Children Who Are Affected by Juvenile Arthritis Experience High Level of Anxiety

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Doi:10.5901/ajis.2015.v4n2s2p24

Abstract

Anxiety in human beings is represented as an adaptive response towards a disability. In hospitalized children with chronic diseases it is defined as a specific reaction within the individual who is seen as an absorber of the energy and endangers it's welfare. Every person based on his biological and psychological predispositions is more vulnerable to certain events. The purpose of this research is to provide a scientific contribute to understand the anxiety symptoms in children with chronicle illness. Psychological effects, their reactions to emotional concerns and the ways they use to face their illness. Methodology: Participants included in this study were 60 patients from 6 – 12 years old, 30 of them were patients of rheumatoid ward of QSUT and 30 others were outpatients. Anxiety was identified State-Trait Anxiety Inventory for Children (STAIC)" for self report of anxiety of the child who has experienced anxiety. The obtained results from the SPSS statistical analysis support the hypothesis of the study: 60% of hospitalized patients experience high levels of anxiety, 20% average level, 20% low level. Ambulatory Group: 36.7% high levels of anxiety, 46.7% average level 16.7% low level. Conclusions: The results show that the chronicle disease it is positively related with high levels of anxiety. Many factors interact in high anxious conditions in chronicle sick children, firstly we can mention hospital factors including: the long duration of stay in hospital, hospital events ,medication schedules ,lack of appropriate information ,different medical examinations and procedures. Chronically ill child due to long hospitalization can reduce the relation with his peers. It affects the self-esteem of children and the possession of his social skills.

Keywords: *anxiety, hospitalization, invasive procedures, chronicle disease.*

1. Intruduction

Studies that examine family relationships of children with anxiety disorders reveal that poor family functioning is related to anxiety in childhood. Some researchers have used the theory of attachment to examine the parent-children relationship. The insecure attachment may be due to dysfunctional family relationships during childhood. Attachment theory states that children who are attached so insecure may be at risk for developing anxiety disorders later.(Warren et al.. 1997). Retrospective studies that examine the relationship of attachment in adults with anxiety disorders report that these individuals remember their relationship with those who care about health as unanswerable, negative and dependent (Manassis & Bradley. 1994:IManassis.Bradley. Goldberg. Hood. & Sëinson. 1994; Manassis. Bradley. Goldberg. Hood. & Sëinson.1 995).

It is still unclear whether poor family functioning is a cause or a result of childhood anxiety. In general, scientists seeing family interactions of children with anxiety disorders show that families of children with anxiety disorders are overinvolved, more controlled, more refused than children without anxiety disorders(Dadds. Barrett. Rapee, & Ryan. 1996; Rapee, 1997; Siqueland et al..1996: Woodside. Swinson, Kuch. & Heinmaa, 1996). However it is not known if parents encourage anxiety behavior in their children, or if very anxious children do not want protective response from their parents.(Stark. Humphrey. Crook. & Lewis. 1990).

In general, children with depression, anxiety, reported a democratic style, recreational activities, religious and moral issues, and family socialization compared with those without psychopathology, and also described more conflict in their families (Stark. et al.. 1990). It seems as if children with anxiety disorders perceive themselves as having less control in their home environments. They are less involved in making discussion, have less parental support, more conflicts, more arguments with their parents, probably as a result of lack of recreational activities in the

environments outside of the house. (Stark, et al.,IWO). Chorpita, Brown, and Barlow (1 998).One objective of this study is to examine whether family functioning is related to the treatment of anxiety. Different studies also have examined whether the degree of anxiety is related to the amount of refuse and control taken by parents. They discover that there is a relationship between rejection and parental control and the severity of the anxiety, ranging from 0.2 to 0.3(Reviewed in Rapee.(1997)In a study examining the determinants of disability among children aged 6 to 16 with anxiety disorders Manassis and Hood (1998) found that maternal phobic anxiety (the mother) has the largest variety of psychosocial (for example: the size of the family and parental education level) and all the difficulties developed determine the current functioning level of the child.

Furthermore Messerand Beidel (1994) found that family and children factors contributed to the definition of child anxiety. These studies suggested that external factors of child characteristics play a role in determining how severe is the anxiety of a child. The results of the preceding studies show that children with anxiety disorders may not feel under control, have protective parents have less affection and communication with their parents than kids who do not have anxiety disorders. These factors may be the precursor to anxiety, or can be explained by the temperament of the child that gets more control by parents. This study will use a general measure of family functioning and will also examine other factors associated with dysfunction in relation parents - children as parental disappointment with the child and parental stress. Parental stress is related to the characteristics of children and parents. (Abidin. 1995)The presence of parental stress is associated with attachment (Manassis et al .. 1994: Teti & Gelfand. 1 99 1), nonresponsive maternal, lack of patience in stressful situations (Mash.JO hnson. & Cove 1983) all suggest more poor parent - child interactionsHowever, maternal parental stress were not linked with the strategies that their children used in the classroom (Onatsu-Arvilommi et al .1998).

2. Biological and Genetic Factors

Wender and Klein (1981) found that the highest risk for somatic disorder occurs in families with antisocial personality disorder, ADHD, alcoholism and somatic disorder. Studies of twins have been unproductive.Their studies have consistently increased our understanding of how characteristics (afraid or cautious) have caused that children may be less able to cope with severe environmental conditions, can be emotionally more sensitive and prone to internal disorders due to their high level of uncertainty and their weak defense mechanisms to face them.

3. Factors Associated with Reported Physical Symptoms

Most epidemiological studies and extensive clinical data which include children are used to examine reports of unexplained symptoms. These studies are consistent. The gender is reported that is constantly connected with the change of reports: girls feel more symptoms than boys, and girls report more symptoms during the adolescence. In most studies is found that girls report symptoms to an increasing degree during adolescence while the level of reports of the guys falls during this time. So with the increasing of age it is seen that boys tend to consistently report less physical symptoms. Pubertal development is associated with increased reports of symptoms in girls. Some factors are reported that seem to be consistent over many studies .Most distinguished among these factors are conditions or psychological condition perhaps most important anxiety and depression. In young children difficult behaviors are also associated with more complaints for symptoms. In many studies those who perceived their confidence as low it is seen to have high levels of symptoms. Chronically stressful family and social situations as parental disharmony increases the symptoms same way as acute stresses .It is suggested that genetic factors may play a role in sensitivity towards pain and other body sensations, although a few solid proofs exists

4. Factors Affecting Pathological Behavior

Even children in a young age are far from what it's called unimportant contributor in unhealthy behavior, regardless of the relative importance of parents in the choice of how children's complaints are managed **.** in descriptive studies, children from a very young age (5-6years) show an understanding of pathological behavior, so they say that ... the way of behaving is different

To those that are affected even some pathological behaviors are shown someone can signalize

To the other that has pathological behavior and the patient must be taken away from every kind of work.

However, an understanding of the role of the patient is taken by children as part of family life, although this will

heavily be influenced by parental level. Adult children independently show an extensive space sick behaviors.

5. Family and Parental Factors

Parents or caretakers are those who decide to respond to children's symptoms and illness behavior, and they decide whether a child's complaints are serious enough to let it be judged as sick and if so should he leave school or not, shook he take medicines or go to a professional doctor. But for some other parents who are aware and careful and may not have any parental difficulties in other ways, these decision-making processes can become difficult, resulting in problems to encourage a child to ignore his or her symptoms and return to daily activities. Similarly, Rangel and Garralda (2000) have shown that parental belief in a physical cause a chronic fatigue symptom in children is associated with a poor prognosis.

Having a parent who has a chronic physical illness may have probability for children with somatic disorders later in life(Garber et al, 1990;. Hotopf,2002).Moreover, theories may predict that family systems that have a child with an apparent disease may help avoid family focus of other family problems. In this context, family members can redefine their role to focus on avoiding potential conflicts of family or life materials, giving attention to the sick child .Children who are somatized often have families that are often anxious and depressive (Garber et al.).

6. Research Methodology

Participants included in this study were 60 patients from 6 – 12 years old, 30 of them were patients of rheumatoid ward of QSUT and 30 others were outpatients. Children involved in this study are: 22 children who suffer from juvenile arthritis, 5 children who suffer dermathozity juvenile**,** and three children who suffer from systemic erythematosus lupus. These children were selected in the following categories after the clinical signs of medical disease do not implicate other organs of the body. While 30 others have been outpatient subjects who have conducted consultations at the pavilion. Gender has been checked including equal numbers of men and women in each group. State-Trait Anxiety Inventory for Children (STAIC). Inventory of anxiety for children is a self-reporting instrument of anxiety experienced by children. STAIC consists of 20-points which are built in such a way to measure anxiety in children between the ages of 6 to 14.It measures anxiety as a long-term feature that examines how the child feels generally. A particular result has been produced to determine who experienced anxiety. Responses are built according to a Likert scale with three response options "never, sometimes, and often".
From the table below it is noticed that 60% of patients experience high levels of anxiety.

Group of Chronic Diseases:
20% average level
20% low level.
Ambulatory Group:
36.7% high levels of anxiety
46.7% average level
16.7% low level
Explanation for the following charts:
1 = low level
2 = medium level
3 = high level

7. Conclusions

Hospitalization for child includes separation from his family environment and entering an unfamiliar environment with unknown people who touch his body, discuss with incomprehensible terms for its development, achieve a series of medical procedures that cause pain. Chronic disease implies frequent hospitalizations, located diagnosis has a great emotional and social impact, at the child, he already feels different from his peers, their expectations for a normal life change. The child should be adapted to physical changes and new habits that are towards a different lifestyle and constantly against his personal routine. The study showed that the chronic disease is positively associated with high levels of anxiety, meanwhile in chronical deseased kids dominates the average level of anxiety.

References

Beck,J. (2006). Trajectories, antecedents, and outcomes of childhood somatization. Marrë nga: etd.library.pitt.edu
Bernard W.K Lau & Wilson W.C. TSE, (2000): Psychological effects of Physical illness and hospitalization on the child and the family.
Charles C. Engel, jr. (2004) somatization and multiple idiopathic physical symptoms: relationship to traumaticevents and posttraumatic stress disorder. Washington, DC, US: American Psychological Association.
Craig TKJ, Bialas I, Hodson S, Cox AD: Intergenerational transmission of somatization behaviour: 2. Observations of joint attention and bids for attention.
Charles C. Engel, jr. (2004) somatization and multiple idiopathic physical symptoms: relationship to traumaticevents and posttraumatic stress disorder. Washington, DC, US: American Psychological Association
Lieb R, Pfister H,WËittchen HU: Somatoform syndromes and disorders in a representative population sample of adolescents and young adults: prevalence, comorbidity and impairments
Lipowski ZJ: Somatization: The Concept and Its Clinical Application.
Michel Hersen, Jay C. Thomas Comprehensive Handbook
Newachek PW, Taylor WR: Childhood chronic illness: Prevalence, severity, and impact of Personality And Psychopathology Published by John Wiley & Sons, Inc., Hoboken, New Jersey.; 2006
Pediatric psychology,(2004): Psychological interventions and strategies for pediatric problems.
Silber,T. (2011). Somatization Disorders: Diagnosis, Treatment, and Prognosis. Marrë nga: http://pedsinrevieë.aappublications.org
Phipps Sean , Routh Steele Ric, D.K (1998): Repressive Adaptive Style in Children With Chronic Illness : Handbook of pediatric psychology. NeW York, Plenum.
Rief W, Hiller W, Hesueser J.: 1997 (Soms- The screening for Somatoform Symptoms) Bern, Switzerland: Huber- Verlag;
Vega,B., Liria, A. (2005). Trauma, dissociation and somatization. Annuary of clinical and health psychology, 27-38.
W.M. Klykylo and J.L. Kay Clinical Child Psychiatry, Second Edition.© 2005 John Wiley & Sons Ltd ISBN: 0-470-0220-94
Waldinger, J. (2006). Mapping the Road From Childhood Trauma to Adult Somatization. Lippincott Ëilliam &Ëilkins