

ATTENTION DEFICIT /HYPERACTIVITY DISORDER (ADHD) IN CHILDREN WITH ENCOPRESIS

S. Vande Velde*, D. Baeyens+, A. Baert+, S. Van Biervliet*, M. Van Winckel*

Department of Paediatric Gastroenterology, University Hospital Gent, Belgium*

Department of Psychology, Gent University, Belgium+

OBJECTIVE: The aim of this study is to determine reliable prevalence rates of Attention-Deficit/Hyperactivity Disorder (ADHD) in encopretic children, by including 100 to 200 encopretic children with or without constipation referred to our centre. Results of treatment are thought to be negatively influenced by psychiatric co-morbidity. With data collection still ongoing, we currently present the results of the pilot study of 21 children.

METHODS: Children, aged between 6 and 15 years referred to our centre for encopresis are screened for the presence of ADHD, using a multi-method (diagnostic interview, questionnaires) with multi-setting (parents, teachers) assessment as the golden diagnostic standard. Encopresis is diagnosed, using the Rome III criteria: children > 4 years old with stool loss at least once a week during at least 2 months.

RESULTS: 21 children (mean age 7.9 y, range 6-11 y, 19 male) are included. Informed consent is obtained from the parents. 15/21 encopretic children have constipation (71 %). 11/21 children have combined encopresis and enuresis (52 %). Criteria for externalising psychiatric problems are fulfilled in 8 children: 4 with ADHD, 3 with ADHD+ODD (Oppositional Defiant Disorder) and 1 with ODD. When ADHD in this group is diagnosed using a diagnostic interview (DSM-IV) multi-setting assessment, 7/21 encopretic children meet ADHD criteria (33 %), of which 1 child (5 %) has the inattentive subtype (ADHD-IA), 1 child (5 %) has the hyperactive/impulsive subtype (ADHD-HYP) and 5 children (24 %) have the combined subtype (ADHD-COM). Out of the 7 children who meet ADHD criteria, 5 have constipation. When ADHD is defined by the multi-method multi-setting assessment, 2/21 children (10 %) have combined ADHD and encopresis.

CONCLUSION: The pilot group is too small to determine preliminary prevalence rates. Results should be carefully interpreted based on this small sample size. Nevertheless, there is an important prevalence of ADHD in encopretic children (33 % multi-setting assessment, 10 % multi-method multi-setting assessment) when compared to its prevalence in community samples (3-5%). Current findings make it worthwhile to continue the study. Ultimately, the hypothesis remains to be tested that treatment results will ameliorate if ADHD is included in the standard diagnostic and therapeutic approach to childhood encopresis.