

M. Hani Najjar
Dr. med

**Somatoform disorders in children and adolescents:
A retrospective -follow up study in Pediatric Neurology Department of Children's
Hospital of Heidelberg University**

Geboren am 02.01.1975 in Aleppo/ Syrien
(Staats-)Examen am 23.07.1998 an der Universität Aleppo

Promotionsfach: Kinderheilkunde
Doktorvater: Prof. Dr. Dietz Rating

Among few studies, which have looked at indicators of prognosis, the results of our small study support previous work. A favorable outcome is observed in somatoform disorder in children and adolescents especially in the presence of early diagnosis, presence of stressor factors at the diagnosis time, and monosymptomatic manifestations. Pediatric Neurologists should be encouraged to make a positive diagnosis early to avoid uncertainty in the minds of the patients, and other health care professionals, thus reducing the risks and costs of further unnecessary investigations. We found by follow up the patients after a mean period of 6.5 years of diagnosis: 84% of patients with somatoform disorder had completely recovered from their symptoms and 16% had recurrent symptoms. The proportion of valid diagnosis in our study was 90% almost the same to that reported in other follow up recent studies. The total duration of staying in the hospital was long 3- 53 days with a mean of 14 days, which is 3 times of the normal duration of staying in the ward. 86 % of patients underwent to technical investigations during admission. The somatoform disorders were accompanied with school absence up to 6 months (mean 7.3 weeks). All those reflect the high cost of the somatoform disorders. More ever these disorders accompanied with social and functional impairment, and that give evidence for the clinical and social importance of somatoform disorders.

Familial factors play a prominent role in the expression of illness. We found 50% of children had problems inside their families. By review the history of our patients 69 % of them had had an organic illness requiring one or more hospital admission for observation or surgical intervention. Emotional disturbances such as: mood and anxiety disorders were present in almost one third of patients. There was no significant difference between all of the patients' groups concerning mean age, stressor factors, medical history, and familial history.

A presentation of possible somatoform disorder mandates a thorough evaluation for the potential underlying organic disease. The extent of this evaluation involves the physician's judgment. When the symptoms suggest the possibility of somatoform disorder, the evaluation should include mental health examination in addition to laboratory and radiologic tests.