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Adolescent psychopathology and adult health behaviors in long-term survivors of childhood cancer: Findings from the Childhood Cancer Survivors Study.

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Abstract:

Background: Psychological problems have been identified as important risk factors for poor health behavior in a variety of non-cancer populations. We report the association between adolescent psychopathology and future health behaviors in adult survivors of childhood cancer.

Methods: Study participants included 1,656 survivors of childhood cancer (50.8% female); 12-17 years old and ≥ 5 years post diagnosis at baseline assessment and 18-27 years of age at study follow-up. Parents provided medication information and ratings of psychopathology for adolescents at baseline, including symptoms of depression/anxiety, social withdrawal, inattention, and oppositional and antisocial behavior. Survivor self-report of health behavior was collected 6-10 years post baseline. Odds ratios (OR) were calculated comparing those with psychopathology to those without on outcomes of obesity, physical activity, smoking, and sunscreen use. Estimates were adjusted for cancer diagnosis, cancer therapy, sex, age, and history of special education.

Results: Adult obesity was associated with adolescent social withdrawal (OR 1.5, 95% CI 1.1-2.1) and adolescent use of stimulant medications (OR 1.9, 95% CI 1.1-3.2). Physical inactivity among adults was also associated with adolescent social withdrawal (OR 1.7, 95% CI 1.1-2.5) and to antidepressant use during adolescence (OR 3.2, 95% CI 1.2-8.2). These impacts on obesity and inactivity were above and beyond the risk associated with high body mass index at baseline. Stimulant medication use was associated with decreased likelihood of poor sunscreen use as an adult (OR 0.4, 95% CI 0.2-0.8). Adult smoking was associated with adolescent antisocial behavior (OR 2.6, 95% CI 1.6-4.2).

Conclusions: These results suggest that psychological problems in adolescence predict future health behavior in adult survivors of childhood cancer. Furthermore, psychopharmacologic therapy for such problems may increase risk for certain conditions, and decrease risk for others. Increased psychological screening and medication monitoring is warranted to reduce overall risk of poor outcomes.

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Author Disclosure Information: **K.R. Krull**, None; **S. Huang**, None; **M.M. Hudson**, None; **J.G. Gurney**, None; **D.K. Srivastava**, None; **J. Klosky**, None; **K.K. Ness**, None; **W. Leisenring**, None; **A. Termuhlen**, None; **L.L. Robison**, None.

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