

SEPARATION ANXIETY IN PEDIATRIC MIGRAINE WITHOUT AURA: A PILOT STUDY

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ABSTRACT

Background: Separation anxiety (SA) can be defined as the fear reaction and protest manifested by children when the main caregivers move away from him/her or in front of unfamiliar person. SA near eight months may be considered as an important and normal phase of the correct and typical social neurodevelopment. Aims of the present pilot study is assessing the prevalence of separation anxiety in a population of patients with migraine without aura (MwA).

Materials and methods: 119 children (69 males) suffering from MwA (mean age $1.78 \pm 7:59$) were consecutively recruited. The control population consisted of 231 (114 males) healthy subjects similar for age ($7.64 \pm 1:34$; $p = 0.768$) and gender ($p=0.987$)

The Screen for child anxiety related emotional disorders (SCARED) test was used to assess the prevalence of separation anxiety among MwA children.

Results: Healthy individuals are on average less affected (mean $4.72 \pm 0:32$) of the Separation Anxiety Disorder respect of MwA children (mean 6.83 ± 0.97 ; $p < 0.001$) (Figure 1).

Conclusion. MwA presents many psychiatric comorbidities and among ones separation anxiety may be considered in the clinical and therapeutic management of pediatric primary headache.

Keywords: Migraine without aura, Mw, separation anxiety, SCARED.

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Introduction

Separation anxiety (SA) can be defined as the fear reaction and protest manifested by children when the main caregivers move away from him/her or in front of unfamiliar person. SA near eight months may be considered as an important and normal phase of the correct and typical social neurodevelopment. The Austrian psychoanalyst Renè Spitz described the stage at which SA occurs as the stranger's anguish or distress of the eighth month, in

which the child learns to differentiate between the various human faces and react positively and negatively to those familiar to him those strangers to him. In this light, SA is an important achievement in terms of development of its social and interpersonal skills and, as such, is a necessary step but transitional. Many clinical conditions may elicit and perpetuate the natural SA, particularly algic conditions such as migraine headache⁽¹⁻¹²⁾. Migraine without aura (MwA) has many comorbidities also psychiatric ones. In this light, aim of the present pilot study is

assessing the prevalence of separation anxiety in a population of patients with migraine without aura (MwA).

Materials and methods

119 children (69 males) suffering from MwA (mean age $1.78 \pm 7:59$) were consecutively recruited. MwA diagnosis was made according to ICHD-3 criteria.

Exclusion criteria were the following: overweight ($z\text{-BMI} > 85$ pc) and obesity ($z\text{-BMI} > 95$ pc), cognitive disability ($IQ < 70$), neurological disorders (ie headaches, epilepsy), chromosomal syndromes (eg. Down, Prader-Willi, Crouzon, Pierre-Robin, trisomy 18), psychiatric illness (ie. mood disorders, anxiety disorders, psychosis) and specific neuropsychological disorders (13-38).

The control population consisted of 231 (114 males) healthy subjects similar for age ($7.64 \pm 1:34$; $p = 0.768$) and gender ($p = 0.987$)

Screen for child anxiety related emotional disorders (SCARED)

MwA children filled in the Italian version of the 41-item SCARED questionnaire, and were asked to rate the frequency with which they experienced each symptom on a 3-point likert scale (0 = "almost never," 1 = "sometimes," 2 = "often"). Via principal component factor analysis, five subscales were identified: Panic/Somatic Anxiety (PD), General Anxiety (GAD), Separation Anxiety (SAD), Social Phobia (SOC), and School Phobia (SCH). With reference to the psychometric properties, the tool showed good internal consistency, test-retest reliability, discriminative validity. When a cut-off point of 25 was applied to the total score endorsed by subjects across these five factors, data showed good sensitivity (70%) and good ability to discriminate between children with AD versus those without AD (specificity: 67%), and between children with AD versus those with depression, or disruptive disorders: 61 and 71%, respectively.

Specifically, we take into account only the Separation anxiety scale with a cut-off of 5 points.

Statistical analysis

STATISTICA 6.0 software (StatSoft, Inc.); was used to perform the statistical comparison with t-test and chi-squared when appropriated. p values ≤ 0.005 were used as significant.

Results

Healthy individuals are on average less affected (mean $4.72 \pm 0:32$) of the Separation Anxiety Disorder respect of MwA children (mean 6.83 ± 0.97 ; $p < 0.001$) (Figure 1).

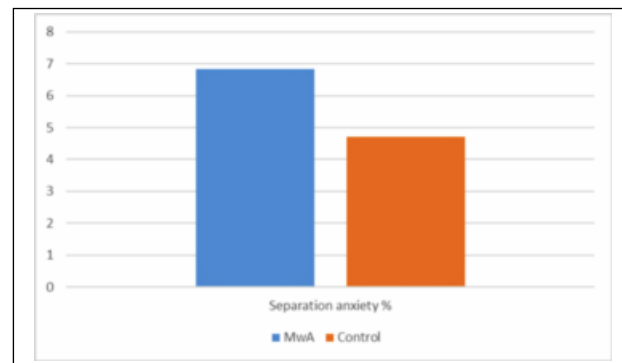


Figure 1. shows the higher prevalence of separation anxiety among MwA suffering children than controls.

Discussion

According to the bio-psychosocial perspective, the separation anxiety disorder may be linked to genetic factors, such as an inhibited temperament that would make the child more anxious and dependent on the mother, and negative life events and stressful experiences during childhood. In this light, caregiving styles have responsibilities: overprotective parents, anxious, unresolved, obsessive, boost the child's discomfort and increase your anxiety levels. The disorder, if not resolved, can persist into adulthood and manifest itself in a different form, eg. through a disorder, panic attacks, agoraphobia, generalized anxiety. All these psychiatric manifestations are prevalent in children and adults suffering from MwA⁽³⁹⁻⁵⁰⁾.

The separation anxiety disorder seems, therefore, arises more frequently in migraine sufferers than in control subjects, probably this could be the result from the changes in the educational pipeline implemented by the parents in front of the management of painful episodes of the child, however, this argument should be confirmed by performing additional psychodiagnostic investigation⁽⁴⁰⁻⁴⁵⁾.

Although the limit of this study is the reduced statistical sample ($d = -2921$), our findings suggest, in agreement with the common clinical practice, the need for an approach to migraine pathology based on total care of the patient and his family, in order to allow more equitable management of development psychology of the subject.

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