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Letter to the Editor

Response to "Parents' emotional status, ADHD symptoms and sleep problems in children with epilepsy"

To the Editor,

We would like to thank the authors of the 'Letter to the Editor' for their valuable comments. We agree that the investigation of sleep disorders based on questionnaires is a significant limitation. The confirmation of our findings by other methods, such as PSG or actigraphy, would increase the reliability.

The comment that parental emotional status directly led to an overestimation of CSHQ scores is largely speculative. First of all, even for the parents of children with a CSHQ score suggestive of significant sleep problems, mean Beck scores were not in the clinical level. In addition, since the psychiatric evaluation of parents was not in the study design and aims, we did not have a structured psychiatric interview with them. Without a structured psychiatric interview, self-report scales provide valuable information on adulthood mood symptoms but do not have a diagnostic validity.

The comment that parents might be more vigilant than teachers and better at picking up symptoms of ADHD due to their close monitoring for seizures also does not appear to be relevant. Our sample was generally a group of children with low epilepsy severity. The majority of the patients had seizures once a year. Moreover, parental attitudes on monitoring their children was not evaluated in the present study. Therefore, labeling parents as more vigilant than teachers due to the their close monitoring seizures is only an assumption with the study's findings.

Depressed parents may underrate or overrate their child's problem behaviors, possibly related with other factors [1]. According to the depression distortion hypothesis, negative mood status of parents may affect their judgement on behavioral symptoms objectively [2]. However, alternative approaches are also present. Conversely, it may also be speculated that parents with negative emotional symptoms do not take care of their children and do not observe them sufficiently, and in turn, may not be aware of ADHD symptoms. Especially, symptoms of inattention can be overlooked and underrated. Another view suggests that caregivers with depressed mood provide an accurate description of behavior problems of the child occurring in the home setting [3]. We believe that, unless a structured psychiatric interview with parents and a comprehensive investigation of child–parent relationship are made, all of above mentioned assumptions would be speculative [4].

For the whole population of children with ADHD, a significant proportion of parents have a tendency to experience negative emotional symptoms, usually not in the clinical level [5]. Despite this tendency, parental reports on ADHD is one the most valuable instruments for the diagnostic process and follow-up of patients. We believe that, parents of children with chronic diseases who have high scores on self-report depression and anxiety scales should not be labeled as unreliable to give information on their children's psychiatric symptoms. Most of the available studies showed that parents of children with epilepsy frequently have emotional symptoms [6] but this does not mean that their ratings on their children's behavioral symptoms are affected by their own emotional symptoms. This may only be taken into consideration when they have a clinical diagnosis of major depressive disorder.

As the authors mentioned, parents ratings often are not highly correlated with teacher ratings on ADHD. Many factors including the different severity of symptoms at school and at home, teachers' appropriate behavioral methods and a higher level of discipline in the class-room setting may be related with the discrepancy between parents and teachers report. In Turkey, since many schools have crowded class-rooms, teachers may not have a chance for a comprehensive observation for each child. The authors' suggestion that "asessment by teachers might be close to the true conditions" is highly speculative and lacks scientific evidence.

Since the emotional status of teachers was not assessed in the present study, the effect of emotional status can not be compared between parents and teachers. The authors' assumptions based on the presence of a correlation between parent reports but not teacher reports do not appear to be relevant. On the other hand, we agree with the authors that the investigation of factors account for the discrepancy between parents and teachers ratings on ADHD symptoms in children with epilepsy would be interesting. Different levels of perceived stigma and awareness between parents and teachers may be among the factors responsible for this discrepancy.

Conflict of interest statement

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References

[1] Caplan R. Parent versus child informants: who do we choose? Epilepsy Curr 2015;15:330–2.

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[2] Youngstrom E, Izard C, Ackerman B. Dysphoria-related bias in maternal ratings of children. J Consult Clin Psychol 1999;67:905–16.
[3] Achenbach TM. Empirically based assessment and taxonomy: applications to clinical research. Psychol Assess 1995;7:261–74.
[4] Richters JE. Depressed mothers as informants about their children: a critical review of the evidence of distortion. Psychol Bull 1992;112:485–99.
[5] Nigg JT, Hinshaw SP. Parent personality traits and psychopathology associated with antisocial behaviors in childhood attention-deficit hyperactivity disorder. J Child Psychol Psychiatry Allied Discip 1998;39:145–59.
[6] Ferro MA, Speechley KN. Depressive symptoms among mothers of children with epilepsy: a review of prevalence, associated factors, and impact on children. Epilepsia 2009;50:2344–54.

Ozalp Ekinci*
Child and Adolescent Psychiatry Department, Mersin University School of Medicine, Mersin, Turkey

Uğur Isik
Pediatrics Department, Division of Pediatric Neurology, Acıbadem University School of Medicine, Turkey

Serkan Gunes
Nuran Ekinci
Child and Adolescent Psychiatry Department, Mersin University School of Medicine, Turkey

* Corresponding author. Fax: +90 324 241 00 92.
E-mail address: ozalpekinci@yahoo.com (O. Ekinci).

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