

Psychopathology in mothers of a pediatric sample of children and adolescents affected by obesity or excess weight

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Abstract:

Objective: To analyze the presence of psychopathological symptoms in a sample of mothers whose children and adolescents were treated because of obesity or overweight in the Pediatric Endocrinology Unit at Children's Hospital "Virgen del Rocío" of Seville. **Method**: The participants were a group of families that went to the pediatric endocrinology unit. After the mothers signed the informed consent, we gave them the "General Health Questionnaire Goldberg" (GHQ-28), that once filled had to be returned by post mail. We present the results of 41 participants. **Results**: Most mothers did not show symptoms of psychopathological problems. Nonetheless, there were a 12.7% of cases with clinical significance in the anxiety-insomnia scale. **Conclusions**: There are no indicators of special psychopathology in the mothers of children with obesity or overweight, being anxiety symptoms the main problem they showed.

Keywords: obesity, overweight, pediatric population, hospital treatment, maternal psychopathology.

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INTRODUCTION

Obesity and excess weight are two of the principle health problems today (Duelo, Escribano and Muñoz, 2009), which is why it is so important to examine the psychological context in which these problems occur. The pioneering works by Epstein, Klein and Wisniewski (1994) and Epstein, Wisniewski and Weng (1994) established the existence of different psychopathological problems in the parents of children suffering from obesity. Several recent students continue to associate childhood obesity with mothers' psychopathology in general (Decaluwé et al, 2006; Farrow y Blissett, 2005; Roth et al, 2008), and with certain specific psychopathological disorders such as the lack of impulse control and attention deficit disorder with or without hyperactivity (Dempsey, Dyehouse and Schafer, 2011).

Objective

To analyze the presence of psychopathological symptoms in a sample of mothers whose children or adolescent sons/ daughters were receiving hospital treatment for excess weight or obesity.

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Participants. The participants were 41 mothers of children and adolescents receiving treatment for excess weight or obesity at the Pediatric Endocrinology Unit at Hospital Infantil "Virgen del Rocío" of Seville. Except for one case of excess weight, the clinical cases detected with all of mothers with overweight children. Initially 64 mothers agreed to fill out the questionnaires but only 41 sent it in, in spite of the fact that these mothers did provide other data that was not of a personal nature. One of the participants did not answer all of the questions on the "Social Dysfunction" or the "Major Depression" scales.

Instruments. The General Health Questionnaire GHQ-28 (Goldberg, 1996) was used. This scale evaluates the presence of psychopathological symptoms among adults through 28 items that provide information on four subscales: "Somatic Complaints", "Anxiety/Insomnia", "Social Dysfunction" and "Major Depression." It is a brief screening test that uses self-reporting to detect new problems.

Procedure. Following an interview with the families who had come to the unit for their son or daughter's nutritional checkup, mothers were asked to sign a consent form and then received the GHQ-28. They were asked to mail it in after they had completed it.

Results

The data observed allow us to affirm that most of the mothers of children and adolescents with excess weight or obesity who received treatment at the hospital unit did not show symptoms of psychopathological problems. Only one case of somatic complaints was found, one case of social dysfunction, three cases of major depression and eight cases of anxiety. The three mothers who showed signs of depression also showed signs of anxiety, and one of these mothers also reported somatic complaints. In percentages, as can be seen on Figure 1, the highest percentage of clinically significant cases are on the anxiety-insomnia scale (12.7%), with barely any relevant evidence of symptoms on the scales of somatic complaints, social dysfunction or major depression. On a positive note, these results suggest that 87.3% of the mothers whose children or adolescents struggle with excess weight or obesity show no signs of psychopathology.

DISCUSSION AND CONCLUSIONS

The results of our work do no corroborate the findings of Epstein et al. (1994) or of later studies with a similar focus, as we did not detect any relevant evidence of psychopathology among the mothers of children with obesity and/or excess weight. Although the data are clear, it is necessary to clarify that a significant number of the families interviewed (23) did not return the questionnaire in spite of actively collaborating in the interview and providing information on their children's attitudes and behaviors. This could be owed to the mothers' reluctance to talk about themselves out of fear that the obesity of their sons/daughters could be attributed to their own personal variables, thus explaining the experimental mortality detected and distorting the responses that

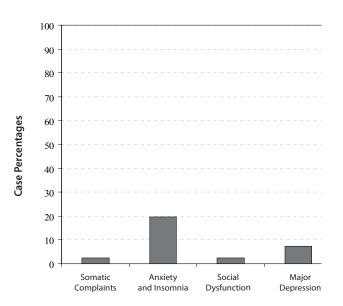


Figure 1. Percentages of clinical cases detected with the GHQ-28.

were obtained. At the same time, since the GHQ is a screening measure that involves a brief self-report, it is possible that some type of social desirability could appear in answers along with false positives and negatives. We can conclude by noting that there does not seem to be any particular psychopathology among the mothers of boys, girls or adolescents with obesity or excess weight, except for an increased amount of anxiety symptoms. These results should be confirmed with tests other than screenings in order to rule out the social desirability that could appear due to the evaluation context. Similarly, it would be important to explore the causes of the experimental mortality detected in this study. Finally, maternal psychopathology that is not related to child obesity should be assessed through comparisons with groups of mothers of children who are neither overweight nor obese.

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