

Adolescents with Medically Unexplained Physical Problems: Family functioning, upbringing and parent characteristics

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Ethical review	Not approved
Status	Will not start
Health condition type	Somatic symptom and related disorders
Study type	Observational non invasive

Summary

ID

NL-OMON35842

Source

ToetsingOnline

Brief title

MUPS and Family Functioning

Condition

- Somatic symptom and related disorders
- Family issues

Synonym

functional complaints, Uncomprehended physical complaints

Research involving

Human

Sponsors and support

Primary sponsor: Hilversum Ziekenhuis

Source(s) of monetary or material Support: Kleine bijdrage (logistieke) onkosten vanuit

Intervention

Keyword: adolescents, family functioning, Medically Unexplained Physical Problems (MUPS)

Outcome measures

Primary outcome

1. The first primary outcome is family functioning measured by the Family Assessment Device-N (Epstein et al, 1983). This is a questionnaire of 60 self-report items on a 4-point likert scale (1 = totally disagree, 2 = disagree, 3 = agree, 4 = completely agree). All family members fill in the FAD. Scores are added for each subscale or an average score is calculated. Scores on some scales first have to be mirrored. A higher score means better family functioning.
2. The second primary outcome for measuring family functioning is an adaptation of the Family Adaptability and Cohesion Evaluation Scales (FACES), namely, the Family Dimension Scale (GDS) (Neighor Meyer & Hermans, 1988). This scale is completed by all family members. It is a self-report list of 44 items that consists of three scales (cohesion, adaption and social desirability). The questions about current perception of family functioning and ideal perception are scored on a 4-point likert scale from "never true" to "always true". For social desirability only the current perception is taken into account.
3. The third primary outcome is the reaction of parents towards adolescents with SOLK measured by the Illness Behavior Encouragement Scale (Walker & Zeman,

1992). It is a questionnaire with 12 items measuring the behavioral response of parents to children who are ill or appear sick. The list has a parent and child version.

4. The fourth primary outcome, the 4 Dimensional Symptom Questionnaire (Terluin, 1998) is a questionnaire that was developed in the field of general practice and consists of 50 items, namely, 16 items for distress, 6 items for depression, 12 items for anxiety and 16 items for somatization.

5. The fifth primary outcome, the experienced physical symptoms, is measured using the Somatic Complaint List-2 (Jellesma, et al, 2007). The SCL-2 is a self-report questionnaire in English and Dutch. This questionnaire was established through observations of school teachers. For this study, the youth version has been adapted into an parent version. Parents are asked to indicate to what extent they think their child is experiencing physical symptoms.

Secondary outcome

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Study description

Background summary

Medically unexplained physical symptoms (MUPS) are frequently encountered in the health service. Despite the fact that in recent decades more research has been conducted in this field, relatively few studies have focused on MUPS in children and adolescents. However, good reasons exist to research MUPS in children and young adolescents separately from adults. Especially since research has shown that children can develop significant and long lasting

complaints. Such complaints can be very disabling and may have a negative impact on their development. Children and adolescents with MUPS also constitute a considerable expense and burden to the health service.

Inextricably connected to children and adolescents with MUPS are their families. Family therapy is often mentioned in the (international) literature in the context of diagnosing and treating MUPS, and has a long tradition in this respect. Nevertheless, little fundamental research has been conducted on family functioning and children with MUPS.

Study objective

Goal of this study is to research family factors in case of adolescents with MUPS (N=64) and in case of adolescents with medically unexplained physical complaints (N=64). The following family factors are studied: family functioning (for example, adaptation), upbringing (for example, overconcernedness) and parent characteristics (for example, depression). The following hypotheses will be investigated:

1. In families with an adolescent with MUPS there is more family pathology than in families with adolescents with medically explained symptoms.
2. Upbringing, parent characteristics and family functioning are significant predictors of somatic symptoms of adolescents with MUPS. These factors are not significant predictors of somatic complaints of adolescents with explained physical complaints.
3. Upbringing mediates the influence of parent characteristics and family functioning on somatic complaints of children with MUPS but not on complaints of adolescents with explained physical symptoms.

Study design

This study is a cross-sectional study in which families are invited to participate once. Data collection is done by research students for their Master thesis under supervision of the principal investigator.

Study burden and risks

Completing the questionnaires will take a maximum time of 60 minutes. Patients will be offered to fill in the questionnaires at home. This in order to minimize the burden.

For the SOLK patients, in case of ambiguity of diagnoses, there is a one-time consultation with a psychologist for diagnosis / classification. This interview will take a maximum of 60 minutes.

There are minimal risk associated with this research. This is because no or very limited interventions take place and the burden is minimal. Moreover, subjects can, at any given time withdraw. Accessibility of psychologist is

guaranteed by principal investigator.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)
Adolescents (16-17 years)
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

- Families with adolescents between 12 and 19 years with MUPS according to the DSMIVTR criteria and under treatment of a specialist.
- Families with adolescents between 12 and 19 years diagnosed with a chronic medical condition such as epilepsy, asthma or diabetes type 1 and under treatment of a specialist.
- Fluency written and spoken Dutch language.
- Psychiatric and somatic comorbidity is allowed provided that it is of subordinate nature.

Exclusion criteria

- Insufficient comprehension of Dutch language.
- Patients with serious psychiatric comorbidity.

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Basic science

Recruitment

NL	
Recruitment status:	Will not start
Enrollment:	128
Type:	Anticipated

Ethics review

Not approved	
Date:	26-04-2011
Application type:	First submission
Review commission:	METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht)

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	NL35870.097.11