Higher Offspring Mortality Risks With Maternal and Paternal Schizophrenia and Other Severe Mental Disorders: Elevated Risks Persist Beyond the Neonatal Period

Dear Editor:
We read with interest the recent article by Dr MV Seeman entitled Prevention Inherent in Services for Women with Schizophrenia,1 and noted citation of our national Danish cohort study on offspring mortality risk.2 In summarizing our findings, Dr Seeman states: “This increased mortality is apparent only in the neonatal period; after that, the death rate in children of schizophrenia mothers does not differ from that of the general population.” Unfortunately, this does not accurately represent our reported results. In our paper, we concluded that “there was no evidence that mortality risk among offspring of parents with schizophrenia and related disorders was significantly greater than that associated with all other parental psychiatric conditions.” We found no indication, however, that infants or young children whose parents have schizophrenia experience a mortality risk that is similar to that of the general population. Thus Table 3 of our paper shows the relative risk for children of mothers with schizophrenia or a related disorder was significantly elevated, compared with the general population aged 1 to 4 years (relative risk 2.27; 95% CI 1.25 to 4.11), and a similar significant effect size was also seen at these ages if the father was admitted with these disorders (relative risk 2.30; 95% CI 1.24 to 4.28; Table 4). Mortality risks were also elevated in the postneonatal period, albeit not significantly so.

On the basis of our findings, Dr Seeman recommends that “pre- and perinatal interventions are critical in this population.” We found evidence for higher mortality risk beyond the neonatal period in relation to a range of maternal and paternal disorders resulting in admission to a Danish psychiatric unit during the 1970s to the 1990s. These included major affective disorders and alcohol and (or) drug-related disorders, as well as schizophrenia and related disorders. Thus, while we would not disagree with Dr Seeman’s recommendation, we wish to draw attention to the need for heightened vigilance and support throughout infancy, childhood, and adolescence for families affected by various severe mental illnesses, in fathers as well as in mothers.

References


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Re: Higher Offspring Mortality Risks With Maternal and Paternal Schizophrenia and Other Severe Mental Disorders: Elevated Risks Persist Beyond the Neonatal Period

Dear Editor:
I am so glad that Dr Webb and his coworkers caught and corrected my mistaken interpretation of their findings. My reading of the literature led me to believe that children of parents with schizophrenia were at special risk of dying only during the postnatal period; however, that risk, quite evidently, continues in later years as well. Our experience in the Women’s Clinic for Psychosis was that children were at particular risk during the preschool period, when they had little contact with anyone other than their mothers. It is especially during this period that single mothers with schizophrenia need outreach, support, skill acquisition, and respite. But children of parents with serious mental illness, as Dr Webb and colleagues state, are a population at increased risk for developmental issues, poor health, social disadvantage, school problems, mental illnesses, and substance abuse throughout their lives. They may live with ill parents or in foster homes for much of their lives or with grandparents too overburdened to provide them with basic needs. Preventive work can and should be done with the children, with their parents, and with the extended family. These children need opportunities to grow strong and to make lasting friendships. This can be done not only in offices and clinics but in the home, in schools, in recreational and athletic facilities, in community centres, and in places of worship.

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