

Laura Wesseldijk¹, Dorret Boomsma¹, Christel Middeldorp^{1,2}

1. Department of Biological Psychology, VU University Amsterdam, The Netherlands
2. Department of Child and Adolescent Psychiatry, GGZ inGeest/VU University Medical Center, Amsterdam, the Netherlands

Background

The risk of a lifetime psychiatric disorder is higher for family members of patients with a psychiatric disorder.

Research on treatment of psychopathology has shown that family members influence the treatment effects of the patient (Pilowsky et al., 2008; Kennard et al., 2008).

There is a lack of knowledge on:

- current psychopathology in parents of children admitted to a child psychiatry clinic.
- the association with paternal psychopathology.
- the association in the course of symptoms between family members.

Kennard et al. (2008). *Journal of the American Academy of Child & Adolescent Psychiatry*, 47 (6), 694-699.

Pilowsky et al. (2008). *American Journal of Psychiatry*, 165 (9), 1136-1147.

Research questions

1. How does *current* psychopathology cluster in families?
 - Which symptoms are reported by parents whose children have a first appointment in a child and adolescent outpatient clinic?
 - What are the associations between family members within and across symptom clusters?
 - Are there sex differences?
2. How do these psychiatric symptoms in families develop and what is the association in symptom course between family members?
3. Which genes are involved in psychiatric disorders?

Figure 1: Data collection procedure at the outpatient clinic

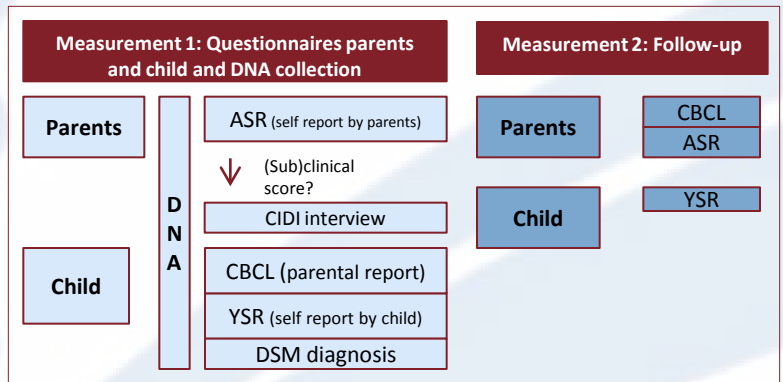


Figure 2: Spouse correlations. The significant correlations in the clinical sample are shown and compared to a control sample of parents of twins from the Netherlands Twin Register (NTR). There were no significant correlations between mothers' somatic or ADHD problems and subscales in fathers. None of the NTR correlations were significant, but this is also due to sample size.

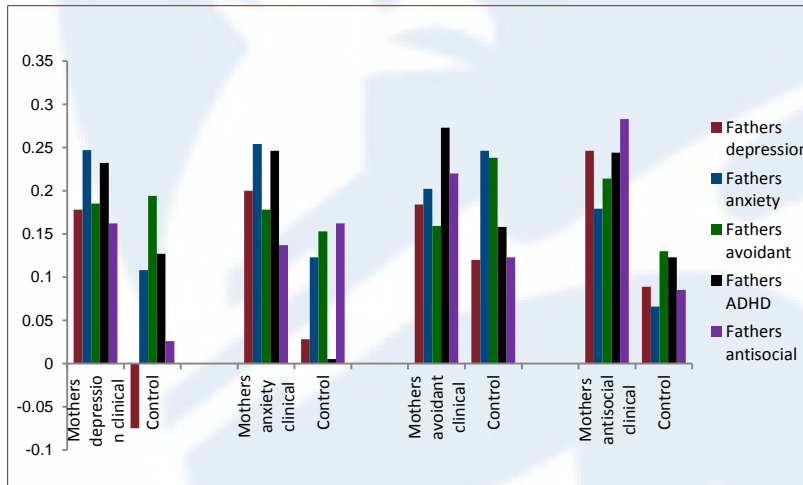


Figure 3: Mean scores on the DSM subscales of the Adult Self Report (ASR) for mothers and fathers in the clinical sample compared to the NTR sample. Significant mean differences ($p < 0.05$), are indicated with a star (*).

DSM scales	Mothers clinic N=300	Mothers NTR N=167	Fathers clinic N=197	Fathers NTR N=80
Depression	5.49 *	3.47	3.34	2.64
Anxiety	4.82 *	3.61	3.38 *	2.69
Somatic	2.13	1.79	1.06	1.15
Avoidant	2.68	2.32	2.22	1.86
Inattentive	2.87 *	1.77	2.44	2.16
Hyperactivity	2.15 *	1.72	1.93	1.77
AD/HD	5.00 *	3.56	4.38	3.93
Antisocial	2.38 *	1.99	3.03	3.21

Conclusion

As expected parents in the clinical sample, which are parents that brought their child to the outpatient clinic, score higher on the DSM subscales of the ASR. The spouse correlations are also higher than in the NTR sample. This could be due to strong *assortative mating* in a clinical sample. Another explanation for these higher correlations might be the influence of shared environmental factors, as both parents might experience stress in reaction to the psychopathology displayed in their child.