

102.00

CLUSTERING OF BEHAVIOURAL PROBLEMS IN CHILDHOOD

H. Heussler^{1,2}, L. Polnay²

¹*Mater Children's Hospital, Brisbane, Australia* ²*University of Nottingham, UK*
honey.heussler@nottingham.ac.uk

Behaviour problems are common and warrant recognition as a cause of significant morbidity/disability in childhood. An understanding of the associated continuities, associations, clustering and predictive factors enables informed treatment and provision of guidelines for early intervention. The 1970 British Cohort Study provided access to the longitudinal data collected on 16,000 live births who were followed up at 5, 10 and 16 years. Data-sets were compiled for elimination problems, eating problems, sleeping problems, stomach upsets and headaches. Descriptive analysis included natural history and comorbidities. Sub-scores for conduct, emotional, and hyperactivity disorders were derived. Family and social attributes were collected at study 5, 10 and 16 years by standardised questionnaire. Although numbers of children with developmental habit problems decrease with age a significant percentage will continue to have symptoms and new cases present at 10 and 16 years. The presentation and/or non resolution is strongly associated with social adversity, poor parental education, maternal malaise, and adverse parenting attitudes and styles. Strong associations of eating, crying and sleeping problems in the first 6 months with a range of behaviour problems at later ages suggest that early programming influence and/or temperamental factors may be responsible. Subsequent associations of the developmental habit problems are poor school attainment, and the acquisition of other behaviour disorder, (conduct, emotional, hyperactivity) and low self esteem. Children with multiple “habit” problems in the early years have a poorer outcome. This may be explained by a life course approach with critical periods in early childhood especially the first six months.

