Posttraumatic stress disorder in children and adolescents with sickle-cell disease : An Egyptian study

Shaker, N. Farid, S.

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Children affected with Sickle cell Disease (SCD) suffer from recurrent painful crises, some of them life threatening, or felt so. There are several studies on their psychological complication, but only one study looked for posttraumatic stress disorder (PTSD) as a condition being recognized in those patients in response to recurrent painful crises. PTSD has been reported in Egyptian childhood cancer survivors and/or their parents, never in SCD children. The aim of this work was to verify the hypothesis that children affected with SCD and/or their mothers could present with PTSD and to look for associated medical and social factors. 27 SCD children were enrolled in this study, 16 (59%) male and 11 (41%) females hospitalized at least once for a vaso-occlussive crisis, at least one month before the study. They were enrolled from Hematology and Oncology Clinic ? Ain Shams University over one and half year duration. Their mean age was 11.9?3.95. Twenty four mothers were also studied while 3 were not available. Children were assessed by semistructured clinical interview (KSADS) which includes PTSD module, C-GAS, CDI and CBCL was completed by their mothers. Full sociodemographic data, medical history were registered. Mothers were assessed by semistructured clinical interview (SCID?I-CV) and PTSD Assessment Scale. Six children (22.2%) and 4 (16.7%) mothers had PTSD. Children with earlier age of onset, longer duration of illness and positive past history of psychiatric disorder were at higher risk for PTSD. Children with PTSD had significantly higher mean number of painful crises ($P<0.05$) and depressive symptoms ($P<0.05$), lower social ($P<0.01$), total competence scores, internalizing symptoms and lower global functioning ($P<0.05$). Severity of posttraumatic symptoms in mothers was positively correlated to number of posttraumatic symptoms and depressive symptoms in children; negatively correlated to global functioning and total competence of their children. Recurrent painful crises and unpredictable course of the illness place SCD patients at risk of PTSD. As a stressor, PTSD may facilitate recurrence of the painful episodes and worsen the consequences of vasoocclusion, enhancing children's feeling of pain, and leading physicians to an overuse of analgesics instead of psychological support. Looking for PTSD and proposing specific individual and family psychological interventions could very probably contribute to disrupt the viciou circle between pain and fear of pain in SCD children.