OF PHYSIOLOGICAL SYSTEMS

CHILD-PARENT REPORT

- THERE IS A GENERAL CONSENSUS THAT OBTAINING INFORMATION FROM MULTIPLE
 INFORMANTS IS THE BEST ASSESSMENT STRATEGY
- CHILD SELF-ASSESSMENT OF SYMPTOMS ≠ PARENT ASSESSMENT OF CHILD'S SYMPTOMS
- SANTALAHTI ET AL. (2005)

MULTIPLE SOURCES DO NOT OFTEN SHOW HIGH RATES OF AGREEMENT

AIM, PROBLEM AND HYPOTHESIS

- AIM:
- THE AIM OF THE STUDY WAS TO EXAMINE
 - 1) THE CORRELATION BETWEEN CHILD'S <u>SELF-ASSESSMENT</u> OF PSYCHOSOMATIC SYMPTOMS AND
 - 2) PARENT'S ASSESSMENT OF CHILD'S PSYCHOSOMATIC SYMPTOMS

- HYPOTHESIS:
- ACCORDING TO THE RESULTS OF THE PREVIOUS RESEARCHES (SANTALAHTI ET AL., 2005) WHICH SUGGEST THAT PARENTS ARE, MOSTLY, NOT THE RELIABLE SOURCE OF INFORMATION WHEN IT COMES TO IDENTIFYING AND EVALUATING THE FREQUENCY AND A PERCEIVED BURDEN OF THE CHILD'S SYMPTOMS, WE CAN EXPECT NOT SIGNIFICANT, RELATIVELY POOR CORRELATION BETWEEN CHILDREN'S <u>SELF-ASSESSMENT</u> AND PARENTS' <u>ASSESSMENT</u> OF CHILDREN'S PSYCHOSOMATIC SYMPTOMS.

METHOD:

• **PARTICIPANTS**: 61 CHILDREN AND 61 PARENTS (N=122)

- INSTRUMENT:
- **THE PSYCHOSOMATIC SYMPTOMS SCALE (PSS)** (VULIĆ-PRTORIĆ, 2019) PSS IS SELF-REPORT QUESTIONNAIRE USED TO ASSESS FREQUENCIES AND PERCEIVED BURDEN OF SOMATIC SYMPTOMS
- A 35-ITEM SCALE
- 5 CLUSTERS: PAIN-MUSCULOSKELETAL, PSEUDONEUROLOGICAL, GASTROINTESTINAL, CARDIOVASCULAR-RESPIRATORY AND DERMATOLOGICAL.
- FREQUENCY OF PSYCHOSOMATIC SYMPTOMS AND DEGREE TO WHICH EACH SYMPTOM INTERFERES WITH THEIR DAILY ACTIVITIES (DISTRESS)

PSS Psychosomatic symptoms scale for children, adolescents and adults

With this questionnaire we would like to find more about health problems in children and adults. For the beginning: **How would you rate your health in general?** (Mark your answer with 🖾)

□ excellent □ very good □ good □ bad

Listed below are different health problems that occasionally bothered each of us. Please, beside each problem mark your answer on two questions on the right side:

- 1. How often have you had this problem within last 3 months? and
- 2. How much does it bother you in daily activities?

		1. H	low often h pro	nave you ha blem?	2. How much does it bother you?			
		Never	A few times a month	A few times a week	Almost every day	Not at all	A little	A lot
1.	Headaches	1	2	3	4	1	2	3
2.	Vertigo	1	2	3	4	1	2	3
З.	Back pain	1	2	3	4	1	2	3
4.	Lack of energy / Fatigue	1	2	3	4	1	2	3
5.	High body temperature	1	2	3	4	1	2	3
6.	Pain in joints	1	2	3	4	1	2	3
7.	Pain in arms or / and legs	1	2	3	4	1	2	3



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- THE QUESTIONNAIRE WAS GROUP-ADMINISTERED DURING REGULAR CLASS AND PTA MEETINGS (CHILDREN AND PARENTS EXAMINED SEPARATELY!!)
- IDENTICAL QUESTIONNAIRE FOR CHILDREN AND PARENTS
- QUESTIONNAIRE INCLUDED INFORMATION ABOUT DEMOGRAPHICAL DATA, WHILE THE
 PARTICIPANTS NAME OR SURNAME WAS NOT REQUESTED BY QUESTIONNAIRE
- VOLUNTAY PARTICIPATION



TABLE 1. PEARSON CORRELATIONS BETWEEN CHILD AND PARENT ASSESMENT OF PSYCHOSOMATIC SYMPTOMS

		PSS SELF	-REPORT	PSS PARENT ASSESSMENT			
		FREQUENCY	DISTRESS	FREQUENCY	DISTRESS		
PSS SELF	FREQUENCY						
REPORT	DISTRESS	-	0,75*	0,02	0,11		
PSS PARENTS'	FREQUENCY			-0,01	0,12		
ASSESSMENT	DISTRESS				0,93		

RESULTS:

- NO SIGNIFICANT CORRELATION WAS FOUND BETWEEN CHILDREN'S SELF-ASSESSMENT AND
 PARENTS' ASSESSMENT OF CHILDREN'S PSYCHOSOMATIC SYMPTOMS
- THE PARENT'S ASSESSMENT OF THE FREQUENCY OF THE CHILDREN'S PSYCHOSOMATIC SYMPTOMS POSITIVELY CORRELATES WITH THE PARENTS' ASSESSMENT OF THE LEVEL OF DISTRESS THAT THESE SYMPTOMS MADE TO THE CHILD (p<.05).
- CHILDREN'S SELF-ASSESSMENT OF THE FREQUENCY OF PSYCHOSOMATIC SYMPTOMS POSITIVELY CORRELATES WITH CHILDREN'S SELF-ASSESSMENT OF THE LEVEL OF DISTRESS BY PSYCHOSOMATIC SYMPTOMS (p<.05).

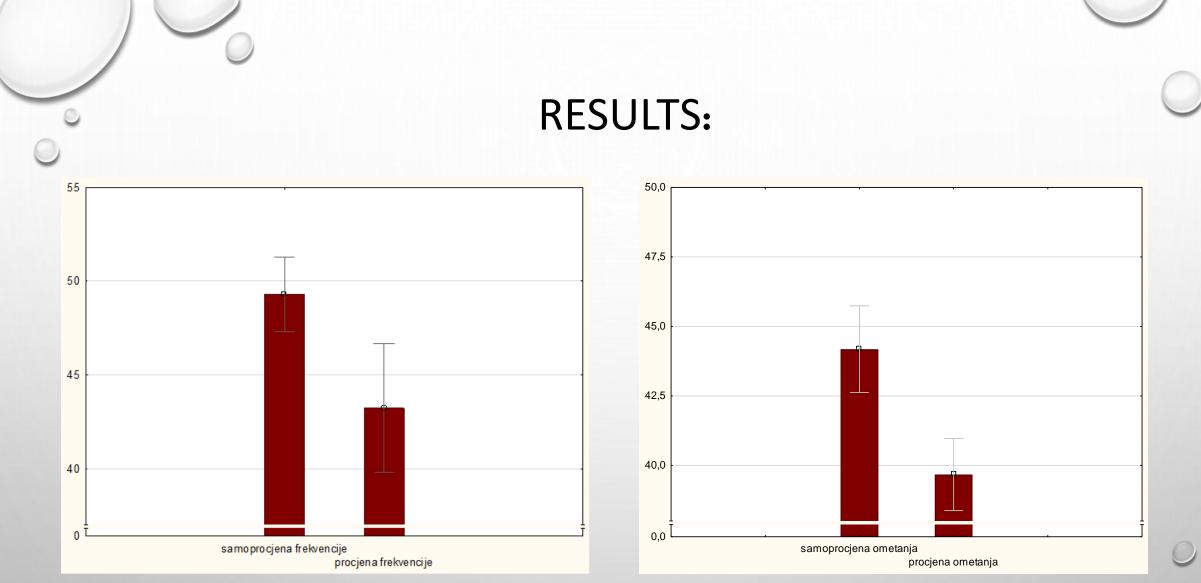


Figure 1. Depiction of means and confidence intervals for scores on the measures of children's self-assessment of frequency of psychosomatic symptoms and parents' assessment of children's frequency of psychosomatic symptoms.

Figure 2. Depiction of means and confidence intervals on the measures of childrens' self-assessment of level of distess and parents' assessment of children's level of distress by psychosomatic symptoms THE SYMPTOM PREVALENCE (%)

HOW OFTEN HAVE YOU EXPERIENCED PHYSICAL SYMPTOMS IN THE LAST THREE MONTHS / HOW OFTEN DID YOUR CHILD EXPERIENCE IT IN THE LAST THREE MONTHS

% OF THE PARTICIPANTS ANSWERING "A FEW TIMES PER MONTH"

SOMATIC SYMPTOMS (CHILDREN SELF-REPORT SOMATIC SYMPTOMS – PARENTS ASSESSMENT

- HEADACHE- 42,62%
- LACK OF ENERGY/FATIQUE- **52,46%**
- NAUSEA- 50,82%
- ABDOMINAL CRAMPS- 44,26%
- LOSS OF APETITE- 41%

- HEADACHE- 34%
- LACK OF ENERGY/FATIQUE- 37%
- NAUSEA- 13,11%
- ABDOMINAL CRAMPS- 27,87%
- LOSS OF APETITE- 13%

LIMITATIONS AND RECOMMENDATIONS OF THE RESEARCH

- SMALL CLASSES
- PTA MEETINGS AT 7 PM
- CHILDREN'S READING ABILITY, SELFMONITORING
- LEVEL OF INTIMACY

CLINICAL IMPLICATIONS

 FINALLY, THE GOAL IS NOT TO ACHIEVE PERFECT PARENT-CHILD CONCORDANCE (AGREEMENT), BUT RATHER TO UTILIZE INFORMATION FROM BOTH SOURCES AND IDENTIFY THE MECHANISMS CONTRIBUTING TO DISPARITY WHEN IT OCCURS.

□ IT IS IMPORTANT TO ASK A CHILD HOW DOES HE/SHE FEEL, AND PARENTS SHOULD BE ASKED ABOUT CHILD'S BEAHVIOUR!



 WHEN IT COMES TO THE ISSUE OF (SELF)ASSESSMENT, DATA SHOW THAT THERE IS NO SIGNIFICANT CORRELATION FOUND BETWEEN CHILDREN'S SELF-ASSESSMENT AND PARENTS' ASSESSMENT OF CHILDREN'S PSYCHOSOMATIC SYMPTOMS

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THANK YOU FOR YOUR ATTENTION

• FOR ANY FURTHER QUESTIONS, DO NOT HESITATE DO CONTACT US VIA EMAIL:

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