# Anxiety and depression in children with asthma.

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What is the prevalence of depression and anxiety in children with asthma. Is this more frequent in asthma than in other chronic conditions like diabetes and Coelikie? And how compares this to healthy children in the same phase of life?

Ethical review Approved WMO

**Status** Recruitment stopped

**Health condition type** Gastrointestinal conditions NEC **Study type** Observational non invasive

## **Summary**

#### ID

NL-OMON37426

#### Source

**ToetsingOnline** 

#### **Brief title**

Epo2 (Eric Promotie Onderzoek deel 2)

#### **Condition**

- Gastrointestinal conditions NEC
- Anxiety disorders and symptoms
- Bronchial disorders (excl neoplasms)

#### **Synonym**

Axiety, depression in asthma

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Isala Klinieken

Source(s) of monetary or material Support: Eigen financien vakgroep

#### Intervention

**Keyword:** Anxiety, Asthma, Behaviour, Depression

#### **Outcome measures**

#### **Primary outcome**

Results (scores) of the questionnaires will be compared between the 4 groups

(asthma, Diabetes, Coeliakie and healthy)

Depression yes or no

Anxiety yes or no

#### **Secondary outcome**

none

# **Study description**

#### **Background summary**

Current asthma guidelines are based on RCT's and SR's. In numerous systematic reviews the efficacy of inhalation corticosteroids (ICS) in maintenance therapy in asthma is demonstrated. Despite this treatment with ICS asthma in daily life studies complaints and uncontrolled asthma is apparent. Treatment goals as formulated in the international guidelines are not reached. In our clinic in most of the children we reache these treatment goals. Also in our clinic there are children with ongoing complaints despite ICS treatment. Comorbidities as allergic rhinitis is shown to have an effect on asthma control in patients with asthma. In studies in children and adolescents in the United States, children with asthma are more likely to suffer from anxiety or depression than compared to children without asthma. This suggests that this could be a serious co-morbidity. The treatment of asthma in the Netherlands is not comparable with the US. More ICS use and more intense follow up, as a difference in prevalence and cultural difference in anxiety and depression makes it difficult to translate these results to our population. Also the relation between anxiety and depression and asthma as the disease, or as a chronic condition is unknown. We would like to answer these questions. What is the prevalence of depression and anxiety in children with asthma. Is this more frequent in asthma than in other chronic conditions like diabetes and Coeliakie? And how compares this to healthy children in the same phase of life?

#### Study objective

What is the prevalence of depression and anxiety in children with asthma. Is this more frequent in asthma than in other chronic conditions like diabetes and Coelikie? And how compares this to healthy children in the same phase of life?

#### Study design

Cross-sectional survey for 6 months uing questionnaires on anxiety and depression wich are filled in by the children themselves.

#### Study burden and risks

No risks

Burden: time to fill out the questionnaires (approx. 90 minutes)

## **Contacts**

#### **Public**

Isala Klinieken

Postbus 10400 8000 GK Zwolle NL

#### **Scientific**

Isala Klinieken

Postbus 10400 8000 GK Zwolle NL

# **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adolescents (12-15 years) Adolescents (16-17 years) Children (2-11 years)

#### Inclusion criteria

Children with asthma, diabetes or coeliakie diagnosed by a pediatrician Good understanding of the Dutch language
Age 8-16 years.
At least 1 year under control of a pediatrician
Informed consent

### **Exclusion criteria**

Serious comorbidity: Broncho pulmonary displasia, congenital malformations of the airways or heart.

Preexistent psychiatric disorder

# 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: Other

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-05-2012

Enrollment: 300

Type: Actual

# **Ethics review**

Approved WMO

Date: 23-04-2012

Application type: First submission

Review commission: METC Isala Klinieken (Zwolle)

# **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 NL39581.075.12