

DO PARENTS OF CHILDREN WITH INFLAMMATORY BOWEL DISEASE HAVE MORE OBSESSIVE -COMPULSIVE PERSONALITY FEATURES THAN THOSE OF HEALTHY OFFSPRING?

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Obsessive traits, neuroticism, as well as obsessive-compulsive personality disorder (OCPD) may be notably found among adult patients with inflammatory bowel disease (IBD), while the results are not so clear among children with IBD. However, according to published data, all children with IBD who also have a psychiatric diagnosis have at least one parent with psychopathology. The majority of parents of children with IBD have a psychiatric diagnosis, predominantly personality disorder. Children with parental psychopathology differ from children without parental psychopathology in anxious and depressive features. Parents of children with “compulsive neurosis” or obsessive-compulsive disorder have a significant level of anancastic characteristics or OCPD. In the light of published data, we hypothesize that OCPD will be more prevalent in parents of children with IBD than in parents of healthy children. Findings regarding the presence of personality disorder in parents of children with IBD may help in the process of developing and implementing treatment interventions, which would include children with IBD, as well as their parents, in order to improve their relationship, since pathological personality is linked with interpersonal impairment and this relationship can further be stressed by the demands of IBD itself.

Key words: children, parents, psychopathology, inflammatory bowel disease

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INFLAMMATORY BOWEL DISEASE

Inflammatory bowel disease (IBD) is a chronic condition with acknowledged primary organic etiology (1), which features periods of remission and episodes of relapse (2). The exact cause of IBDs, both ulcerative colitis (UC) and Crohn's disease (CD), is unknown and historically they were considered to be psychosomatic diseases (3). Psychological and soma-

tic factors in chronic IBD are believed to be connected (4). Psychological disturbances are considered the consequences rather than the etiologic factors of the disease (5). However, being either the consequence or the cause of IBD, what is important is that psychological disturbances are highly prevalent and therefore should be taken in consideration.

INFLAMMATORY BOWEL DISEASE IN ADULTS AND PERSONALITY FEATURES

For at least 50 years now, there have been a number of articles showing the link between certain personality types or personality characteristics and IBD in these patients. They are often described as obsessive, rigid and compulsive (6), and our focus will stay on these personality features.

Concerning the prevalence of specific obsessive-compulsive features among patients with IBD, the clearest situation is among adults, while among children with IBD clashing results regarding the presence of obsessive-compulsive features were found.

Clinical observation suggests that obsessional traits are often marked in patients with regional enteritis (7). A great number of patients with Crohn's disease reported obsessional symptoms (8). Among patients with Crohn's disease, nearly one third had obsessional structured personality (9), while in patients with ulcerative rectocolitis the basic personality is generally described as the obsessional type (10). It is also worth to point out the presence of the diagnosis called Bowel obsession syndrome, which shares similarities with obsessive-compulsive disorder (OCD) (11). More recently, an epidemiological study showed that the higher rate of OCD was found in the IBD sample, in comparison of lifetime prevalence with the national samples, in the United States and New Zealand (12).

Besides obsessive-compulsive traits, neuroticism, as a stable personality trait (13), may also be prominent in patients with IBD. In one study, 78% of patients with CD and 54% of those with UC had a high neuroticism score (14). What is important to underline is that the duration of the disease was not significantly related to neuroticism (14). Recently published articles have concluded that the general as well as disease-specific quality of life (QoL) in patients with IBD might be under the influence of personality traits. In particular, the vitality and mental subscales in general QoL questionnaire were predicted by neuroticism (15), while on the other hand, emotional function on the disease-specific QoL questionnaire was related to neuroticism in IBD patients (13). Therefore, along with common obsessional traits, neuroticism should also be taken into account among patients with IBD because it is a prominent feature and can influence the patient's wellbeing.

The presence of personality disorder (PD) was found in the majority of patients with IBD, and obsessive-compulsive personality disorder (OCPD) was among the most prevalent ones (16). OCPD and OCD, together with neuroticism, may be alternative expressions of the same underlying vulnerability and each of these phenotypes may represent a different level of severity along a continuum (17). Therefore, we underline the presence of all 3 features among patients with IBD.

INFLAMMATORY BOWEL DISEASE IN YOUTH, PSYCHIATRIC COMORBIDITIES AND PERSONALITY FEATURES

In children and adolescents, IBD might lead to extremely complex somatic and psychiatric situations (18) and they are a population at a high risk for developing a psychiatric disorder (19). It is suggested, by the meta-analysis of the relative prevalence of psychiatric disorders across various pediatric illness categories, that children with IBD have a higher prevalence of psychiatric illnesses than children with other illnesses (20), thus the higher rates of depressive and internalizing disorders have been found in the youth with IBD than in those with other chronic conditions (21). At the time of diagnosis of IBD, 11 of 15 children also met formal diagnostic criteria for a psychiatric disorder, predominantly separation anxiety and major depression (20). This result is in line with data from another study where mainly depressive or anxiety psychiatric disorders were found in 60% of children and adolescents with IBD (19).

When focusing on the prevalence of obsessive-compulsive traits in children with IBD, we can say that the results were unclear. A case worth mentioning in this topic is the description of an abrupt onset of OCD in a child with CD. The only apparent event of interest, approximately 3 weeks before the onset of symptoms, was the IBD flare-up (6). It is therefore possible that obsessive-compulsive features depend on the disease activity or on the course of the disease; they can also be seen as dependent on the duration of the illness and counted as reactive to IBD presence.

Szajnberg *et al.* showed that 3 of 15 children (20%) had obsessive or compulsive disorder according to the Diagnostic and Statistic Manual (DSM) criteria (20). The authors of this study point out that personality style was in the direction of internalization but not totally obsessional. Although another study found a statistical trend towards obsessional, Szajnberg *et al.* state that this difference may be explained by the different instruments used (20,22). In a study performed by Burke *et al.* there was a noticeable presence of obsessive-compulsive symptoms in childhood IBD, especially in UC, but it did not differ significantly in comparison with those found in children with cystic fibrosis (CF), suggesting that symptoms may be secondary and related to the demands of chronic medical illness rather than IBD itself (22). However, the difference among mothers of children with IBD and those who have a child with CF were found in terms of OCD. More mothers of children with IBD than CF were likely to have a history of OCD (23), therefore parental psychopathology should also be taken into account.

PARENTAL PSYCHOPATHOLOGY AND OFFSPRING'S MENTAL HEALTH

In general, children with parental psychopathology differed from children without parental psychopathology in several subscales, the anxious/depressed one was part of it (24) and, as we mentioned before, anxiety and depression are the most common psychiatric comorbidities among children with IBD (20). Great variability in health status among adolescents with IBD may be due to family pathology (25) and all children with IBD who also have a psychiatric diagnosis had at least one parent with psychopathology (20).

The presence of parental personality disorder, with a focus on obsessive-compulsive features, showed that parental anancastic characteristics were present in 33% of parents of children with „compulsive neurosis“ (26). These results are similar to the finding that parents of children with OCD have a significantly higher incidence of OCPD compared with parents of children without psychiatric diagnosis (27). The results regarding the prevalence of parental psychopathology among children with IBD showed that 21 out of 27 parents had DSM III diagnoses, predominantly on axis II (20).

What can be seen in everyday practice is that pediatricians often, similar to the suspicion of physicians and surgeons that patients with IBD are of a particular personality type (14), suspect that parents of their small patients with IBD have some common personality characteristics such as obsessive-compulsiveness, over cautiousness, perfectionisms and over protectiveness. Data from a previous study connect the presence of IBD in children and parental pathology (20,23), however, we cannot say if this is due to the impact of the children's IBD on parental psychological functioning, or on the other hand, parental psychopathology, such as PD, was present before the onset of IBD in children. However, it is also possible that these findings are not connected.

Regardless of it being a cause or consequence, it is important that PD can be found in a high prevalence among parents of children with IBD (20), and because of the possible connection of parental psychopathology with mental status of the offspring (24), the presence of PD in parents of children with IBD should be taken into account.

We hypothesize that OCPD will be more prevalent in parents of offspring with IBD than in parents of healthy children and adolescents. This idea arises from everyday contacts with parents and from scientific data that show that psychological functioning of children and adolescent may be in correlation with psychological functioning of their parents.

The scientific logic of our hypothesis is based on published articles showing that obsessive-compulsive features, OCD and OCPD, as well as neuroticism are common

among adult patients with IBD and some of them are also present in children with IBD. The prevalence of PD in parents of children with IBD is high and the prevalence of OCPD in parents of children with OCD is much higher than in parents of children without psychiatric diagnosis, therefore we hypothesize that among children with IBD more PD and particularly more OCPD in their parents will be found.

A future cross-sectional study may provide an insight into the prevalence of PD in parents of children with IBD, while a longitudinal study may give an answer on the possible impact of IBD on the development of obsessive-compulsive features in parents, or that OCPD or other PD traits may have on developing and maintaining IBD in children.

Since pathological personality is strongly linked with interpersonal impairment (28) and necessity of preventative programs, especially in case of parental PD (29), findings regarding the prevalence of PD in parents of children with IBD could lead to developing and implementing treatment interventions that would include offspring with IBD and his/her parents in order to improve their relationship, since this at risk parent-child relationship can be further stressed by the demands of IBD itself. The results of longitudinal study may also help us better understand the psychosocial risk factors for developing IBD in children in order to prevent the disease appearance.

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SAŽETAK

IMA LI MEĐU RODITELJIMA DJECE S UPALNIM BOLESTIMA CRIJEVA VIŠE OBILJEŽJA OPSESIVNO KOMPULZIVNOG POREMEĆAJA LIČNOSTI NEGO MEĐU RODITELJIMA ZDRAVE DJECE?

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Među odraslima oboljelima od upalnih bolesti crijeva (IBD) u značajnoj mjeri mogu biti prisutne karakteristike opsesivnosti, neuroticizma, ali i opsesivno kompulzivnog poremećaja ličnosti (OCPD), dok za djecu s IBD jasni rezultati o učestalosti nisu pronađeni. Prema dosadašnjim podacima sva djeca s IBD koja su ujedno imala psihijatrijski poremećaj imala su barem jednog roditelja s prisutnom psihopatologijom. U većine roditelja djece s IBD ustanovljen je psihijatrijski poremećaj. Pretežno se radilo o poremećaju ličnosti (PD). Djeca u čijih je roditelja prisutna psihopatologija razlikuju se od djece bez roditeljske psihopatologije u anksioznim i depresivnim obilježjima. Roditelji djece s "kompulzivnom neurozom" ili opsesivno kompulzivnim poremećajem imaju značajnu razinu anankastičnih karakteristika ili OCPD. U svjetlu dosada poznatih podataka iz literature moglo bi se pretpostaviti da će OCPD biti prisutniji u roditelja djece s IBD nego u roditelja zdrave djece. Utvrđivanje prisutnosti poremećaja ličnosti u roditelja djece s IBD moglo bi pomoći u razvoju i provedbi strategija liječenja koje bi uključivale djecu s IBD kao i njihove roditelje. Svrha takvih intervencija bila bi poboljšanje njihovog međusobnog odnosa s obzirom na to da je patološka osobnost povezana s interpersonalnim oštećenjem, a odnos između roditelja i djeteta može biti dodatno izložen stresu zbog zahtjeva koje donosi sama upalna bolest crijeva.

Ključne riječi: djeca, roditelji, psihopatologija, upalne bolesti crijeva