

Burn Victims at Risk for PTSD, Comorbidities

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CHICAGO — Young children experience traumatic stress reactions after a burn injury but also appear to be at risk of comorbid disorders, preliminary findings from a study in 135 children show.

The study used two criteria to evaluate posttraumatic stress disorder (PTSD) because several studies have shown that the DSM-IV nosology for PTSD does not adequately capture many of the symptoms experienced by young traumatized children. In one of those studies, Dr. Michael S. Scheeringa of the neuroscience program at Tulane University, New Orleans, proposed an alternative algorithm for use in infants and children younger than 4 years of age (*J. Am. Acad. Child Adolesc. Psychiatry* 1995;34:191-200).

In the current study, all of the children (aged 1-6 years) were unintentionally burned. Data are available for 36 boys and

and 4%, respectively. "This is a particular concern, given symptoms appear to persist over the first 6 months," the investigators wrote.

Depressive symptoms were present in 5% of the children at the first assessment but were not identified at 6 months. Parents reported that clingy or aggressive behavior was experienced by 62% of children at the first assessment and by 37% at 6 months.

Parents also reported experiencing high levels of distress. When assessed 1 month after the accident using the Post-traumatic Stress Diagnostic Scale, 23% of parents were positive for PTSD, with 27% experiencing moderate to severe symptoms. Although this was reduced by 6 months, 11% continued to experience significant distress in relation to their child's accident.

"Heath care providers need to be

aware that young children can be affected by burns, and this needs to be considered within the family context," the investigators concluded at the meeting cosponsored by Boston University.

Support for the study was provided by the Crestbrook Committee through the Royal Children's Hospital Foundation Postgraduate Scholarship. The investigators disclosed no relevant conflicts of interest. ■

Oppositional defiant disorder was present in 12% of the young children at the first assessment, and separation anxiety disorder was present in 11% of the children.

31 girls (mean age 2 years and 2 months) and for 63 mothers and 4 fathers, who participated in structured clinical interviews conducted over the telephone.

At the 4- to 6-week assessment, 17% of the children met conditions for a diagnosis of PTSD based on the alternative algorithm criteria, and 9% met the criteria for this diagnosis at the 6-month follow-up.

In contrast, 6% of children met the DSM-IV criteria for a diagnosis of PTSD at the 4- to 6-month assessment and none did so at 6 months, principal investigator Alexandra De Young and her associates reported in a poster at the annual meeting of the International Society for Traumatic Stress Studies.

"The DSM-IV PTSD criteria need to be modified to ensure that it is developmentally sensitive for infants, toddlers and preschoolers," the investigators wrote.

The prevalence rate for PTSD is comparable with other studies that have used Dr. Scheeringa's alternative PTSD algorithm with young injured children, reported Ms. De Young, a psychologist and PhD candidate with the Centre of National Research on Disability and Rehabilitation Medicine and the School of Psychology, University of Queensland (Australia).

What was striking in the study were the prevalence rates for oppositional defiant disorder (ODD) and separation anxiety disorder (SAD)—both of which were higher than that found in previously published community samples.

ODD was present in 12% of the children at the first assessment and in 11% at 6 months; SAD was present in 11%

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