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DEPRESSION AND QUALITY OF LIFE IN CHILDREN WITH SICKLE CELL DISEASE: THE EFFECT OF SOCIAL SUPPORT

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Introduction Majority of the available studies have shown that children with sickle cell disease (SCD) have a higher risk of depressive symptoms

Objectives To assess the prevalence of depression in a sample of children with SCD and evaluate the association between various types of social support and depression, quality of life in those children.

Methods 120 children were included in the study, 60 of them (group I) with SCD and 60 were matched healthy control children (group II). Depression was assessed in both groups using ThesChildren's Depression Inventory (CDI), The Children's Depression InNntory-Parent (CDI-P) and the Diagnostic Interview Schedule for Children version IV (DISC-IV). The Pediatric Quality of Life Inventory version 4.0 generic core scales (Peds-QL 4.0) was used to assess the health-related quality of life (HRQOL) and social support was measured with the Child and Adolescent Social Support Scale (CASSS).

Results Eight children (13%) of the 60 children with SCD scored >12 on CDI (mean score 14.50±1.19), CDI-P (mean score 14.13±1.12) and diagnosed as having clinical depression using the diagnostic interview DISC-IV. HRQOL was poor in group I compared with group II, reflected by significantly lower mean scores in all domains of Peds-QL both in self and parent report (P>0.001). Increased levels of parent support was a significant predictor associated with decreased depressive symptoms and better quality of life in children with SCD (B= - 1.79 , P=0.01 and B=1.89 , P=0.02 respectively).

Conclusions Increased parent support was significantly associated with decreased depressive symptoms and better quality of life in children with SCD, so support intervention focusing on increasing parent support may be important as a part of treatment of depression in those children.

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