

The prevalence of DSM-IV disorders in a community sample of 3-year-old Spanish children

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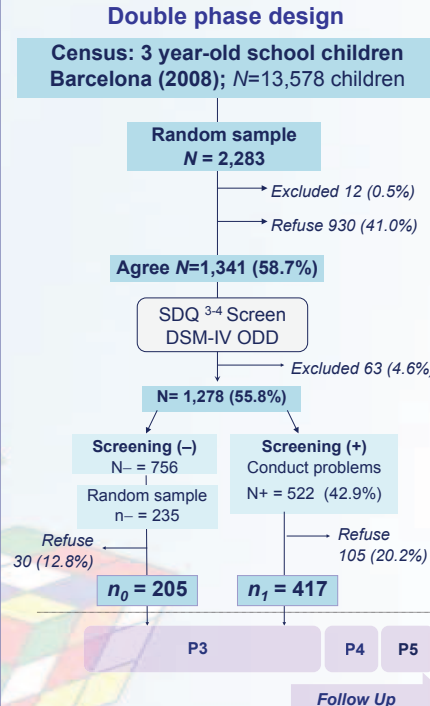
Introduction

Over the last years there has been a relevant growth of the study of psychopathology in preschool children. There are, however, few prevalence studies in preschoolers and mostly they have been carried out in American samples. Available studies differ in age range, disorders studied, origin of the samples and instruments used.

Prevalences using DSM-IV or ICD-10 in Preschoolers

Age; sample size Sample Period Criteria	Egger (2006) 2-5; N=307 Am.Pediatric 3 months DSM-IV	Skovgaard (2007) 1.5-1.9; N=211 Danish.com. --- ICD-10	Lavigne (2009) 4; N=796 Am.Ped-Sch 3 month/year DSM-IV	Bufferd (in press) 3; N=541 Am. Gen.pop. 3 months DSM-IV
Any diagnosis	16.2	16.1		27.4
Disr-Depr-Anx		4.3		
Comorbidity				9.2
Any disrupt.	9.0			10.2
ADHD	3.3	2.4	12.8	2.0
Combined			4.2	
Hyper.-Imp.			6.9	
Inattentive			1.8	
ODD	6.6		13.3	9.4
Conduct Dis.	3.3			
Any mood				1.8
Major Depres.			0.3	
Dysthymia	2.1		0.3	0.4
Any Anxiety	9.4			19.6
Separation	2.4			5.4
Generalized	6.5		0.6	3.9
Specific phobia	2.3			9.1
Social phobia	2.1			4.4
Agoraphobia				3.5
Panic disorder				0.2
PTSD	0.6			
Elimination				
Enuresis	15.4			
Encopresis	5.1			
Feeding		2.8		
Sleep		1.4		
Reactive Att.		0.9		
Selective Mut.	0.6			1.5
Development.		2.8		
Adjustment		0.9		
Impairment	22.1			
Treatment				2.2

Method



Participants

- ❖ Age: mean=3.8, SD=0.33
- ❖ Sex: 311 (50%) boys
- ❖ SES; High 33%; Mean: 45%; Low: 22%

Measures

- ❖ *Strengths and Difficulties Questionn. (SDQ; Goodman, 2001)*
- ❖ *Diagnostic Interview for Children & Adolescents for Parents of Preschool Children. (DICA; Reich & Ezpeleta, 2009)*
- ❖ *Global Children's Assessment Scale (CGAS; Shaffer et al., 1983)*

Statistical analysis

- ❖ SPSS 19 for windows.
- ❖ Analyses weighted.
- ❖ 95% CI (Wilson's-method)

Results

Weighted prev. %	Boys	Girls	Total (95% CI)
Any diagnosis	27.4	32.5	29.9 (26.5÷33.6)
Disrupt.-Dep-Anx.	18.5	17.7	18.1 (15.3÷21.3)
Comorbidity	8.5	6.5	7.5 (5.7÷9.8)
Subthreshold dis.	6.8	3.2	5.1 (3.3÷7.7)
Any disruptive	11.4	8.8	10.1 (8.0÷12.8)
ADHD	4.6	2.8	3.7 (2.5÷5.5)
Combined	0.6	0.4	0.5 (0.2÷1.4)
Hyperact.-Impuls.	4.1	2.4	3.2 (2.1÷4.9)
Inattentive	0	0	0 (0÷0.6)
ODD	7.2	6.7	6.9 (5.2÷9.2)
Conduct Disorder	1.4	1.4	1.4 (0.7÷2.6)
Any mood	2.3	4.5	3.4 (2.2÷5.1)
Major Depression	0.4	0.4	0.4 (0.1÷1.3)
Minor Depression	1.9	4.1	3.0 (1.9÷4.7)
Dysthymia	0	0	0 (0÷0.6)
Mania	0	0	0 (0÷0.6)
Hypomania	0	0	0 (0÷0.6)
Any Anxiety	6.9	6.3	6.6 (4.9÷8.9)
Separation Anxiety	2.5	1.8	2.2 (1.3÷3.6)
Generalized Anxiety	0	0.2	0.1 (0÷0.8)
Specific phobia	3.8	3.5	3.7 (2.5÷5.5)
Social phobia	1.7	2.2	1.9 (1.1÷3.4)
PTSD	0	0	0 (0÷0.6)
Tic disorder	2.3	2.0	2.1 (1.3÷3.6)
Tourette	0	0	0 (0÷0.6)
Chronic tics	0.2	0	0.1 (0÷0.8)
Transient tics	2.1	2.0	2.0 (1.2÷3.5)
Feeding disorders	1.3	2.0	1.7 (0.9÷3.0)
Feeding dis. infancy	1.0	1.4	1.2 (0.6÷2.4)
Pica	0.4	0.6	0.5 (0.2÷1.4)
Sleep disorders	12.2	14.5	13.3 (10.9÷16.2)
Primary Insomnia	10.6	12.8	11.7 (9.4÷14.5)
Hypersomnia	0	0	0 (0÷0.6)
Nightmare disorder	0	0.4	0.2 (0÷1.0)
Sleep terror disorder	1.9	2.1	2.0 (1.2÷3.5)
Sleepwalking	0.6	0	0.3 (0.1÷1.1)
Reactive Attachment	0	0	0 (0÷0.6)
Gender identity	0	0	0 (0÷1.2)
Selective Mutism	0.2	0.6	0.4 (0.1÷1.3)
Impairment			
CGAS < 70	16.3	12.7	14.5 (12.0÷17.5)
Family burden	35.4	35.9	35.7 (32.0÷39.5)
Use of services			
Professional help	30.4	29.2	29.8 (26.3÷33.5)
Treatment	27.3	25.5	26.4 (20.6÷33.2)
Psychological	13.0	13.8	13.4 (9.4÷18.7)
Pharmacolog.	7.3	5.6	6.5 (3.9÷10.8)

Conclusions

- ❖ This study was carried out with a wide sample of 3-years-old children from general population.
- ❖ DSM-IV disorders are very prevalent in 3 year-old Spanish children.
- ❖ There were no sex or race differences.
- ❖ There is a considerable percent of unmet needs.
- ❖ ODD was the most prevalent disorder.

Implications

- ❖ The prevalence of DSM-IV diagnoses in Spain is comparable to American children .
- ❖ This study adds cross-cultural validity to the DSM-IV criteria to 3 year-old children.
- ❖ Early detection/treatment are relevant given the long-term continuity of psychological problems .
- ❖ The results can help to become aware of the mental health needs these children have and to develop intervention programs.