

Young adolescents with Medically Unexplained Physical Symptoms (MUPS) and their Family Functioning

Published: 28-01-2011

Last updated: 27-04-2024

The current study aims to fill some of this gap by comparing family functioning in young people with MUPS to family functioning in young people with medically explained physical complaints and healthy young adolescents. Other family factors that are...

Ethical review	Not approved
Status	Will not start
Health condition type	Somatic symptom and related disorders
Study type	Observational non invasive

Summary

ID

NL-OMON36648

Source

ToetsingOnline

Brief title

MUPS and Family Functioning

Condition

- Somatic symptom and related disorders
- Family issues

Synonym

Medically Unexplained Physical Symptoms (MUPS)

Research involving

Human

Sponsors and support

Primary sponsor: Hilversum Ziekenhuis

Source(s) of monetary or material Support: Kleine bijdrage (logistieke) onkosten vanuit

Intervention

Keyword: adolescents, family functioning, Medically Unexplained Physical Problems (MUPS)

Outcome measures

Primary outcome

1. The first primary outcome measure is family functioning measured by the Family Assessment Device-N (Epstein et al, 1983). This is a questionnaire of 60 self-report items on a 4-point likert scale scored (1 = totally disagree, 2 = disagree, 3 = agree, 4 = completely agree). All family members fill in the FAD. Scores are summed for each subscale or there is an average score calculated. For the scores on some scales, scores first have to be mirrored. A higher score means better family functioning.

2. The second primary outcome measure for measuring family functioning is an adaptation of the Family Adaptability and Cohesion Evaluation Scales (FACES), the Family Dimension Scale (GDS) (Neighor Meyer & Hermans, 1988). This scale is completed by all family members. It is a self-report list of 44 items that comprise three scales (cohesion, adaption and social desirability). The questions are scored on a 4-point likert scale from "never true" to "always true" about the current perception of family functioning and the ideal perception. For social desirability only the current perception accounts.

Secondary outcome

1. The autonomy experienced by young people is measured by the Adolescent Autonomy Questionnaire-B (Noom et al, 2001). It is a self-report questionnaire

comprising 15 items with three dimensions of autonomy that are being distinguished: (1) attitudinal autonomy or the extent to which the adolescent himself can attain a goal, provide alternatives to consider and take a decision (eg "I make quick choices. "), (2) emotional autonomy or the extent to which the adolescent has confidence in his own choices and goals (eg "If I disagree with others, I say that. "), and (3) functional autonomy or the extent to which the adolescent can develop strategies to one's own goal (eg "I usually go right to my goal.").

2. The Frost Multidimensional Perfectionism Scale (Frost & Marten, 1990) is a self-report questionnaire comprising 35 items which has six dimensions of perfectionism that can be distinguished: 1. The Concern over Mistakes (CM), 2. Personal Standards (PS) 3. Parent Expectations (PE) scale. 4. Parental Criticism (PC) scale. Doubting of Actions 5 (D) 6. Organization (O).

3. The CBSA (perceived competence scale for adolescents) (Treffers et al, 2002) consists of seven subscales each consisting of five items (35 items total). For each item, two groups of youths are described. The younger marks to which group of young people he / she belongs and whether he belongs "completely" or "a little" to the group. For the present study the academic skills subscale will be used.

4. De reaction of parents towards adolescents with SOLK measured by the Illness Behavior Encouragement Scale (Walker & Zeman, 1992). It is a questionnaire with

12 items measuring the behavioral response of parents to children who are ill or sickly. The list has a parent and child versions.

5. The 4 Dimensional Symptom Questionnaire (Terluin, 1998) is a questionnaire that was developed within the general practice and consists of 50 items, 16 items for Distress, 6 items for depression, 12 items for anxiety and 16 items for Somatization.

6. By the youth experienced physical symptoms are being measured using the Somatic Complaint List-2 (Jellesma, et al, 2007). The SCL-2 is a self-report questionnaire in English and Dutch, which was established through observations of school teachers. For this study, the youth version was also changed into a parent version indicate to what extent they think their child is experiencing physical symptoms.

Study description

Background summary

Medically unexplained physical symptoms (MUPS) frequently occur within the health service. Despite the fact that in recent decades more research has been conducted in this field, relatively few studies have focused on MUPS in children and young adolescents. However, good reasons exist to research MUPS in children and young adolescents separately from adults, especially since research has shown that children can develop significant and long lasting complaints which can be very disabling and may have a negative impact on their development. Children and young people with MUPS also constitute a considerable expense and burden to the health service. Inextricably connected to children and young adolescents with MUPS are their families. Family therapy is often mentioned in the (international) literature in the context of diagnosing and treating MUPS, and has a long tradition in this respect. Nevertheless, little

fundamental research has been conducted. This tradition is mostly based on clinical experience and on limited and controversial research.

Study objective

The current study aims to fill some of this gap by comparing family functioning in young people with MUPS to family functioning in young people with medically explained physical complaints and healthy young adolescents. Other family factors that are thought to be related to MUPS will also be compared.

Study design

This study is a cross-sectional study in which families are invited to participate once. Data collection is done by research students for their thesis under the supervision of the principal investigator.

Study burden and risks

Completing the questionnaires will take between 40 and 60 minutes. Patients will be offered to administer the questionnaires at home. This in order to minimize the burden.

For the SOLK patients there is a one-time consultation with a psychologist for diagnosis / classification. This interview will take approximately 30 minutes to 60 minutes.

There are no / minimal risk associated with this research. This is because no interventions take place and the burden is minimal. Moreover, subjects can, at any given time withdraw and accessibility of psychologist is guaranteed by principal investigator.

Contacts

Public

Hilversum Ziekenhuis

Van Riebeeckweg 212
1213 XZ Hilversum
Nederland

Scientific

Hilversum Ziekenhuis

Van Riebeeckweg 212
1213 XZ Hilversum

Nederland

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)

Adolescents (16-17 years)

Inclusion criteria

- Families with healthy adolescents between 12 and 16 years
- Families with adolescents between 12 and 16 years with MUPS
- Families with adolescents between 12 and 16 years diagnosed with a chronic medical condition like epilepsy, asthma or diabetes type 1 and under treatment of a specialist
- A minimum of 1 brother or sister
- 2 parents / guardians who are at least 5 years together

Exclusion criteria

-Part from the patient, one or more of the other family members currently is being treated by a medical specialist for a physical or mental 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:	Basic science

Recruitment

NL	
Recruitment status:	Will not start
Enrollment:	840
Type:	Anticipated

Ethics review

Not approved	
Date:	28-01-2011
Application type:	First submission
Review commission:	METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht)

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	NL33183.097.11