Early screening of anxiety problems in young autochthon and allochtonous children

Published: 02-05-2008
Last updated: 11-05-2024

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Ethical review	Approved WMO
Status	Recruiting
Health condition type	Anxiety disorders and symptoms
Study type	Observational non invasive

Summary

ID

NL-OMON35518

Source
ToetsingOnline

Brief title
Early screening of anxiety problems in children

Condition

- Anxiety disorders and symptoms

Synonym
Anxiety, fear

Research involving
Human

Sponsors and support

Primary sponsor: Erasmus Universiteit Rotterdam
Source(s) of monetary or material Support: ZON-Mw

Intervention

Keyword: Anxiety, assessment, children

Outcome measures

Primary outcome

Anxiety is the primary research variable in this study, and will be assessed in various ways:

(1) The short version of the Behavioral Inhibition Questionnaire (BIQ; Bishop et al., 2001) consists of 14 items that measure the characteristics of behavioral inhibition, which is an early marker of anxiety problems in young children.

(2) The Preschool Anxiety Scale-Revised (PAS-R) is a recently developed 30-item questionnaire (Spence et al., 2001) that can be used to measure symptoms of DSM-IV-TR defined anxiety disorders in 3- to 6-year-old children.

(3) The Anxiety Disorders Interview Schedule for DSM-IV - Child version (ADIS-C; Silverman & Albano, 1996; Dutch version by Siebelink & Treffers, 2001) is a semi-structured interview that is administered to parents and that assesses whether children fulfill the diagnostic criteria of DSM-IV-TR anxiety disorders.

(4) The Koala Fear Questionnaire (KFQ; Muris et al., 2003) is a standardized interview instrument that has been specifically developed to measure fear and anxiety in children younger than 7 years.

Secondary outcome

Other instruments:

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) is a reliable

and valid questionnaire for measuring psychosocial difficulties as well as

strengths. The SDQ consists of 25 items that are allocated to 5 scales:

emotional problems, behavioral problems, peer problems, attentional problems

and hyperactivity, and prosocial behavior.

Study description

Background summary

Anxiety disorders belong to the most prevalent types of psychopathological problems among youths: about 5% of all children has fulfilled the diagnostic criteria for at least one anxiety disorder before the age of 16 (Costello et al., 2003; Verhulst et al., 1997). However, because fear and anxiety are frequently not clearly visible to parents and other educators and because these internalizing symptoms are rarely problematic to the environment, these problems are not easily detected in youths. Nevertheless, even in very young children clear markers of anxiety problems can be discerned. For example, research has demonstrated that behavioural inhibition - the tendency to react unusually shy in and to withdaw from novel and unknown stimuli and situations - at the preschool age is an important predictor of significant anxiety problems in later childhood (Fox et al., 2005). However, in the Netherlands, there are no sensitive screeninginstruments available for detecting anxiety problems in young children.

Study objective

The main purpose of the current research proposal is to validate a specific screening instrument for detecting anxiety problems - the Behavioral Inhibition Questionnaire (BIQ) - in Dutch autochthon and allochtonous children at a very young age. The following psychometric properties will be investigated: internal consistency, test-retest reliability, inter-rater-reliability, and the convergent, divergent, predictive en discriminant validity. An additional purpose will be to collect normative data of the BIQ.

Study design

The parents of young autochthon and allochtonous children in Rotterdam will complete a new screening questionnaire for detecting anxiety problems. Part of the children/parents will be followed for several years. During the follow-up assessments it will be studied how the anxiety problems of the children develop. Further, various aspects of the reliability and validity of the

screening questionnaire will be examined.

Study burden and risks

The burden to the children is very small: only in Study C, children will participate in a standardized observation procedure and are tested with a brief questionnaire-interview (total duration of time: 20-30 minutes). The other assessments will be carried out with children's parents. There are no risks associated with the participation in this study.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Children (2-11 years)

Inclusion criteria

All almost 4-year-old children (and their parents) who are invited by the GGD to get the

DTP+aK vaccination.
Children in the clinical group (see Researchproposal Study D) who are 4 to 6 years of age (and their parents) and who are referred to Bureau Jeugdzorg or the RIAGG.

Exclusion criteria

As parents have to complete questionnaires for measuring anxiety symptoms in their children, it is necessary that they can read, speak, and write in Dutch, English, Turkish or Arabic at an eight-grade literacy level.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	10-05-2008
Enrollment:	3920
Type:	Actual

Ethics review

Approved WMO Date:	02-05-2008
Application type:	First submission
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)
Approved WMO Date:	02-07-2010

Application type:	Amendment
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL21400.078.08