

성인 양극성장애와 정신분열병 환자의 아동기 주의력결핍-과다활동 증상*

ATTENTION-DEFICIT HYPERACTIVITY SYMPTOMS IN CHILDHOOD OF ADULT BIPOLAR DISORDER/SCHIZOPHRENIA PATIENTS

이계성** · 안정숙**† · 신정호**

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요 약 :

40 26 , 29
, 27 Wender Utah Rating Scale(WURS), WURS 25 (WURS - 25),
Parent Rating Scale(PRS)
WURS WURS - 25 PRS
WURS, WURS - 25,
PRS 가 WURS PRS
가

중심 단어 : WURS · PRS.

서 론

3) DSM - IV 4)
(多辯)
가
1) DSM - IV
2)
가 1)

1996 39

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가 ⁵⁾⁶⁾ Hanford⁷⁾ (minimal brain dysfunction) 가 가 , WURS - 25 (WURS - 25) ¹⁷⁾¹⁸⁾ ,

가 Leighton⁸⁾ WURS (minimal brain dysfunction syndrome) , Bellak⁹⁾ 가

(attention deficit disorder psychosis) 10 PRS)¹⁹⁾ Parent Rating Scale(PRS Conners²⁰⁾가 93 Goyette²¹⁾ 10 가 가

Neuchterlin¹⁰⁾ 11) 가 0 30 , , 15 95

Gittelman¹³⁾ Weiss Hechtman¹⁴⁾ 12) 16 5.7%, 2.7% 가 16 ¹⁹⁾ .

연구 대상 및 방법

1. 연구 대상

Winokur¹⁵⁾ 21.3%, 26 8.8% , 29 , 27

가 , Strober¹⁶⁾ DSM - IV 가 24% 가 가

가 가 40 28.53 ± 4.3 , 29.79 . Wender Utah Rating Scale(WURS) ± 5.7 , 28.48 ± 5.5 .

Table 1. Sociodemographic characteristics

	BPD(N = 26)	SPR(N = 29)	Control(N = 27)
	Mean ± SD	Mean ± SD	Mean ± SD
Age(years)	28.53 ± 4.3	29.79 ± 5.7	27.48 ± 5.5
Education(years)*	13.15 ± 2.2	12.55 ± 2.65	15.29 ± 1.77
Siblings(No.)**	4.81 ± 1.44	4.31 ± 1.36	3.88 ± 1.86
Birth order	3.23 ± 1.81	2.75 ± 1.55	2.74 ± 2.10
S-E status	3.19 ± 0.63	3.34 ± 0.67	2.96 ± 0.58

* : comparison between control group and the other two groups, p<0.05

** : comparison between BPD and control group, p<0.05

BPD = Bipolar Disorder, SPR = Schizophrenia, S-E status = Socioeconomic status

Table 2. Family environment during childhood

	BPD(N=26) SPR(N=29) Control(N=27)		
	N(%)	N(%)	N(%)
Bringing-up Style			
Easy	1(3.8)	10(35.7)	2(7.4)
Average	16(61.5)	15(53.6)	22(81.5)
Difficult*	9(34.6)	3(10.7)	3(11.1)
Primary Care-Taker			
Mother	19(73.1)	24(82.8)	25(92.6)
Grandmother	4(15.4)	3(10.3)	2(7.4)
Elder sister	2(7.7)	2(6.9)	0
Others	1(3.8)	0	0
Working Mother			
Yes	15(57.7)	19(68.9)	22(81.5)
No	11(42.3)	9(31.1)	5(18.5)
Family Conflict			
More evident	19(73.1)	18(65.5)	23(85.2)
Less evident	7(26.9)	10(34.5)	4(14.8)

* $\chi^2 = 17.49$, DF = 4, p = 0.0015

BPD = Bipolar Disorder, SPR = Schizophrenia

(=0), (=1),
(=2), (=3), (=4)
5 가 .
PRS 가 6 10
-
(=0), (=1), (=2),
(=3) 4 가 .
SPSS
(One - way Anova)
Duncan test
Chi - Square
test 가
가
(Pearson's
correlation coefficient)
p<0.05
0.2

Hollingshead Redlich 22)

연구 결과

2. 연구 방법

Table 1

, 가 가 . (p<0.05). WURS
61 WURS 가 r=
, 10 PRS 가 - .2520(p=0.022) WURS
WURS
WURS
WURS - 25 (p<0.05), 가
. WURS 가 6 10 가

Table 3. Mean scores of WURS, WURS-25, PRS of each subjects

	BPD(N = 26)	SPR(N = 29)	Control(N = 27)
	Mean ± SD	Mean ± SD	Mean ± SD
WURS*	55.92 ± 32.07	42.41 ± 26.27	36.55 ± 19.16
WURS-25**	27.42 ± 18.54	18.10 ± 13.10	16.29 ± 12.69
PRS**	9.76 ± 5.35	4.25 ± 3.71	4.77 ± 3.12

* : comparison between BPD and control group, p<0.05

** : comparison between BPD and the other two groups, p<0.05

BPD = Bipolar Disorder, SPR = Schizophrenia, WURS = Wender Utah Rating Scale

WURS-25 = selected 25 items of WURS, PRS = Parent Rating Scale

Table 4. Correlations between WURS & PRS

	PRS		
	BPD(N = 26)	SPR(N = 29)	Control(N = 27)
WURS	.7495*	.0227	.5305*

*Correlation significance $r \geq 0.2$, $p < 0.05$

BPD = Bipolar Disorder, SPR = Schizophrenia

WURS = Wender Utah Rating Scale

PRS = Parent Rating Scale

가 Table 2 . 가

($p = 0.0015$).

가

WURS 18 139 , 6 93 , 9

16 109 , 6 93 , 9

Split - half reliability correlation $r = 0.92$ ($p < 0.0001$, $N = 82$)

W - URS 55.92(SD = 32.07), WURS - 25 27.42(SD = 18.54), PRS 9.76 (SD = 5.35) . WURS - 25 PRS

($p < 0.001$), WURS 가

($p = 0.027$).

WURS, WURS - 25, PRS 가 . 가 가

(Table 3). 가 , 가

WURS PRS 가 $r = 0.52$ ($p = 0.000$) , 가 $r = 0.7495$ 가

($p = 0.0022$) $r = 0.5305$ ($p = 0.0001$) . Biederman ²⁵⁾ 가 가

(Table 4). - , ,

고 찰

Ward ¹⁸⁾ WURS 46

- 86%

, 99%,

81% .

WURS Split - half reliability correlation Spearman - brown corrected correlation $r = 0.92$,

PRS $r = 0.529$ ($p < 0.01$)

- 6

9 8% , 4 11

가 (9%) (3.3%) 3 ,

²³⁾ .

가

가 ,

40 .

가

가

가

²⁴⁾ , 가

가 -

. Biederman ²⁵⁾

가 가

, ,

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Object : The authors compared the attention-deficit hyperactivity(ADH) symptoms in childhood of adult male patients with bipolar disorder, schizophrenia and normal control subjects and attempted to find out whether attention-deficit hyperactivity disorder and bipolar disorder are related each other.

Method : The authors compared ADH symptoms in childhood assessed with Wender Utah Rating Scale(WURS), selected 25 items of WURS(WURS-25), and Parent Rating Scale(PRS), and compared them between 26 bipolar, 29 schizophrenic, and 27 normal control subjects.

Result : The subjects with bipolar disorder had significantly higher mean score of WURS compared with normal control group(One-way ANOVA, duncan test, WURS : DF = 2, F = 3.77 p = 0.027), and the differences between the mean scores of WURS-25 and PRS of bipolar subjects and the other two groups were also highly significant(One-way ANOVA, Duncan test, WURS-25 : DF = 2, F = 4.24 p = 0.0178, PRS : DF = 2, F = 13.97 p <0.001). The mean scores of WURS, WURS-25, and PRS of schizophrenic subjects were higher than those of normal control group, though not significant. WURS and PRS were correlated for subjects with bipolar disorder($r = 0.7495$) and the normal control($r = 0.5305$), and there was no correlation for schizophrenic subjects.

Conclusion : The ADH symptoms in childhood were much more evident for adult bipolar subjects than schizophrenic and normal control subjects. And these results are very suggestive that there might be some relationship between bipolar disorder and attention-deficit hyperactivity disorder and these two disorders might have a shared common pathophysiology which needs further study.

KEY WORDS : Bipolar disorder · Schizophrenia · Attention-Deficit · Hyperactivity · WURS · PRS.