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Profil épidémiologique et clinique du trouble d'anxiété de séparation : série marocaine

Profil clinique du trouble d'anxiété de séparation

Epidemiological and Clinical Profile of Separation Anxiety Disorder: A Moroccan Case Series

Clinical profile of separation anxiety disorder

Perfil epidemiológico y clínico del trastorno de ansiedad por separación: serie de casos marroquí

Perfil clínico del trastorno de ansiedad de separación

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Abstract

Aim: The aim of this study is to describe the sociodemographic characteristics of patients, the most common clinical manifestations, the contextual and family factors recorded in medical records, as well as the associated psychiatric comorbidities in patients with separation anxiety disorder (SAD) treated at the Child Psychiatry Department of Mohammed VI Hospital in Marrakech between January 2024 and November 2026.
Methods: This is a retrospective descriptive study involving 50 patients treated for SAD in a child psychiatry department. Sociodemographic, medical history, family, perinatal, clinical and psychiatric data were collected from medical records.
Results: The mean age at diagnosis was 11.9 ± 3.0 years, with a slight predominance of males (54 per cent). The mean age of symptom onset was 7.1 ± 3.0 years, suggesting a considerable time lag between the onset of symptoms and diagnosis. Onset was predominantly gradual (98 per cent). Physical symptoms were the main reason for seeking medical attention (46 per cent), followed by difficulties at school or refusal to attend (20 per cent), highlighting the risk of a delay in diagnosis due to the somatic presentation of the disorder. A family history of psychiatric disorders was observed in 62 per cent of patients, mainly depressive (34 per cent) and anxiety disorders (22 per cent), with a predominance of maternal history. Family conflicts were reported in 44 per cent of cases and a recent stressful event in 72 per cent of cases. The history often revealed signs of insecure attachment, particularly difficulties in early mother-child bonding and early separation difficulties. Psychiatric comorbidity was observed in 66 per cent of patients, mainly in the form of a major depressive episode (36 per cent). The functional impact was mainly evident in the school and social spheres (64 per cent).
Conclusion: In our series, ASD presents as a disorder with early onset, with a slight male predominance and a significant impact on academic and social functioning. The high frequency of a family history of psychiatric disorders, particularly on the maternal side and predominantly of a depressive and anxious nature, underlines the importance of the family context in understanding the disorder. Evidence of insecure attachment also suggests the value of an approach that integrates relational and family dimensions. Finally, the predominance of physical symptoms as the reason for seeking medical advice highlights the need for greater awareness amongst primary care professionals regarding the somatic manifestations of SAD.

Keywords: Separation anxiety disorder; child psychiatry; clinical manifestations; family factors; psychiatric comorbidities.

Résumé

Objectif : Cette étude vise à décrire les caractéristiques sociodémographiques des patients, les manifestations cliniques les plus fréquentes, les facteurs contextuels et familiaux rapportés dans les dossiers médicaux, ainsi que les comorbidités psychiatriques associées chez les patients présentant un trouble d'anxiété de séparation (TAS), suivis au Service de Pédopsychiatrie de l'Hôpital Mohammed VI de Marrakech, de janvier 2024 à novembre 2026.
Méthodes : Il s'agit d'une étude rétrospective descriptive portant sur 50 patients suivis pour un TAS au sein d'un service de pédopsychiatrie. Les données sociodémo-

graphiques, anamnestiques, familiales, périnatales, cliniques et psychiatriques ont été recueillies à partir des dossiers médicaux.
Résultats : L'âge moyen au diagnostic était de 11,9 ± 3,0 ans, avec une légère prédominance masculine (54 %). L'âge moyen de début des symptômes était de 7,1 ± 3,0 ans, suggérant un délai important entre le début des symptômes et le diagnostic. Le mode de début était principalement progressif (98 %). Les symptômes physiques constituaient le principal motif de consultation (46 %), suivis des difficultés ou du refus scolaire (20 %), soulignant le risque d'un retard diagnostique lié à l'expression somatique du trouble. Des antécédents psychiatriques familiaux étaient retrouvés chez 62 % des patients, principalement des troubles dépressifs (34 %) et anxieux (22 %), avec une prédominance des antécédents maternels. Des conflits familiaux étaient rapportés dans 44 % des cas et un événement stressant récent dans 72 % des cas. Les données anamnestiques retrouvaient fréquemment des éléments en faveur d'un attachement insécure, notamment des difficultés dans les premiers liens mère-enfant et des difficultés de séparation précoce. Une comorbidité psychiatrique était retrouvée chez 66 % des patients, principalement sous la forme d'un épisode dépressif majeur (36 %). Le retentissement fonctionnel était principalement scolaire et social (64 %).
Conclusion : Dans notre série, le TAS apparaît comme un trouble débutant précocement, avec une légère prédominance masculine et un retentissement important sur le fonctionnement scolaire et social. La fréquence élevée des antécédents psychiatriques familiaux, particulièrement maternels et à dominante dépressive et anxieuse, souligne l'importance du contexte familial dans la compréhension du trouble. Les éléments en faveur d'un attachement insécure suggèrent également l'intérêt d'une approche intégrant les dimensions relationnelles et familiales. Enfin, la prédominance des symptômes physiques comme motif de consultation souligne la nécessité d'une meilleure sensibilisation des professionnels de première ligne aux manifestations somatiques du TAS.
Mots-clés : Trouble d'anxiété de séparation ; pédopsychiatrie ; manifestations cliniques ; facteurs familiaux ; comorbidités psychiatriques.

Resumen

Métodos: Se trata de un estudio descriptivo retrospectivo en el que se incluyó a 50 pacientes con TAS seguidos en un servicio de psiquiatría infantil y adolescente. Se recopilaron datos sociodemográficos, anamnésicos, familiares, perinatales, clínicos y psiquiátricos a partir de las historias clínicas.

Resultados: La edad media en el momento del diagnóstico fue de 11,9 ± 3,0 años, con un ligero predominio masculino (54 %). La edad media de aparición de los síntomas fue de 7,1 ± 3,0 años, lo que sugiere un retraso considerable entre la aparición de los síntomas y el diagnóstico. La aparición fue predominantemente progresiva (98 %). Los síntomas somáticos fueron el principal motivo de consulta (46 %), seguidos de las dificultades escolares o el rechazo escolar (20 %), lo que pone de relieve el riesgo de un diagnóstico tardío relacionado con la presentación somática del trastorno. Se informó de antecedentes psiquiátricos familiares en el 62 % de los pacientes, principalmente trastornos depresivos (34 %) y trastornos de ansiedad (22 %), con un predominio de antecedentes psiquiátricos maternos. Se notificaron conflictos familiares en el 44 % de los casos, mientras que se informó de un acontecimiento estresante reciente en el 72 %. Las historias clínicas revelaron con frecuencia

rasgos que sugerían un apego inseguro, en particular dificultades en el vínculo temprano entre madre e hijo y dificultades de separación tempranas. Se observó comorbilidad psiquiátrica en el 66 % de los pacientes, principalmente en forma de episodios depresivos mayores (36 %). El principal impacto funcional afectó al rendimiento escolar y al funcionamiento social (64 %).

Conclusión: En nuestra muestra, el trastorno de ansiedad por separación se presentó como un trastorno de inicio precoz, con un ligero predominio masculino y un impacto significativo en el rendimiento escolar y el funcionamiento social. La elevada frecuencia de antecedentes psiquiátricos familiares, especialmente los maternos y predominantemente trastornos depresivos y de ansiedad, pone de relieve la importancia del contexto familiar para comprender el trastorno. Las características que sugieren un apego inseguro respaldan aún más la relevancia de un enfoque que incorpore las dimensiones relacionales y familiares. Por último, el predominio de los síntomas somáticos como principal motivo de consulta subraya la necesidad de una mayor sensibilización entre los profesionales sanitarios de primera línea respecto a las manifestaciones somáticas del trastorno de ansiedad por separación.

Palabras clave: Trastorno de ansiedad por separación; Psiquiatría infantil y adolescente; Manifestaciones clínicas; Factores familiares; Comorbilidades psiquiátricas.

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Introduction

Separation anxiety disorder (SAD) is characterised by excessive and inappropriate fear or anxiety in response to separation from attachment figures. Whilst separation-related distress is a normal part of development, particularly during early childhood, its persistence or excessive intensity can hinder a child's daily functioning and development [1].

It is estimated that SAD accounts for 30.3 per cent of anxiety disorders in children and adolescents (2). However, data on differences in prevalence by sex remain conflicting (3,4). From a clinical perspective, somatic symptoms are frequently reported, particularly abdominal pain, headaches and nausea. These may be accompanied by sleep disturbances and separation-related nightmares (5).

Despite its potential impact on emotional, academic and social development, ASD remains relatively underdocumented in Moroccan child psychiatric populations. **The study of its sociodemographic, clinical, family and contextual characteristics is therefore of particular interest in order to better define the profile of affected children and improve diagnostic detection in our context.**

The aim of this study is to describe the sociodemographic and clinical profile of children and adolescents with ASD, the contextual and family factors described, as well as the associated psychiatric comorbidities.

Materials and methodology

- This is a retrospective descriptive study conducted at the child psychiatry department in Marrakech, covering patients who attended consultations

between January 2024 and November 2026 and who were diagnosed with separation anxiety disorder.

- Data were collected from patients' medical records using a pre-established data collection form. The variables studied included epidemiological characteristics, in particular sociodemographic data, the clinical characteristics of the disorder, as well as environmental factors and psychosocial and family history.
- The data collected were subjected to a descriptive analysis
- The data were processed whilst respecting patient confidentiality and anonymity.

Results

1. Sociodemographic characteristics

The study included 50 patients. The mean age at diagnosis was 11.9 ± 3.0 years, with a median of 12 years. The sample comprised 27 boys (54 per cent) and 23 girls (46 per cent). The majority of patients lived in urban areas, with 46 cases (92 per cent), compared with 4 patients (8 per cent) in rural areas.

With regard to schooling, 24 patients (48 per cent) were in lower secondary education, 17 (34 per cent) in primary education, 5 (10 per cent) in pre-primary education, 2 (4 per cent) in upper secondary education and 2 (4 per cent) were not in education.

In terms of birth order, the data provided indicated that 17 were the eldest, 10 were in the middle, 18 were the youngest and 5 were only children.

With regard to family circumstances, the data indicated that 45 patients had parents living together (90 per cent), 4 had parents who were separated or divorced (8 per cent) and 1 had lost one parent (2 per cent). Among parents living together, the marriage was described as conflictual in 19 cases (42.2 per cent) and non-conflictual in 26 cases (57.8 per cent).

2. Course of the pregnancy

A pregnancy was reported as having been difficult in 28 cases, whilst 22 pregnancies were not considered difficult. A significant event during pregnancy was also reported in 28 cases, compared with 22 cases in which no such event was noted.

The pregnancy was planned in 37 cases and unplanned in 13 **(Figure 1).**

Among the causes cited for the difficult pregnancy experience were marital conflicts in 13 cases, a maternal organic illness in 6 cases, risk of preterm birth in 3 cases and maternal depression in 3 cases. One case of preterm birth, one of acute foetal distress and one of abuse were reported.

Postnatal depression was reported in 11 cases. Difficulties in the early bonding between mother and child were observed in 28 cases, whilst difficulties with early separation were reported in 26 cases.

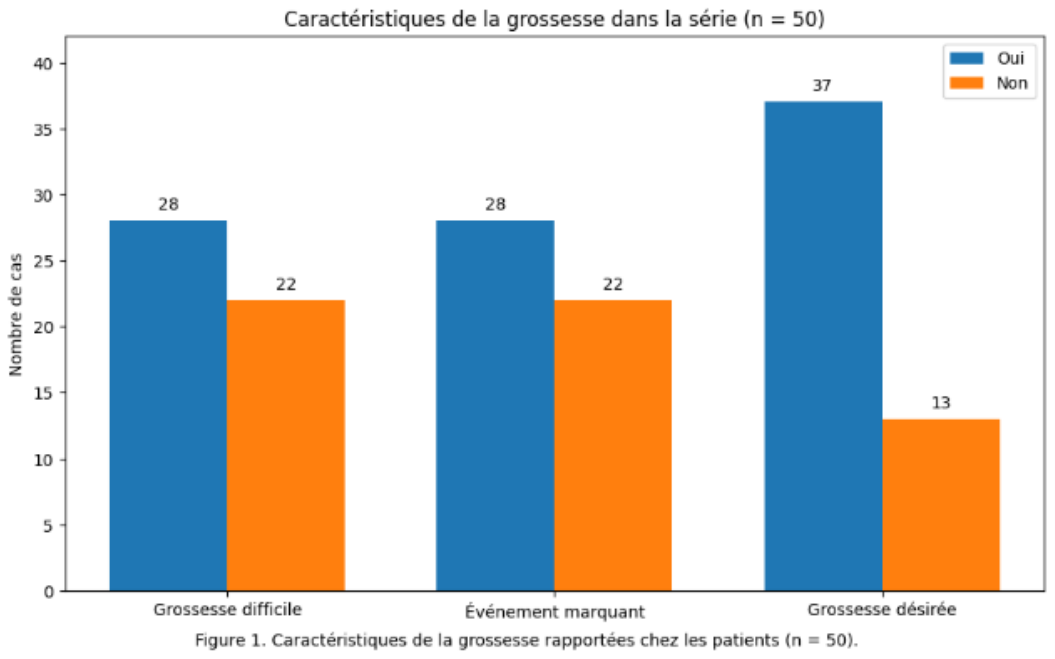


Figure 1. Caractéristiques de la grossesse rapportées chez les patients (n = 50).

3. History and contextual factors

- With regard to family psychiatric history, which was present in 31 patients (62 per cent), depressive disorders were recorded in 17 cases (34 per cent) and anxiety disorders in 11 cases (22 per cent). A functional neurological disorder was reported in a sibling in one case (2 per cent), whilst substance-use disorders were recorded in two cases (4 per cent).

- Overprotective parenting was observed in 11 patients (22.4 per cent). In contrast, this was not reported in 39 patients (77.6 per cent); relationship difficulties with the mother were instead due to instances of maternal neglect and abuse.

4. Clinical data

a. Characteristics of the disorder

The mean age of onset of the disorder was 7.1 ± 3.0 years, with a median of 6 years. Onset was gradual in 48 cases (98.0 per cent) and sudden in two cases (2.0 per cent).
The main reason for seeking consultation was physical symptoms in 23 cases (46 per cent), followed by difficulties at school or school refusal in 10 cases (20 per cent). Sleep disorders accounted for 5 cases (10 per cent). Functional disorders and behavioural disorders each accounted for 4 cases (8 per cent). Anxiety attacks and social difficulties each accounted for 2 cases (4 per cent), whilst other reasons affected 6 patients (12 per cent). (**Figure 2**)

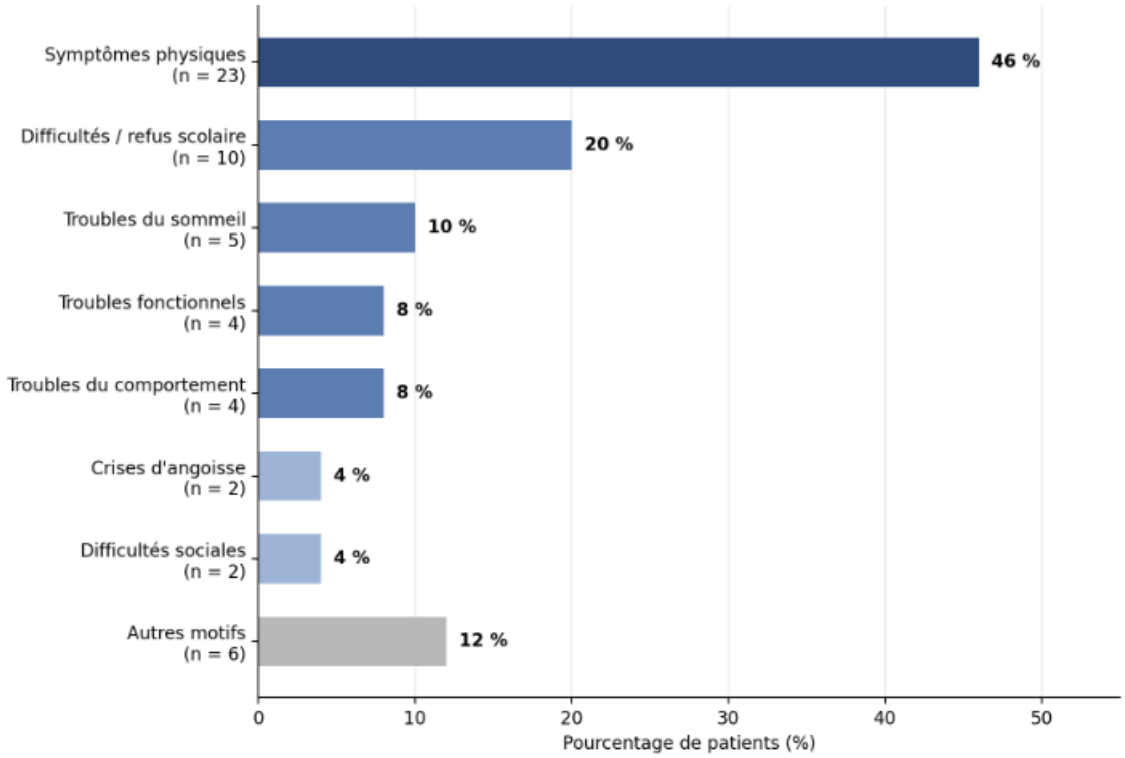


Figure 2. Répartition des principaux motifs de consultation (N = 50). Les effectifs sont indiqués entre parenthèses et les pourcentages sont calculés sur l'ensemble des patients.

b. Clinical manifestations

Fear of losing the attachment figure was observed in 72.7 per cent of patients. Difficulties sleeping without the attachment figure were observed in 15.9 per cent of patients. School refusal was reported in 9.1 per cent of cases, whilst fear of being left alone affected 2.3 per cent of patients. No separation-related nightmares were reported. (**Figure 3**)

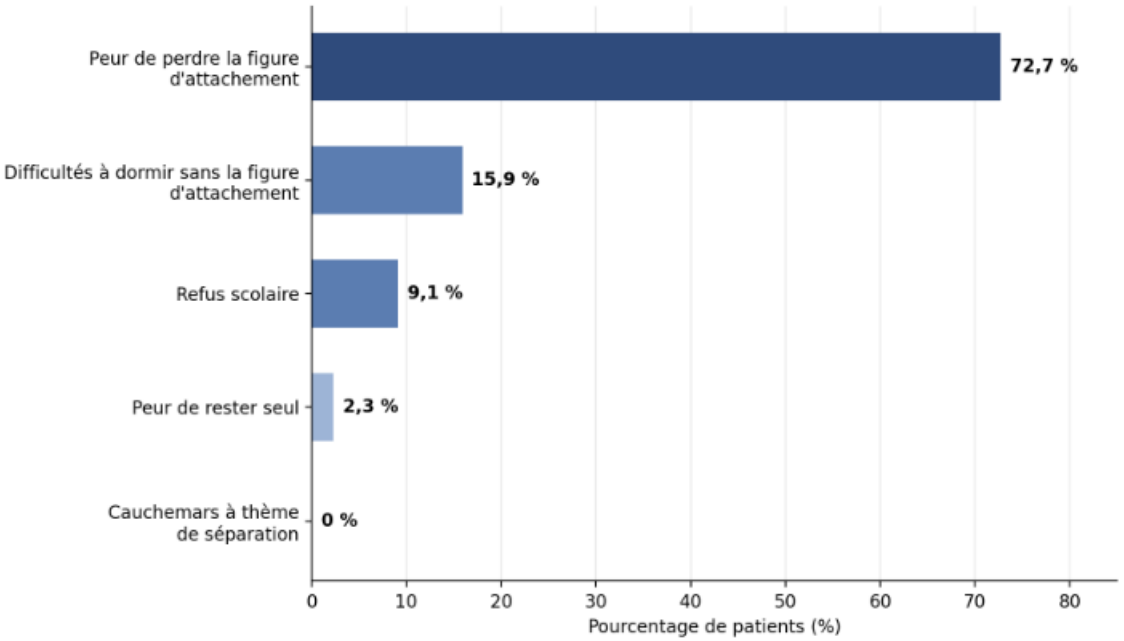


Figure 3. Répartition des manifestations de l'anxiété de séparation. Les résultats sont exprimés en pourcentage de patients.

c. Consequences

The repercussions were mainly academic and social and were recorded in 32 case files (64 per cent). A limitation in autonomy related to the anxiety syndrome was observed in 18 case files (36 per cent). **(Figure 4)**

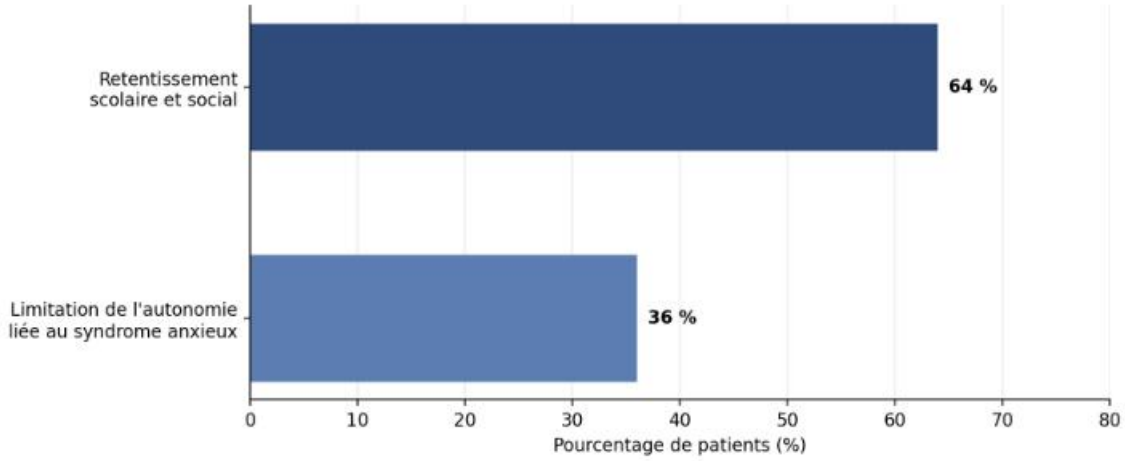


Figure 4. Répartition du retentissement du syndrome anxieux. Les résultats sont exprimés en pourcentage de patients.

5. Psychiatric comorbidities

A major depressive episode was associated with 18 cases (36 per cent). A continuum towards social anxiety disorder was reported in 5 cases (10 per cent). A neurodevelopmental disorder was detected in 6 patients (12 per cent), including an intellectual disability in 4 cases and a specific learning disorder in 2 cases.

No obsessive-compulsive disorder or conduct disorder was reported. Other psychiatric diagnoses were identified in 4 cases (8 per cent), including post-traumatic stress disorder in 3 cases and an adjustment disorder in one case. (**Figure 5**)

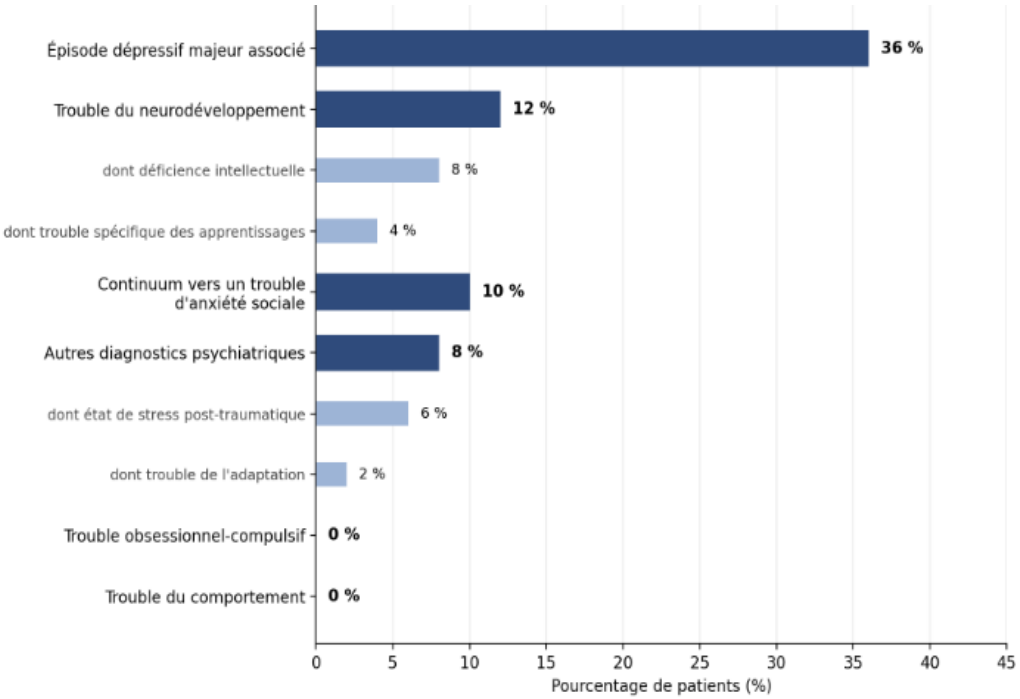


Figure 5. Répartition des comorbidités et diagnostics associés. Les résultats sont exprimés en pourcentage de patients ; les barres claires détaillent les sous-groupes.

Discussion

1. Age at onset / age at diagnosis

In our study, the mean age of onset of the disorder was 7.1 ± 3.0 years, with a median of 6 years, whilst the mean age at diagnosis was 11.9 ± 3.0 years, with a median of 12 years. The early onset of the disorder is consistent with data from the literature, in particular the meta-analysis by de Lijster et al., which highlights the early onset of separation anxiety disorder during development (25).

The observed difference between the age of onset and the age at diagnosis raises the question of a possible delay in detection. Several factors could contribute to this situation, in particular the clinical presentation, which is sometimes characterised primarily by somatic symptoms. Indeed, in children, anxiety disorders may manifest as headaches, abdominal pain, nausea, vomiting or sleep disturbances, without the child always being able to explicitly express their anxious concerns. In our series, physical symptoms were the main reason for consultation, accounting for 46 per cent of cases. This finding is consistent with the work of Crawley et al., who demonstrated, in 488 children and adolescents with various anxiety disorders, including GAD, the frequency of somatic complaints and their association with the severity of anxiety and functional impact (17). Furthermore, the work of Freidl et al. highlights that these manifestations may contribute to the underdiagnosis of anxiety disorders, as children are sometimes initially referred for a medical rather than a psychiatric assessment (26).

Thus, when somatic complaints constitute the main manifestation of the disorder, the underlying anxiety component may go unnoticed, which may lead to a potential misdiagnosis. However, our study does not allow us to conclude that somatic symptoms directly explain the observed difference between the age of onset and the age at the time of diagnosis. Nevertheless, these results highlight the im-

portance of investigating possible separation anxiety in the presence of recurrent physical complaints, following an appropriate medical assessment, particularly when these occur in the context of separation or are accompanied by difficulties at school and in social situations.

2. Gender

- With regard to gender, our series showed a slight male predominance, with 54 per cent boys compared with 46 per cent girls. This finding contrasts with certain general epidemiological data on anxiety disorders in children and adolescents, which indicate a female predominance, particularly from adolescence onwards (6). However, Mohammadi et al. found no significant differences in the prevalence of ASD by gender (7). This discrepancy could be explained, at least in part, by the characteristics of our sample, in particular its clinical selection and specific sociocultural context. Furthermore, the gradual increase in awareness of mental health in schools during the study period (2022–2024) may have led to better recognition of anxiety symptoms in children, including boys, and facilitated their referral to specialist centres. Thus, the gender distribution in our series does not allow us to conclude that ASD is predominantly male, but rather highlights the variability of reported findings across the populations studied.

3. Urban/rural setting

- In our cohort, the vast majority of patients lived in an urban setting (92 per cent). Although this distribution does not, on its own, allow us to conclude that there is a higher prevalence of ASD in urban settings, it is consistent with certain epidemiological data. Canino G (8) et al. noted, in particular, a significantly lower prevalence of ASD amongst children living in rural areas compared with those living in urban areas.
- Similarly, some epidemiological data on anxiety disorders suggest differences depending on the residential setting. These variations could be related to differences in lifestyle, exposure to stressors, family structures or even access to healthcare between urban and rural settings. (9)
- In our study, the high proportion of participants from urban areas could also reflect the characteristics of hospital-based recruitment and access to specialist care; therefore, it should not be interpreted as a difference in prevalence between the two settings.

4. Pregnancy outcomes:

- In our study, pregnancy was perceived as difficult in 56 per cent of cases, with marital conflicts being the main difficulty reported (26 per cent). These findings can be viewed in the context of research on maternal prenatal stress and the development of anxiety in children. Within the QF2011 cohort, an initial longitudinal study revealed an association between maternal difficulties related to the Queensland floods during pregnancy and increased anxiety symptoms in children at 4 years of age (10). Conversely, in the evalua tion carried out at 6 years of age, no significant association was found between maternal prenatal stress and anxiety symptoms in children (11). This difference depending on age could suggest that manifestations of anxiety evolve throughout development and that their expression depends on the interaction between early experiences and subsequent environmental factors.

5. Family psychiatric history

- In our study, a family history of psychiatric disorders was observed in 62 per cent of patients, suggesting significant familial vulnerability in children presenting with separation anxiety disorder.

This finding is consistent with the literature. Mohammadi et al (7) found a significant association between a history of psychiatric treatment in mothers and the presence of separation anxiety disorder in their children. Similarly, Sackl-Pammer et al. (12) described a high prevalence of anxiety and mood disorders among the parents of children with this disorder, with a maternal history of anxiety and mood disorders being prominent predictive factors. Kearney et al. (13) also observed a higher incidence of depression, OCD and psychological distress amongst the parents of these children.

This familial clustering may reflect the interaction of genetic, environmental and relational factors, as parental psychopathology can influence, in particular, the child's representations of security and separation. However, our study does not allow us to determine the respective proportions of these different mechanisms.

- In our study, the family psychiatric history mainly concerned the mother (21 cases), followed by members of the extended family. Thus, it was observed more frequently among first-degree relatives, particularly on the maternal side. This finding is consistent with the work of Mohammadi et al. (7) and Sackl-Pammer et al. (12), who highlight the association between parental psychopathology—particularly maternal psychopathology—and separation anxiety disorder in children. This predominance may reflect a multifactorial familial vulnerability, combining genetic and environmental factors.

6. Overprotection, maternal neglect

- In our study, maternal neglect, considered a form of child maltreatment, was observed in 77.6 per cent of patients, which constitutes a notable finding in our series. In their systematic review and meta-analysis, Gardner et al. (14) found a significant association between neglect during childhood and anxiety disorders (OR = 1.34; 95% CI: 1.09–1.65). The authors also emphasise that neglect remains a relatively understudied form of child maltreatment, despite its associations with various psychopathological manifestations (15). Furthermore, Arayici and Arayici (6) highlight the potential role of overprotective or controlling parenting styles and insecure attachment patterns in vulnerability to separation anxiety disorder. These findings suggest the importance of early relational experiences in the development of a child's sense of emotional security. However, our descriptive study does not allow us to establish a causal relationship between maternal neglect and separation anxiety disorder, nor to determine the patients' attachment patterns.

7. Reasons for consultation

- In our study, physical symptoms were the main reason for consultation, accounting for 46 per cent of cases, ahead of difficulties at school or school refusal (20 per cent). This predominance highlights the importance of somatic manifestations in the clinical presentation of separation anxiety disorder in children. This observation is consistent with the work of Verduin and Kendall (16), who described somatic manifestations associated with childhood anxiety disorders, in particular enuresis in the context of separation anxiety disorder. Similarly, Crawley et al. (17), in a study involving 488 children and adolescents presenting with various anxiety disorders, including separation anxiety disorder, frequently observed headaches, abdominal pain and sleep disturbances. The authors also demonstrated that the number and severity of physical symptoms were

associated with the severity of anxiety and with functional impairment. Furthermore, a systematic review focusing on school refusal highlighted that non-specific somatic symptoms, particularly abdominal pain, headaches and nausea, often constituted the initial complaints, with anxiety ranking among the most frequent aetiologies (18). A lack of awareness of the psychological dimension of these manifestations may delay referral to specialist care. Thus, physical symptoms can serve as a key gateway to the care pathway, which underscores the importance of investigating possible separation anxiety in the face of recurrent somatic complaints, following an appropriate medical assessment.

8. Clinical picture

- In our study, the fear of losing the attachment figure was the most frequently reported clinical manifestation, observed in 72.7 per cent of patients. This finding highlights the central role played by concerns relating to the loss of the attachment figure in the clinical presentation of separation anxiety disorder (SAD). This observation is consistent with the findings of Vossoughi et al. (19), who demonstrated, in a study involving 317 children and adolescents, that the 'fear of abandonment' dimension occupied a central place in the network of symptoms associated with a high level of separation anxiety.
- Furthermore, Cooper-Vince et al. (20), in a study involving 359 children attending clinics for anxiety disorders, analysed the diagnostic value of the eight main symptoms of SAS using item response theory. The authors observed that separation-related distress and the fear of being left alone in the absence of primary attachment figures exhibited the best discriminant properties and the lowest thresholds for manifestation. Conversely, concern about possible harm to attachment figures exhibited the lowest discriminant power, whilst separation-themed nightmares required the highest level of severity to be reported. These results highlight the heterogeneity of the clinical manifestations of ASD and suggest that the various symptoms do not contribute equally to its identification and diagnos . Taken together, these findings reinforce the importance of paying particular attention to manifestations that reflect separation-related distress and concerns about the loss of the attachment figure.

9. Personal and family implications

- In our study, the impact of separation anxiety disorder was primarily evident in the school and social spheres, as reflected in 64 per cent of cases, whilst in 36 per cent of cases a limitation in autonomy related to the anxiety syndrome was observed. These findings form part of the broader context of the functional impact of anxiety disorders in children and adolescents. In this regard, Dickson et al. (21), in a systematic review and meta-analysis encompassing 12 studies and 3,129 participants, demonstrated a significant impairment in daily functioning among young people with a clinical anxiety disorder, with an effect size of 3.23 in the meta-analysis of nine studies. The three studies assessing quality of life also indicated a significantly greater impairment in quality of life among these young people compared with their peers without an anxiety disorder. These findings underscore the importance of the impact of anxiety disorders on different spheres of life, particularly in school and social contexts.
- More specifically, in SAD, this impact may be accompanied by a restriction

of everyday activities and a loss of autonomy, linked to the child's difficulty in tolerating separation from their attachment figure. This observation is consistent with the work of Phillips et al. (22), who identified a SAD profile characterised by a significant functional impact, associated with a higher level of parental accommodation. This accommodation, which is particularly common in this disorder, consists of '' adjustments to parental behaviour aimed at reducing the child's distress. Although they provide immediate relief, these adjustments may contribute to maintaining anxiety and reinforcing dependence on the attachment figure, thereby limiting the development of autonomy.

10. Comorbidities

- In our study, psychiatric comorbidity was observed in 33 patients, representing 66 per cent of the sample. Major depressive disorder was the most common comorbidity, affecting 18 patients (36 per cent), followed by neurodevelopmental disorders in 6 patients (12 per cent) and the social anxiety disorder continuum in 5 patients (10 per cent). Among the neurodevelopmental disorders, an intellectual disability was observed in 4 cases and a specific learning disorder in 2 cases. Furthermore, post-traumatic stress disorder was reported in 3 patients and an adjustment disorder in one patient.
- The overall prevalence of comorbidities observed in our series is similar to that described by Mohammadi et al. (7), who found an association between separation anxiety disorder (SAD) and other psychiatric disorders in 65.3 per cent of cases. However, the comorbidity profiles differed between the two studies: specific phobia (19.3 per cent) and oppositional defiant disorder (16.4 per cent) were among the most frequent associations in the study by Mohammadi et al., whilst major depressive episode ranked first in our series. These differences could be explained, in particular, by the characteristics of the populations studied, the methods used to select participants and the diagnostic assessment methods.
- The prevalence of major depressive episodes in our series highlights the importance of the association between separation anxiety and depressive symptoms. In this regard, Zhang et al. (23), in a study of primary school pupils, reported that 12.2 per cent of participants met the criteria for depression. Pupils with separation anxiety were between 4.5 and 5 times more likely to suffer from depression than those without it (95% CI: 3.8–6.2). Mediation analyses suggested that maladaptive behaviours and adjustment difficulties partially contributed to this association, with stronger indirect effects observed in pupils at higher school levels. These results highlight the importance of early identification of adjustment difficulties in children with separation anxiety and suggest that associated depressive symptoms should be systematically screened for. However, comparisons should be made with caution, as this study examines the relationship between separation anxiety and depression in a school population, whilst our series focuses on patients seen in child psychiatry and identifies major depressive episodes.
- Furthermore, the work of Verduin and Kendall (16) emphasises that the distribution of comorbidities varies depending on the specific anxiety disorder being considered in the child. This observation suggests that the psychiatric associations specific to SAD should be examined, rather than

treating anxiety disorders as a homogeneous group.

- Finally, Dogan et al. (24) investigated the association between social anxiety disorder and SAD in adult patients, using various standardised instruments, including the Liebowitz Social Anxiety Scale, the SCID-II module on avoidant personality disorder, and the Beck Depression Inventory. The authors observed that patients presenting with both social anxiety disorder and SAD had higher rates of avoidant personality disorder, other lifetime anxiety disorders, panic disorder and current major depressive episodes than those presenting with social anxiety disorder alone. This association was also linked to more severe depressive symptoms and a higher number of suicidal ideations. Although this study focuses on an adult population and therefore does not allow for a direct comparison with our paediatric series, it highlights the importance of exploring depressive symptoms and other manifestations of anxiety in patients with SAD.

Limitations of the study

Our study has several limitations. Data collection from medical records carries the risk of missing or incomplete data, as well as heterogeneity in clinical information. The limited sample size (50 patients) and single-centre recruitment at a centre specialising in child psychiatry restrict the representativeness of the results and their generalisability to the general population. Furthermore, the absence of standardised scales limits the objectivity of the symptomatic assessment and comparability with other studies. Finally, the observational nature of the study does not allow causal relationships to be established between the factors studied and ASD. Prospective, multicentre studies with larger samples and utilising validated assessment tools would be necessary to explore these findings in greater depth.

Discussion

Separation anxiety disorder is a common problem in child psychiatry; its clinical presentation is particularly polymorphic and can have a significant impact on the functioning of children and adolescents. In our series, somatic symptoms were the predominant reason for consultation, whilst fear of losing the attachment figure was the most frequently described clinical manifestation. The academic and social repercussions, as well as the limitation of autonomy, further highlight the significant functional impact of this disorder.

Our findings also highlight the prevalence of familial and environmental vulnerability factors, in particular a family history of psychiatric disorders and experiences of maternal neglect. Although they do not establish a causal relationship, these observations underline the importance of a comprehensive assessment of the child, taking into account their developmental history, family environment and associated psychosocial factors.

The high prevalence of psychiatric comorbidities, particularly **major depressive episodes**, further emphasises the need for a systematic screening for associated disorders when assessing a child with separation anxiety disorder.

Thus, the early detection of separation anxiety disorder and the systematic assessment of its consequences and comorbidities are essential for providing appropriate treatment. Prospective studies, conducted with larger, multicentre samples, would allow for a more precise understanding of the factors associated with separation anxiety disorder, its course throughout develop-

ment, and the mechanisms involved in its consequences.

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