

Sociodemographic and Clinical Characteristics of Children and Adolescents Applying to the Child Psychiatry Outpatient Clinic in Düzce

Büşra ÖZ ¹, Asil Can KIVRAK ¹

ABSTRACT

Aim: In our study, it was aimed to examine the sociodemographic characteristics, symptoms, psychiatric disorders of children and adolescents who applied for the first time to a university hospital child and adolescent psychiatry outpatient clinic.

Material and Methods: The files of 724 children and adolescents who applied to our outpatient clinic were reviewed retrospectively. 211 patients evaluated for the first time in our outpatient clinic were included in the study. Sociodemographic characteristics, first admission complaints, psychiatric diagnoses and treatments of the patients were evaluated.

Results: The mean age of the patients included in the study were 9.90±4.07 years. It was determined that 117 (55.5%) of the patients had a previous psychiatric diagnosis. The most common complaints at presentation were attention deficit/hyperactivity (45%), irritability (20.4%), and fear-anxiety (15.2%). It was determined that 191 (90.5%) of the patients had at least one psychiatric disorders and 49 (23.2%) had at least two psychiatric disorders. The most common psychiatric disorders were ADHD (54.9%), AD (20.4%), BD (10.4%) and MDD (8.3%). It was determined that 46% of the patients received psychiatric treatment, and methylphenidate (62.9%) was the most common use.

Conclusion: In our study, the most common complaint of the patients was attention deficit/hyperactivity, and the most common diagnosis was ADHD. Our results are similar to other studies. The presence of comorbidity increases the severity of the disorders and causes serious deterioration in psychosocial functionality. Diagnoses between genders and comorbidities should be carefully evaluated in patients applying to child and adolescent psychiatry.

Keywords: Child and adolescent psychiatry; diagnoses; sociodemographic characteristics; symptoms.

Düzce İli'nde Çocuk ve Ergen Psikiyatri Polikliniğine Başvuran Çocuk ve Ergenlerin Sosyodemografik ve Klinik Özellikleri

ÖZ

Amaç: Çalışmamızda, bir üniversite hastanesi çocuk ve ergen psikiyatrisi polikliniğine ilk kez başvuran çocuk ve ergenlerin semptomları, psikiyatrik tanıları ve sosyodemografik özelliklerinin incelenmesi amaçlanmıştır.

Gereç ve Yöntemler: Polikliniğimize başvuran 724 çocuk ve ergenin dosyaları geriye dönük olarak tarandı. Polikliniğimizde ilk kez değerlendirilen 211 hasta çalışmaya alındı. Hastaların sosyodemografik özellikleri, ilk geliş şikayetleri, psikiyatrik tanıları ve tedavileri değerlendirildi.

Bulgular: Çalışmaya alınan hastaların yaş ortalaması 9,90±4,07 yıl idi. En sık başvuru şikayetleri dikkat eksikliği/hiperaktivite (%45), sinirlilik (%20,4) ve korku-kaygı (%15,2) olarak bulundu. Olguların 191 (%90,5)'nde en az bir psikiyatrik tanı, 49 (%23,2)'unda en az iki psikiyatrik tanı olduğu saptanmıştır. En sık görülen psikiyatrik bozukluklar dikkat eksikliği hiperaktivite bozukluğu (%54,9), anksiyete bozukluğu (%20,4), davranış bozuklukları (%10,4) ve majör depresif bozukluk (%8,3) idi. Olguların %46'sının psikiyatrik tedavi aldığı, en sık metilfenidat (%62,9) kullanımı olduğu saptanmıştır.

Sonuç: Çalışmamızda hastaların en sık başvuru şikayeti dikkat eksikliği/hiperaktivite, en sık aldığı tanı DEHB bulunmuştur. Sonuçlarımız yapılan diğer çalışmalarla benzer niteliktedir. Eşit varlığı hastalığın şiddetini artırmakta ve psikososyal işlevsellikte ciddi bozulmalara sebep olmaktadır.

1 Duzce University Faculty of Medicine, Department of Child and Adolescent Psychiatry and Diseases, Duzce, Türkiye

Sorumlu Yazar / Corresponding Author: Busra OZ, e-mail: drozbusra@gmail.com

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Anahtar Kelimeler: Çocuk ve ergen psikiyatrisi; sosyodemografik özellikler; semptomlar; tanılar.

INTRODUCTION

Epidemiological studies investigating the prevalence of childhood psychiatric disorders in the world have shown that psychiatric disorders are seen in approximately 13% of children and adolescents (1). Psychiatric disorders can significantly impair the familial, social and academic functionality of individuals. Loss of functionality due to psychiatric disorders can adversely affect the adulthood of children and adolescents (2). The first symptoms of many psychiatric disorders begin in childhood or adolescence, and delayed diagnosis, follow-up and treatment of these disorders has been associated with poor prognosis. Therefore, it is important to make psychiatric evaluations in childhood and adolescence and to regulate treatments (3,4). However, in our country, it is observed that there is not enough interest in child and adolescent psychiatry, families are reluctant to take their children to child and adolescent psychiatry outpatient clinics, or they refer to child and adolescent psychiatry outpatient clinics long after the symptoms develop (5). On the other hand, timely and appropriate evaluation of psychopathologies detected in this period and arranging treatments will prevent future problems (6).

The conditions that cause psychiatric disorders in children and adolescents, clinical symptoms and the way they apply to the outpatient clinic differ both between countries and within countries themselves. Regional, religious, cultural and language-related differences can be effective in the evaluation and treatment processes of accompanying problems (7).

Psychiatric disorders observed in children and adolescents aged 1-17 years may differ between cultures. Studies that determine the environmental factors that may affect the development of psychiatric disorders in children and adolescents and investigate the prevalence and distribution of psychiatric disorders will contribute to the identification of areas that require treatment and to take necessary preventive measures (8).

In our study, it was aimed to investigate the sociodemographic characteristics, presentation complaints, psychiatric disorders and treatment distributions of the patients aged 1-17 years who applied to the Child and Adolescent Psychiatry outpatient clinic of Düzce University Faculty of Medicine. Our study is the first to retrospectively examine the sociodemographic characteristics of the cases who applied to the child and adolescent psychiatry outpatient clinic in Düzce.

MATERIAL AND METHODS

In our study, the files of 724 children and adolescents aged 1-17 who applied to Düzce University Faculty of Medicine Child and Adolescent Psychiatry outpatient clinic between November and December 2021 were evaluated retrospectively. Among the scanned cases, 211 patients who applied to our clinic for the first time were included in the study. Sociodemographic characteristics of the patients, family characteristics, admission complaints, psychiatric diagnoses and treatments obtained as a result of the evaluation according to DSM-5 diagnostic criteria were evaluated. This study was approved by Düzce

University Faculty of Medicine Non-Invasive Clinical Research Ethics Committee (dated 18.10.2021 and protocol number 2021/215).

Statistical Analysis

Descriptive statistics are given as mean±standard deviation, minimum-maximum for numerical variables, and numbers and percentages for categorical variables. Categorical variables were analyzed with Pearson chi-square, Fisher's exact or Fisher-Freeman-Halton tests, depending on the expected value rule. Statistical analyzes were made with the SPSS v.22 package program and the significance level was taken into account as 0.05.

RESULTS

In this study, the files of 211 patients who applied to our clinic for the first time were reviewed retrospectively. The mean age of the subjects participating in the study was 9.90±4.07 years. The number of girls participating in the study was 88 (41.7%) and the number of boys was 123 (58.3%) (Table 1).

The mean age of the mothers of the patients was 38.17±6.51 years, and the mean age of the fathers was 41.74±6.88 years. While 28 (13.3%) of the mothers and 34 (16.4%) of the fathers were university or college graduates, 79 (37.4%) of the mothers and 61 (29.5%) of the fathers were primary school graduates. It was determined that 39 (18.5%) of the patients were an only child in the family. There were a family history of psychiatric illness in 89 (42.2%) of the patients. It was determined that 30 (14.2%) of the patients had other known chronic diseases, and they were diagnosed with epilepsy most frequently (23.3%). The results are shown in Table 1 in detail.

It was found that 117 (55.5%) of the patients evaluated had previously applied to a child and adolescents psychiatry outpatient clinic. The most common complaints in the patients included in the study were attention deficit/hyperactivity (45%), irritability (20.4%), fear-anxiety (15.2%), and speech delay (5.7%). As a result of the psychiatric examination, it was determined that 191 (90.5%) of the patients had a psychiatric disorder. It was determined that 49 (23.2%) of the patients had at least two psychiatric diagnoses. The most common psychiatric disorders were attention deficit and hyperactivity disorder (ADHD) (54.9%), anxiety disorders (AD) (20.4%), behavioral disorders (BD) (10.4%), and major depressive disorder (MDD) (8.3%). It was found that 112 (53.1%) of the patients received psychiatric pharmacotherapy. The most commonly used psychiatric drugs were found to be methylphenidate (61.6%), antipsychotic (18.7%) and selective serotonin reuptake inhibitor (SSRI) (19.6%). The results are shown in Table 2 in detail.

The distribution of the patients' complaints and psychiatric diagnoses by gender is shown in Table 3. When the complaints were evaluated, it was found that the complaints of irritability (26.1%) and fear-anxiety (19.3%) were higher in girls, while the complaints of attention deficit/hyperactivity (35.2%) and speech delay (7.3%) were found to be higher in boys. No statistically significant difference was found between girls and boys when their complaints were evaluated.

Table 1. Sociodemographic characteristics of patients and their families

Features	(n=211)	%
Age (years), mean±SD [min-max]	9.90±4.07 [1-17]	-
Sex		
Girls	88	41.7
Boys	123	58.3
Place of residence		
Village	13	6.2
District	97	46.0
Province	101	47.9
School status		
No	18	8.5
Preschool	15	7.1
Primary school	79	37.4
Secondary school	54	25.6
High school	45	21.3
Father's age (years), mean±SD [min-max]	41.74±6.88 [27-65]	-
Farther's education (n=207)		
Illiterate	1	0.5
Primary school	61	29.5
Secondary school	35	16.9
High school	76	36.7
University	34	16.4
Mother's age (years), mean±SD [min-max]	38.17±6.51 [23-55]	-
Mother's education		
Illiterate	3	1.4
Literate	1	0.5
Primary school	79	37.4
Secondary school	34	16.1
High school	66	31.3
University	28	13.3
Presence of Parental Kinship		
Yes	25	11.8
No	186	88.2
Cohabitation of parents,		
Together	172	81.5
Married but living separately	8	3.8
Mother/Father died	6	2.8
Divorced	25	11.8
Number of siblings		
Only child	39	18.5
2 children	92	43.6
3 children and more	80	37.9
Family type		
Core	170	80.6
Large	41	19.4
Birth Complication		
Yes	29	13.7
No	182	86.3
Smoking during pregnancy		
Yes	38	18.0
No	173	82.0
Parental psychopathology		
Yes	89	42.2
No	122	57.8
Presence of other known chronic disease		
Yes	30	14.2
No	181	85.8
Diagnosis of chronic disease		
Epilepsy	7	23.3
Cerebral palsy	3	10.0
Diabetes mellitus	3	10.0
Other	17	56.7

SD: standard deviation

Table 2. Patients' complaints at admission, psychiatric diagnoses and treatments

Features	n	%
Previous Child Psychiatry Application History		
Yes	117	55.5
No	94	44.5
Application complaint		
Irritability	43	20.4
Attention defisit/hyperactivity	95	45.0
Fear-anxiety	32	15.2
Speech delay	12	5.7
Other	29	13.7
Psychiatric diagnosis status		
Yes	191	90.5
No	20	9.5
Psychiatric disorders (n=191)		
ADHD	105	54.9
ASD	9	4.7
ODD	2	1.0
BD	20	10.4
Speech Disorders	7	3.6
AD	39	20.4
PTSD	3	1.5
OCD	3	1.5
Social phobia	2	1.0
MDD	16	8.3
Tic disorders	5	2.6
Enuresis	1	0.5
SLD	10	5.2
ID	8	4.1
Others	10	5.2
Status of psychiatric comorbidity		
Yes	49	23.2
No	162	76.8
Treatment method		
Follow-up	84	39.8
CBT	15	7.1
Pharmacotherapy	97	46.0
CBT+pharmacotherapy	15	7.1
Type of treatment used (n=112)		
Methylphenidate	69	61.6
antipsychotic	21	18.7
Atomoxetine	3	2.6
SSRI	22	19.6
Other	3	2.6

ADHD: attention deficit and hyperactivity disorder, AD: anxiety disorders, BD: behavioral disorders, MDD: major depressive disorder, ODD: oppositional defiant disorder, PTSD: post traumatic stress disorders, OCD: obsessive compulsive disorder, SLD: specific learning disorders, ID: Intellectual disability, CBT: Cognitive Behavioral Therapy, SSRI: Selective Serotonin Reuptake Inhibitor

Table 3. Distribution of patients' complaints and psychiatric diagnoses according to gender

	Girls (n=88)	Boys (n=123)	P value
Application complaint (%)			
Irritability	23 (26.1)	20 (16.3)	0.054
Attention defisit/hyperactivity	31 (35.2)	64 (52.0)	
Fear-anxiety	17 (19.3)	15 (12.2)	
Speech delay	3 (3.4)	9 (7.3)	
Other	14 (15.9)	15 (12.2)	
Psychiatric diagnosis status (%)			
Yes	79 (89.8)	112 (91.1)	0.754
No	10 (10.2)	11 (8.9)	
Psychiatric disorders, (n=79 vs 112) (%)			
ADHD	33 (41.7)	72 (64.2)	<0.001
ASD	0 (0.0)	9 (8.0)	
BD	6 (7.5)	14 (12.5)	
AD	23 (29.1)	16 (14.2)	
MDD	13 (16.4)	3 (2.6)	
Other	20 (25.3)	31 (27.6)	

ADHD: attention deficit and hyperactivity disorder, ASD: autism spectrum disorder, AD: anxiety disorders, BD: behavioral disorders, MDD: major depressive disorder

Psychiatric disorders were diagnosed in 89.8% of the girls and 91.1% of the boys ($p>0.05$). The diagnoses of AD and MDD in girls were statistically significantly higher than boys ($p<0.001$). The diagnoses of ADHD, autism spectrum disorders (ASD) and BD were found to be statistically significantly higher in boys than in girls ($p<0.001$). Other psychiatric disorders were not included in the statistical evaluation since they were found to be less in numbers in girls and boys.

DISCUSSION

In studies evaluating the patients who applied to the child and adolescent psychiatry outpatient clinic in Turkey, it was shown that 60.2%-66.9% of the patients were boys. In a study conducted in Tekirdağ in 2019, it was shown that the rate of boys was 58.2% (9). In a study conducted in Spain, it was found that 53.2% of the patients admitted to the child and adolescent psychiatry clinic were boys (10). In another study conducted in the USA, it was found that 60.8% of the patients were boys (11). In our study, it was found that boys (58.3%) were more common in patients who applied to our outpatient clinic. Our results support the literature in this respect. The reason for the high number of boys is thought to be that neurodevelopmental disorders such as ASD and ADHD are more common in boys than girls.

In a study conducted in Trabzon, it was reported that 6.42% of the patients who applied to the child and adolescent psychiatry outpatient clinic were only children (12). In another study conducted in İzmir, it was shown that 33.4% of the patients were only children (13). In another study conducted in Isparta, 20.4% of the patients were found to be an only child (14). In our study, it was found that 18.5% of the patients were only children. The reason for the differences between previous studies may be the different times, geographical regions and cultural structures of the studies.

In a study conducted in Trabzon, it was determined that 51% of the mothers and 52% of the fathers of the patients who applied to the child and adolescent psychiatry outpatient clinic were primary school graduates (12). In another study conducted in Isparta, it was shown that 47.8% of the mothers were primary school graduates and 57.4% of the fathers were high school and university graduates (14). In our study, it was determined that 37.4% of the mothers were primary school graduates and 36.7% of the fathers were high school graduates. The reason for this difference between the studies may be the socio-cultural characteristics of the provinces where the study was conducted and the time period in which the study was conducted.

Genetic transfer is at the forefront in the development of psychopathology in children with parental psychopathology. In addition, problematic parent-child relationship, parent conflict and early life stress increases and the risk of developing psychopathology in children increases. Children with psychopathology in their parents; neglect, risk of abuse, attachment problems, social, internal pulse/outdoor disorders, cognitive and physical problems are higher (15). As a result of our study, 42.2 % of the patients were diagnosed with psychopathology in their parents. The presence of psychiatric disorders in

parents may pose a risk for psychiatric disorders developing in childhood.

In a study evaluating patients who applied to the child and adolescent psychiatry outpatient clinic, the complaints at presentation were reported as irritability, attention deficit/hyperactivity, speech delay, and fear/anxiety, respectively (16). In our study, the most common complaints of patients who applied to our outpatient clinic for the first time were found to be attention deficit/hyperactivity and irritability. Our results are also compatible with the results of other studies conducted in Turkey (13,17,18).

The most common diagnoses of patients admitted to the child and adolescent psychiatry clinic were ADHD, behavioral disorders, adjustment disorders, depression and anxiety disorders (19). In another study, ADHD, depression and anxiety disorders were determined most frequently (11). In studies conducted in various regions of our country, it was determined that those who applied to the child and adolescent psychiatry clinic were most frequently diagnosed with ADHD (9,17,20). Similarly, in our study, ADHD was found to be the most common diagnosis in patients who applied to the child and adolescent psychiatry clinic. ADHD diagnosis is followed by AD, BD and MDD diagnoses, respectively. In this respect, our results are consistent with the literature.

In a study comparing the distribution of diagnoses between genders in patients who applied to a child and adolescent psychiatry clinic, it was reported that depression and anxiety disorders were more common in girls, and expression disorders such as ADHD, oppositional defiant disorder (ODD), and BD were more common in boys (21). In our study, the diagnosis of anxiety disorder and depression was higher in girls and ADHD in boys, which is consistent with the literature. However, when the patients who applied to the outpatient clinic were evaluated, it was found that ADHD was the most common diagnosis in both girls and boys. This result is compatible with the results of some studies conducted in Turkey. (17,20) In conclusion, it can be thought that the distribution of diagnosis in girls who applied to the child and adolescent psychiatry outpatient clinic started to change over time.

In a study conducted in our country evaluating the treatment methods used in patients who applied to the outpatient clinic, it was shown that the combination of psychotherapy and psychopharmacological treatments was the most frequently preferred method in the treatment of cases (9). In our study, psychopharmacological treatment was the most commonly used method. The reason why the psychotherapy method is used less is considered to be insufficient outpatient conditions, high patient density in our outpatient clinic, and limited time allocated to patients. The fact that our study is a retrospective file scan, therefore data loss cannot be avoided, that it is a cross-sectional study and covers a short period of two months prevents the results of our study from being generalizable. Since many different scales were used in the evaluation of the patients, the scales could not be evaluated. These situations constitute the limitations of our study.

CONCLUSION

In conclusion, in our study, it was found that males were more common than females in patients who applied to the child and adolescent psychiatry outpatient clinic. Psychiatric comorbidity was found in approximately one fourth of the patients. It has been shown that neurodevelopmental disorders such as ADHD and ASD are more common in boys. Although ADHD was diagnosed most frequently in girls, AD and MDD were shown to be more common than boys. It was determined that 14.2% of the patients had other known chronic diseases. For this reason, it is important that experts from different disciplines work in cooperation during the diagnosis and treatment process of the cases. Our findings will be beneficial in terms of revealing the most common symptoms and diagnoses according to gender in the child and adolescent psychiatry outpatient clinic and understanding the regional differences in organizing the services provided in the outpatient clinic.

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