

경련성 질환 환아와 가족

CHILDREN WITH CHRONIC CONVULSIVE DISORDER AND THEIR FAMILIES

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연구목적 : 가 가

연구방법 : 40 - - 30
12 , 2~3
가 , 가

연구결과 : 가 , , 가
가 , , 가
30~40 T 40% 가 -
결 론 : 가 , 가 , 가 , 가
가 가
중심 단어 : 가 . . .

서 론

가 가
4). 가
가 가
1-3),

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(Version 6.0)

결 과

1. 가족내 문제 및 상호 관계에 대한 평가

가 40 6 (15%)
 가 가
 가 가
 가 가
 가 /
 가 47%가
 가
 가 가 47%
 , 27%

12)
 9 , 90
 5 , 가
 9
 , , , , ,
 , , ,
 가
 1978 ¹³⁾, 1984¹⁴⁾
 가
3. 아동 의존 척도(Self-administered dependency questionnaire for mother)
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 ,
 lan Berg

Table 2. Overall problems in family members in patients and controls

Family profiles	Patients : n(%)	Control : n(%)	p-value
Epilepsy familial loading	6(15)	0(0)	NS
Psychiatric familial loading	7(17)	3(10)	NS
Father's current physical problems	2(5)	1(3)	NS
Mother's current physical problems	0(0)	1(3)	NS
Father's current psychiatric problems	2(5)	2(7)	NS
Mother's current psychiatric problems	0(0)	1(3)	NS
Sibling's current physical problems	19(47)	4(14)	0.02*
Sibling's current psychiatric problems	7(18)	4(14)	NS
Abn in mother to child relation	19(47)	3(10)	0.02*
Abn in father to child relation	11(27)	2(7)	0.04*
Abn in sibling to patient relation	12(30)	3(10)	0.04*
Abn in child to mother relation	14(35)	3(10)	0.03*
Abn in child to father relation	7(17)	0(0)	0.04*
Abn in child to sibling relation	3(7)	2(15)	NS
Marital problems due to patient	17(42)	0(0)	<0.01**

* : Fischer's exact test & X2-test with Yates' correction ; p value <0.05

** : Fischer's exact test & X2-test with Yates' correction ; p value <0.01

Abn : abnormalities

11)
 ()
 ,
 가 (affection),
 (communication), (support),
 (travel :)
 가 (actual form)
 , (preference form)
 가
 . 가
 가
 가
 가
 가

3. 분석 방법

Student t - test 가
 (%)
 test 가 5 Yates SAS

가 , 40 14 (35%) 가

가 , , 가

가 (35%), 가

/ 가

30% ,

/ 가

가 가

가 (Table 2).

2. 가정환경척도를 통해서 본 가족 구조 가

가 (Table 3).

가 가

가 가

가 가

가 가

3. 간이 정신진단 검사를 통한 환자 모의 정신병리 평가 (Table 4).

(p<0.01)

T , 30~

40 ,

4. 의존성척도를 통한 부모-환아간 의존성 정도 평가

1) 초등학생(7~12세)의 의존성 평가

Table 5

Table 3. Comparison between patients and controls in subscales of family environment scale(FES)

	Patient (n=40) M(S.D.)	Control (n=30) M(S.D.)	Sig
Cohesion	5.95(1.23)	5.96(2.13)	NS
Expression	3.95(0.89)	4.71(1.12)	0.04*
Conflict	3.10(1.34)	3.50(0.83)	NS
Individuation	4.44(1.54)	4.86(2.13)	NS
Achievement	4.64(2.10)	5.61(2.13)	0.02*
Intelligence	4.70(2.03)	5.30(1.58)	0.05*
Active-R	3.23(2.11)	4.11(1.67)	0.03*
Moral-O	4.79(1.65)	5.14(1.58)	NS
Organization	5.56(2.15)	5.81(3.01)	NS
Control	4.00(2.43)	3.79(2.13)	NS

* : statistically significant in student t-test
 Achievement : achievement-orientation
 Active-R : active recreation
 Moral-O : moral orientation

Table 4. Comparison between mothers of patients and controls in subscales of symptom checklist-90-revised (SCL-90-R)

	I : Somitization**	II : Obsessiv-compulsieve*	III : Interpersonal-sensitivity*	IV : Depression**	V : Anxiety**	VI : Hostility**
Patient	72.3(10.2)	68.9(9.7)	65.4(7.9)	76.9(12.7)	64.3(7.9)	61.2(5.4)
Control	41.2(3.8)	43.2(4.7)	38.7(6.4)	41.2(8.5)	29.8(3.9)	21.3(5.4)
p-value	<0.01	0.03	0.03	<0.01	<0.01	<0.01
	VII : Phobia	VIII : Paranoid tendency	IX : Psychoticism	X : Innominated**	GSI	PSDI*
Patient	45.7(3.8)	53.4(7.8)	49.5(4.2)	72.5(11.5)	48.0	0.915
Control	21.4(1.1)	23.2(4.6)	22.2(4.4)	21.1(2.9)	30.2	0.332
p-value	NS	NS	NS	<0.01	NS	0.02

* : statistically significant in student t-test : p<0.05
 ** : statistically highly significant in student t-test : p<0.01

Table 5. Comparison between patients and controls in subscales of self-administered dependency questionnaire for primary schoolers

	Affection*	Communication*	Assistance	Travel*
Control (n=15)	5.8(1.3)	5.7(2.1)	7.5(1.8)	7.8(1.6)
Patient (n=20)	8.8(1.8)	7.9(2.0)	8.8(1.5)	11.5(2.3)
p-value	0.04	0.04	NS	0.02

* : statistically significant in student t-test

Table 6. Comparison between patients and controls in subscales of self-administered dependency questionnaire for middle schoolers

	Affection*	Communication*	Assistance	Travel*
Control (n=15)	4.8(1.4)	4.7(1.5)	5.5(1.6)	4.8(1.7)
Patient (n=20)	6.8(1.3)	7.9(1.8)	5.8(1.9)	7.5(2.1)
p-value	0.04	0.03	NS	0.03

* : statistically significant in student t-test

2) 중학생(13~16세)의 의존성 평가

가

(Table 6).

고

찰

8). Berg McGuire (1974)

가

가

8)15). 가

가

가

가

, 47%

27%

42% 가

, 30% 가

가

가

16)17).

가

(denial), (reaction formation)

(rejecting behavior)

(overde-

pendence), (acting - out)

Pond

18).

, Grunberg

가

가 24)25).
 19), 가 가 , 가
 가 가 가 . Bagley
 가 가
 가 20), Matthews Babaras
 가 가 가 가 .
 가 21). 가 가
 가 22). 가 가 , 가
 , 가가 , 가
 SCL - 90 - R 가가
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 가 , ,
 가 , 가 가
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 40% 가 가
 가 가
 가 Minuchin 가 , 가
 , 가 가 가
 “ - 가 (psychosomatic family) ” , 가 가
 가 23). - 가 가 , 가 가
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) , 가 -
 (overprotection), (enmeshment), (rigi-
 dity), 가 가

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- (supervision) ,
 (out of control)
 Cohen La-
 zarus (1979) 가
 (coping strategy)
 가
 가 가

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CHILDREN WITH CHRONIC CONVULSIVE DISORDER AND THEIR FAMILIES

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Objectives : This study was conducted to investigate the degree of psychopathologies of the family members of children with chronic convulsive disorder and evaluate the structures and dynamics of those families.

Methods : The participant patients and family members were recruited from the population attending the outpatient clinic of department of pediatric neurology in Seoul National University Hospital in Korea. All the patients had idiopathic chronic convulsive disorder. Any patient with mental retardation, pervasive developmental disorder and gross brain pathology was excluded. As controls, normal students were chosen and their sex, age, achievement, socioeconomic status were matched to patients. The author interviewed the children and their family members twice and obtained informations about patient-parent relationship, patient-sibling relationship and others. For in-depth evaluation, we used family environment scales (FES), symptom Checklist-90-revised (SCL-90-R), self administered dependency questionnaire for mother (SADQ).

Results : After interviewing with the parents of epileptic children, overprotection of parents, hostile feeling of siblings toward index children were higher than controls. The parental conflict was also more expressed than control families. According to results from FES, the scores of the subscales of expression, achievement-orientation, intelligence-orientation and active recreation were significantly lower than control group. The epileptic children showed higher dependency to parents especially in affection, communication and traveling areas of SADQ than control group. Maternal psychopathologies evaluated by SCL-90-R were much higher than the mothers of controls. According to T scores of SCL-90-R, about 40% of mothers with epileptic children had the risk of clinically significant depressive or anxiety disorders.

Conclusion : These results suggested that the family members of epileptic children had more relationship problems and psychopathologies than control group and some mothers might have clinically significant depressive or anxiety disorders. so, effective psychiatric family interventions are needed for resolution of conflict and psychopathologies of family members.

KEY WORDS : Epileptic children · Families · Psychopathologies · Dependency.