

Psychiatric Disorders among Preadolescent Sons of Substance Abusing Fathers

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Abstract:

Substance abuse are serious social and health problem that affect all family members. The purpose of our study is to assess the psychiatric disorders among preadolescent sons of substance abusing fathers. We selected two hundred male children (9-12 years) and divided them into two groups: Group I: One hundred sons of substance abusing fathers and group II: one hundred sons of non-substance abusing fathers (control group). They were diagnosed according to DSM IV. Child Behavior checklist was applied to both groups. We found that the prevalence of psychiatric disorders were anxiety (22%), sleep disorders and nocturnal enuresis (15%), depression (11%), eating disorders (10%), speech disorders (6%) and somatoform disorders (5%). Behavior disorders were found in 37% of group I compared to 6% of group II with a statistical significant difference. Oppositional defiant disorder (15%) was the most common behavior disorder followed by Attention Deficit Hyperactive Disorder (ADHD) (12%) and conduct disorder (10%). We concluded that preadolescent sons of substance abusing fathers are more likely to have psychiatric disorders than those of non-substance abusing fathers.

Introduction:

Parents are usually the most meaningful source of social support for children at early life. The perception of parental caring and parental loving itself, may have important regularity and predictive effects on the biology and the psychological health and illness on their children (Russlek and Schwartz, 1997). While physical preserve of a parent in the home reduces risks of negative behavior, it is less significant than parental connectedness (e.g. feeling of warmth, love and caring from parents) (Resnick et al., 1997).

Substances abuse are serious social and health problems which affect all family members and result in social isolation for individual and family. They also limit parental ability to care properly for children (Clark, et al., 1997).

Children of substance abusing parents now receive more attention in their own right (Zeitlin, 1994). We need to look at the impressive list of negative and shameful effects substance abusers have left on our children.

Aim of the Work

The purpose of the study: is to assess the psychiatric disorders among preadolescent sons of substance abusing fathers.

Subjects and Methods:

A sample of two hundred male children having the same age (9-12 years) as well as a similar level of education and socioeconomic standard were included in this study. They were all selected from pediatric and psychiatric out-patient clinics of Al-Azhar University Hospitals during the period of February to August, 1997 and they were divided into two groups.

Group I: 100 male children of substance abusing fathers. Their age ranged from 9-12 years (mean: 10.5 years).

Group 11: 100 male children of non-substance abusing fathers as control group. Their age ranged from 9-12 years (mean 10.5 years).

Both studied groups were subjected to :

(1) Complete medical history and careful

clinical examination to exclude chronic diseases, mental retardation and any neurologic disorders.

(2) Complete semistructural psychiatric interview and examination (Bark, 1994).

(3) Child behavior checklist (El-Dafrawy, 1991).

Results and Discussion:

It was found throughout our research that children under the age of eighteen (18) who experienced to live at any time in the past in families shattered by separation, divorce, drugs or some combination of these conditions, were suffering of psychiatric illness (Bendek, 1990). Fifty percent of drug disorders other than alcohol had comorbid mental disorders as anxiety, affective and antisocial personality disorders (Armentano, 1995). Young adult children of alcoholic fathers described a more negative family climate with high levels of conflicts and lower level of cohesion and expressiveness compared to young adult children of non-alcoholic fathers (Tweed and Ryff, 1996).

In our study, the prevalence of psychiatric disorders according to DSM IV were: anxiety disorders (22%), sleep disorders (15%), nocturnal enuresis (15%), depressive disorders (11%), eating disorders (10%), speech disorders (6%) and somatoform disorders (5%).

This is in agreement with Sherk, et al. (1991), who found that children of substance using parents had higher levels of under-control, neuroticism and psychiatric distress than children of non-substance using parents. Hawley et al. (1995) revealed a high incidence of emotional and physical neglect among children of addicted mothers. In our study, the most prevalent psychiatric disorder was anxiety disorders (22%) with statistical significant difference ($P < 0.0001$) when compared to control group (Table 1). This is in accordance to Clark et al.

(1997) who found that children of substance abusing fathers were more likely to have anxiety disorders (19%). Senchak et al. (1997) also revealed that male and female children of alcoholism were judged to be more anxious. While Bidaut et al. (1994) found that adult men with an alcoholic mothers were 3.5 times more likely to have had a diagnosis of general anxiety disorders; lifetime prevalence of affective disorders was the same in male and female adult siblings with an alcoholic mothers. The child may worry constantly about the situation at home. He is afraid the abusing father will become sick or injured and may also fear fights and violence between parents.

Our study showed that percentage of depression was 11% among children of substance abusing fathers with a statistically significant difference ($P < 0.002$) when compared to control group (Table 1). This is in agreement with Johnson (1995) who reported that children of alcoholic families have 7% chance of exhibiting depression.

Hawley et al. (1995) also revealed that children of addicted mother had great tendency toward depression. The child feels lonely and helpless to change the situation.

Any negative change in the home environment or family crisis can affect the development of incontinence to urine (Edwin and Mikkelsen, 1996). In our study, fifteen percent of group I had nocturnal enuresis as compared to 3% of control group with a statistical significant difference ($P < 0.003$, Table 1). This is in agreement to Bahri et al. (1997) who found that 52% of enuretic children had family history of addiction of psychoactive substances.

Parental problems including alcohol and substance abuse have been implicated as causes of eating disorders. (Fairburn et al. 1997). Our study also showed that eating disorders in the form of refusal of

food, anorexia, bulmia and pica was present in 10% of children of abusing fathers.

Psychologic conflict that significantly alters somatic function is the hallmark of psychosomatic disorders (Dalton, et al., 1990). We found somatoform disorders in 5% of sons of substance abusing fathers (Table 1). Roger et al. (1996) reported that somatoform disorders are frequently comorbid with anxiety and depression. They concluded that child and family should be helped to live as normally as possible to avoid crippling psychologic invalidism.

Fathers' problems such as drinking contribute to family distress and directly to fathers' diminished personal adjustment (Dunka and Roosa, 1995). Children of alcoholic abusing fathers have raised morbidity rates for emotional and behavioral disturbance with impact on the developing child and have a separate prognostic significance for future adult morbidity other than alcoholism (Zeitlin, 1994). Children of alcoholics were judged to be less socially skillful and interpersonal skill deficient (Senchak et al., 1996).

Brook et al., (1996) reported that father's drug abuse had a direct influence on the child reflective behavior. Consequently, children living with alcohol or substance using parents seem to be at increased risk of behavioral problems (Sherk et al., 1991).

In our study, behavioral disorders were found in 37% (37/100) of group I compared to 6% (6/100) of control group with a statistical significant difference ($P < 0.0005$, Table 2).

This is in agreement with Clark et al. (1997) who reported that young boys whose parents were drug and alcohol abusers are twice (36%) as likely as others (19%) to have disruptive behavior disorders. Hawely et al. (1995) also

found significant difference of emotional and behavior status between children of addicted and non-addicted mothers.

Our study showed that oppositional defiant disorder was the most common type of behavior disorders (15%) with statistical significant difference ($P < 0.003$) when compared to control group (2%) (Table 3).

In late childhood, environmental trauma may trigger oppositionalism as a defense against helplessness, anxiety and loss of self-esteem (Lahey et al. 1992).

Taylor et al. (1986) found that social factors which affect attention deficit hyperactive disorder (ADHD) are large family size and broken home, defined as any situation other than living with two marital or adoptive parents. Parents of children with ADHD show an increased evidence of hyperkinesis, sociopathy and alcohol use disorders (Arnold and Jensen, 1995 and Baxter 1995). Dalton (1996) also revealed that alcohol abuse and antisocial personality disorders have been shown to be more common among first degree relatives of children with ADHD than in the general population. In our study, ADHD was the second most common behavioral disorders (12%) among our children of substance-abusing fathers with a statistically significant difference ($P < 0.002$) when compared to control group (1%) (Table 3). This is in agreement with Sherk et al. (1991) who found that children living with alcohol or substance using parents appeared to be more hyperactive and to have poor academic achievement and lower cognitive abilities than children of non-alcohol or substance using parent. Clark et al. (1997) revealed that ADHD was the most common type of disruptive disorder problems among children-of drug and alcohol abusers followed by a conduct disorder characterised by defiance and opposition.

Conduct disorder is more common among children of parents with antisocial

personality disorders and alcohol dependence than it is in the general population (Lahey et al., 1992 and Vitiello and Jensen 1995). In our study, conduct disorder was found in 10% of children of drug-abusing fathers compared to 1% of control group with a statistically significant difference ($P < 0.005$, table 3). Kaplan and Sadek (1995) suggested that in conduct disorder there is evidence of relative absence of supervision and control in addition to marital disharmony with an absence of genuine family chosen and comfortable interdependence. Joyce et al.

(1994) found that uncaring parental style was strongly associated with childhood conduct disorder. Sociopathy, alcohol dependence and substance abuse in the parent are associated with conduct disorder in their children (Arnold and Jensen, 1995).

We concluded that (1) male children whose fathers are drug abusers, are more likely to have psychiatric disorders than children of non-drug abusing fathers. (2) father's drug abuse had a direct influence on the child's behavior.

Table (1):

The prevalence of psychiatric disorders in children of substance abusing fathers according to DSM IV.

Psychiatric disorders	Group I		Group II		chi square	P Value
	No. of children	%	No. of children	%		
(1) Anxiety disorders:						
Generalized anxiety	10	10	2	2		
Simple phobia	7	7	1	1		
Obsessive compulsive disorder	5	5	1	1		
Total	22	22	4	4	14.33	$P < 0.0001^*$
(2) Depressive disorders						
Severe	7	7	-	-		
Mild	4	4	1	1		
Total	11	11	1	1	8.87	$P < 0.002^*$
(3) Sleep disorders	15	15	1	1	13.32	$P < 0.0002^*$
(4) Speech Disorders	6	6	-	-		
(5) Eating Disorders	10	10	-	-	8.79	$P < 0.003^*$
(6) Nocturnal enuresis	15	15	3	3		
(7) Somatoform disorders	5	5	-	-		

* = significant

Table (2):

The prevalence of behavioral disorders of studied groups according to the child behavior checklist.

Psychiatric disorders	Group I		Group II		chi square	P Value
	No. of children	%	No. of children	%		
(1) Behavioral disorders	37	37	6	6	28.47	P<0.0005 Sig.
(2) Normal behavior	63	63	94	94		

Table (3):

Classification of behavioral disorders in both studied groups according to DSM IV.

Psychiatric disorders	Group I		Group II		chi square	P Value
	No. of children	%	No. of children	%		
(1) Anxiety-Deficit Hyperactive disorder	12	12	1	1	8.87	P<0.002*
(2) Disruptive behaviour - Conduct disorder	10	10	1	1	7.79	P<0.005*
- Oppositional defiant disorder.	15	15	2	2	8.79	P<0.003*
Total	37	37	4	4		

Recommendations:

(1) Early identification and treatment of psychiatric disorders in children of substance abusing father.

(2) Family awareness about the negative effects of substance abusing parent on the psychological health of their developing child.

(3) Psychiatric assessment should be arranged early in the management of somatoform disorders.

(4) A team is to be formed including a pediatrician, psychiatrist, psychologist and social worker in order to accurately manage the children of substance abusing parents.

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الإضطرابات النفسية لدى الأطفال الذكور لأباء يسيئون استخدام العقاقير

بعد سوء استخدام العقاقير من أخطر المشاكل الاجتماعية والصحية التي تؤثر على لأسرة بأكملها. الغرض من هذا البحث دراسة الاضطرابات النفسية لدى الأطفال لذكور للأب الذي يسيء استخدام العقاقير. وقد تم إختيار مائتى طفل ذكر يتراوح

أعمارهم من ٩-١٢ سنة من مستشفيات جامعة الأزهر وتم تقسيمهم إلى مجموعتين مجموعة أولى مائة طفل ذكر لأب يسىء استخدام العقاقير ومجموعة ثانية مائة طفل ذكر لأب لا يسىء استخدام العقاقير (عينة ضابطة) وتم تشخيصهم بواسطة التشخيص الإحصائي الأمريكى الرابع، كما تم تطبيق قائمة وصف سلوك الأطفال. ووجد أن معدل الإضطرابات النفسية فى الأطفال لأب يسىء استخدام العقاقير كالتالى: قلق (٢٢٪)، اضطرابات فى النوم والتبول اللا إرادى (١٥٪)، اكتئاب (١١٪)، اضطرابات فى الأكل (١٠٪)، اضطرابات فى الكلام (٦٪)، اضطرابات نفسجسمانية (٥٪)، كان وجد أن أطفال الآباء الذين يسيئون استخدام العقاقير لديهم اضطرابات سلوكية (٣٧٪) وله دلالة إحصائية بالمقارنة بأطفال الآباء الذين لا يسيئون استخدام العقاقير، وكانت أكثر الإضطرابات السلوكية هى اضطرابات المعارضة المتحدية (١٥٪) تليها اضطرابات الانتباه المصحوبة بالنشاط الزائد (١٢٪) ثم اضطرابات الجنوح الاجتماعى (١٠٪).

ونستخلص من هذا البحث أن الأطفال الذكور لأباء يسيئون استخدام العقاقير أكثر عرضة للإضطرابات النفسية والسلوكية عن غيرهم من الأطفال لأباء لا يسيئون استخدام العقاقير.