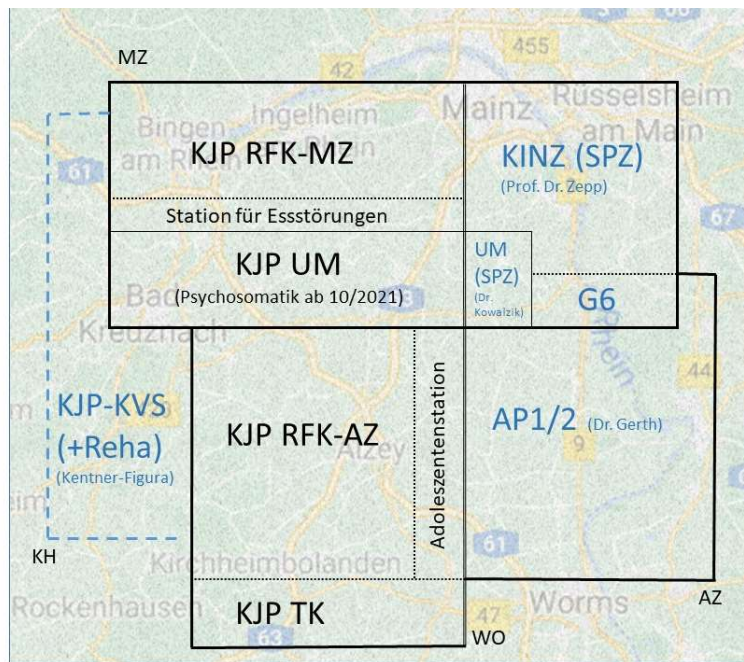




**NETZWERK KINDER- UND JUGENDPSYCHIATRIE:
HERAUSFORDERUNGEN FÜR DIE
AKTUELLE UND ZUKÜNFTIGE
VERSORGUNG**

Prof. Dr. med. Dipl.-Psych. Michael Huss
27.04.2022



Klinikleitung

Direktor der Klinik



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 Leiter der Sektion Pädiatrische Endokrinologie,
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Geschäftsführender Oberarzt



Dr. med. Frank Kowalzik, M. Sc.
Funktionen:
 Geschäftsführender Oberarzt,
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 AG Immunologie & Infektiologie
 Schwerpunkt: Infektionsepidemiolog
Qualifikationen:



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Funktionen: Direktor der Klinik
Qualifikationen: Facharzt für Kinder- und
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 ✉ michael.huss@unimedizin-mainz.de



Dr. med. Martin Schwind

Herzlich willkommen in der Klinik und Poliklinik für Kinderchirurgie der Universitätsmedizin Mainz

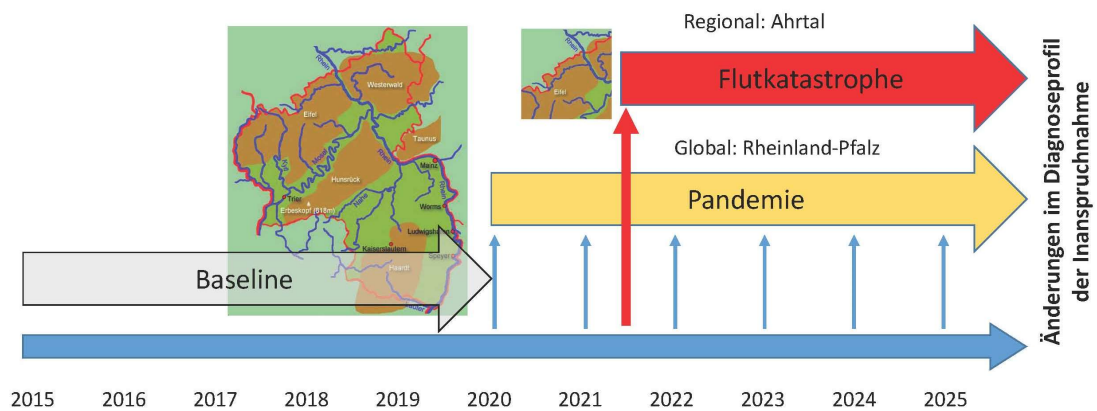
Sehr geehrte Patienten, liebe Eltern, Kinder und Besucher,
 ich darf Sie recht herzlich auf der Internetseite der Klinik und
 Poliklinik für Kinderchirurgie der Universitätsmedizin Mainz
 begrüßen.

Trotz der Zeit des Übergangs in eine neue Ära unserer Klinik
 sind wir weiterhin mit Leib und Seele für Sie da. Die einzige
 universitäre Kinderchirurgie in Rheinland-Pfalz gehört auch
 zukünftig zu den führenden minimal-invasiven
 kinderchirurgischen Kliniken in Deutschland. Gleichzeitig
 werden die Digitalisierung verschiedener Klinikprozesse und
 auch die Telemedizin stärker denn je eine Bedeutung finden,
 um die Klinik erfolgreich weiterzuentwickeln.

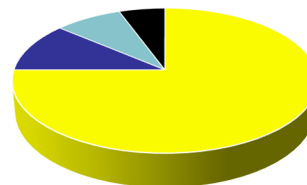
Stets steht dabei das Wohl unserer Patienten im Vordergrund. Ein wichtiger Partner
 unserer Klinik ist dabei nach wie vor der [Förderverein Sterntaler e.V.](#), der uns
 maßgeblich unterstützt, hier in Mainz Kinderchirurgie auf internationalem Niveau zu

infach nur Fragen haben,
 i uns in unsere Ambulanz
 Tel. 06131 17-4450).

Änderungen der kinder- und jugendpsychiatrische Inanspruchnahme unter globalen und regionalen Belastungsfaktoren



bystanders (75%)
bully/victims (11.2%)
victims (8.2%)
aggressors (5.6%)



■ bystanders ■ bully/victim
■ victims ■ aggressors

Antoniadou, N., Kokkinos, C. M., and Fanti, K. A. (2019). Traditional and cyber bullying/victimization among adolescents: Examining their psychosocial profile through latent profile analysis. *Int. J. Bullying Prevent.* 1, 85–98. doi: 10.1007/s42380-019-00010-0

Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic



COVID-19 Mental Disorders Collaborators*

Summary

Background Before 2020, mental disorders were leading causes of the global burden of disease. The COVID-19 pandemic created an environment where many determinants of poor mental health information on the mental health impacts of COVID-19 in a way that inform In this study, we aimed to quantify the impact of the COVID-19 pandemic on the prevalence of depressive disorder and anxiety disorders globally in 2020.

Methods We conducted a systematic review of data reporting the prevalence of depressive and anxiety disorders during the COVID-19 pandemic and published between Jan 1, 2020 and Jan 1, 2021. We used the assembled data in a meta-regression model to estimate the change from pre-pandemic prevalence of depressive and anxiety disorders between pre-pandemic and during the pandemic via COVID-19 impact indicators (human mobility, daily SARS-CoV-2 incidence, and daily deaths). We then used this model to estimate the change from pre-pandemic prevalence of depressive and anxiety disorders by age, sex, and location (latitude and longitude) via COVID-19 impact indicators (human mobility, daily SARS-CoV-2 incidence, and daily deaths) and disability weights to estimate years lived with disability and disability-adjusted life expectancy for depressive and anxiety disorders.

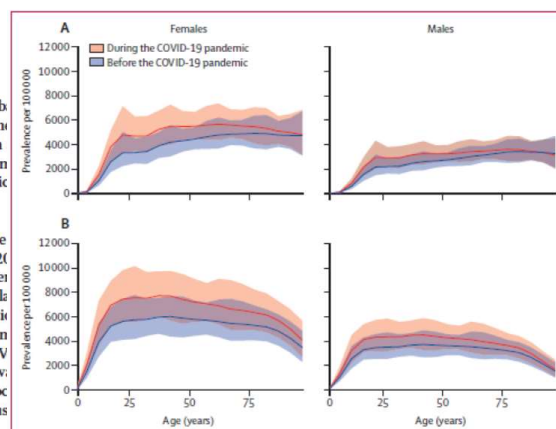


Figure 1: Global prevalence of major depressive disorder (A) and anxiety disorders (B) before and after adjustment for (ie, during) the COVID-19 pandemic, 2020, by age and sex

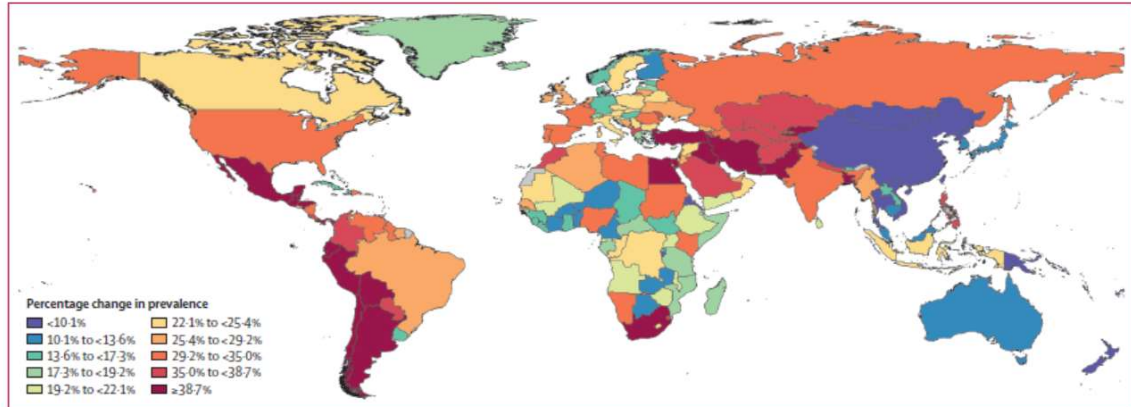


Figure 2: Change in the prevalence of major depressive disorder after adjustment for (ie, during) the COVID-19 pandemic, 2020

Santomauro et al. (2021). [https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7)

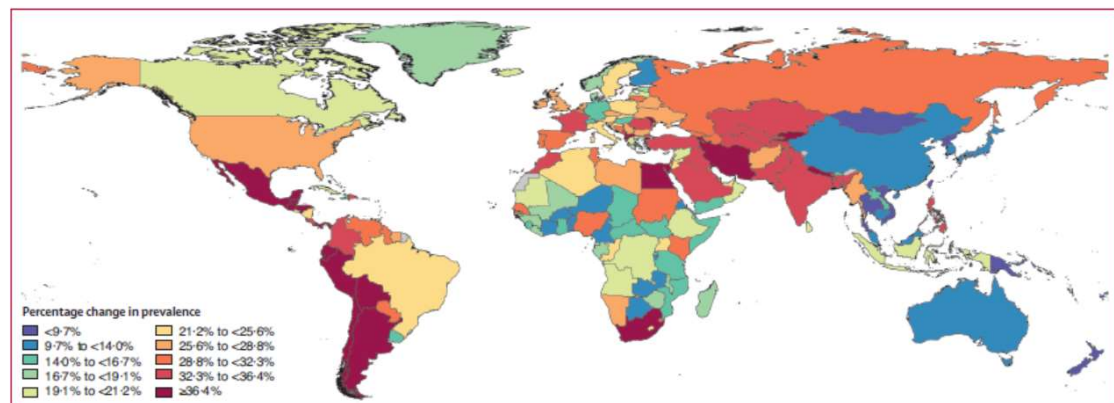


Figure 3: Change in the prevalence of anxiety disorders after adjustment for (ie, during) the COVID-19 pandemic, 2020

Santomauro et al. (2021). [https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7)

Santomauro et al. (2021).
[https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7)

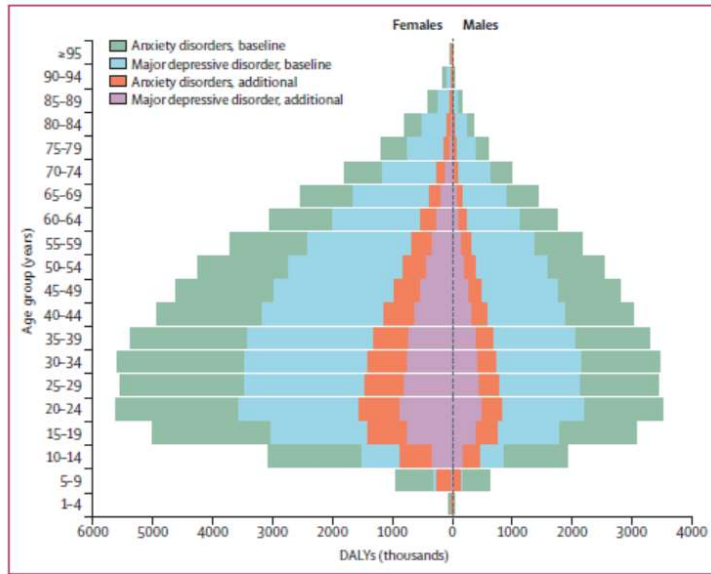
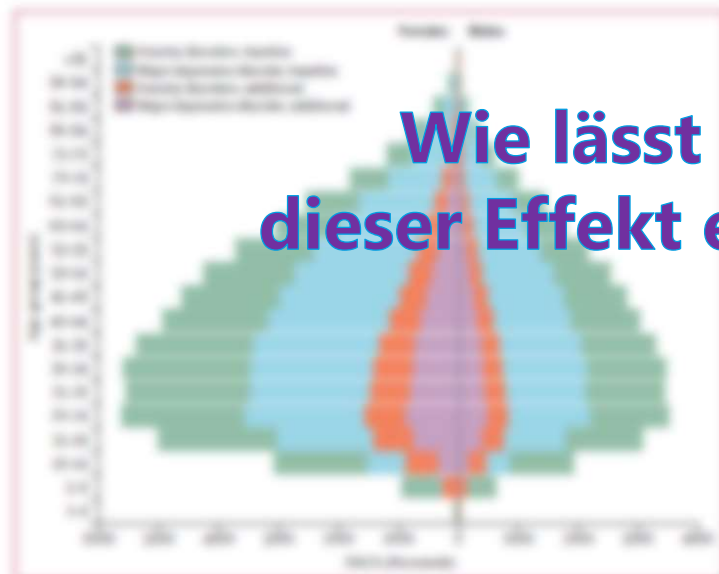


Figure 4: Global burden of major depressive disorder and anxiety disorders by age and sex, 2020
Baseline refers to pre-pandemic DALYs and additional refers to additional burden due to the COVID-19 pandemic.
DALYs=disability-adjusted life-years.

Santomauro et al. (2021).
[https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7)

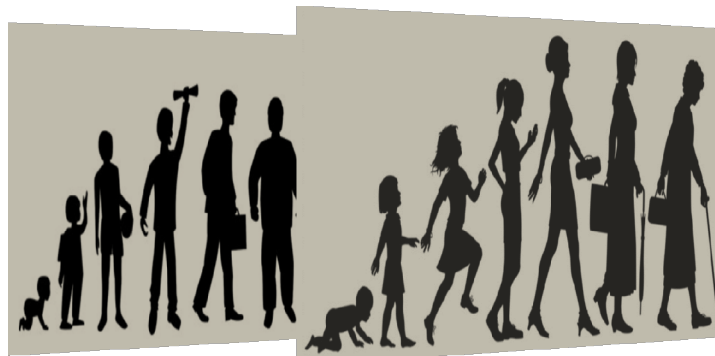


**Wie lässt sich
dieser Effekt erklären?**

Figure 4: Global burden of major depressive disorder and anxiety disorders by age and sex, 2020
Baseline refers to pre-pandemic DALYs and additional refers to additional burden due to the COVID-19 pandemic.
DALYs=disability-adjusted life-years.

Biologie
M > W

Gesellschaft
W > M



JAMA Psychiatry | Original Investigation

Emergency Department Encounters Among Youth With Suicidal Thoughts or Behaviors During the COVID-19 Pandemic

Kathryn K. Ridout, MD, PhD; Mubarika Alavi, MS; Samuel J. Ridout, MD, PhD; Maria T. Koshy, MD;
Sameer Awsare, MD; Brooke Harris, PhD; David R. Vinson, MD; Constance M. Weisner, DrPH;
Stacy Sterling, DrPH, MSW, MPH; Esti Iturralde, PhD

+ Supplemental content

IMPORTANCE Population-level reports of suicide-related emergency department (ED) encounters among youth during the COVID-19 pandemic are lacking, along with youth characteristics and preexisting psychiatric service use.

OBJECTIVE To characterize population-level and relative change in suicide-related ED encounters among youth during the COVID-19 pandemic compared with 2019.

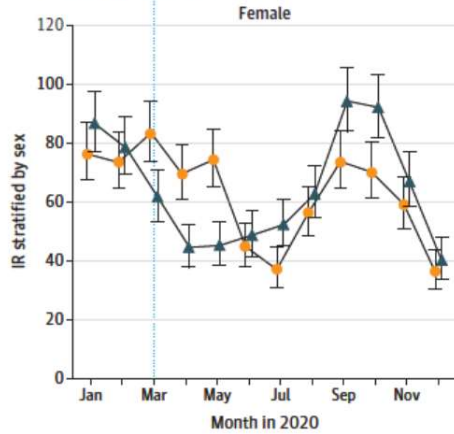
DESIGN, SETTING, AND PARTICIPANTS This cross-sectional study evaluated ED encounters in 2019 and 2020 at Kaiser Permanente Northern California—a large, integrated, community-based health system. Youth aged 5 to 17 years who presented to the ED with suicidal thoughts or behaviors were included.

Ridout et al. (2021). *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2021.2457

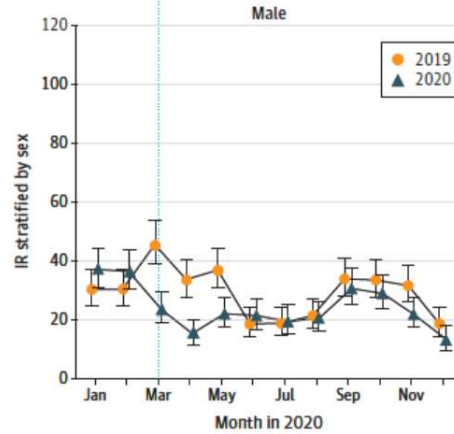
Ridout et al. (2021). *JAMA Psychiatry*.
doi:10.1001/jamapsychiatry.2021.2457

C Incidence of ED encounters by sex

March 16: first shelter-in-place orders in Northern California



March 16: first shelter-in-place orders in Northern California



Received: 24 April 2019 | Revised: 13 August 2019 | Accepted: 18 September 2019
DOI: 10.1002/hbm.24809

RESEARCH ARTICLE

WILEY

Sex differences in brain connectivity and male vulnerability in very preterm children

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Cecil M. Y. Chau^{4,5} | Alexander Moiseev² | Urs Ribary^{2,5,6} | Ruth E. Grunau^{4,5} |
Sam M. Doesburg^{1,2}

¹Department of Biomedical Physiology and Kinesiology, Simon Fraser University, Burnaby, British Columbia, Canada

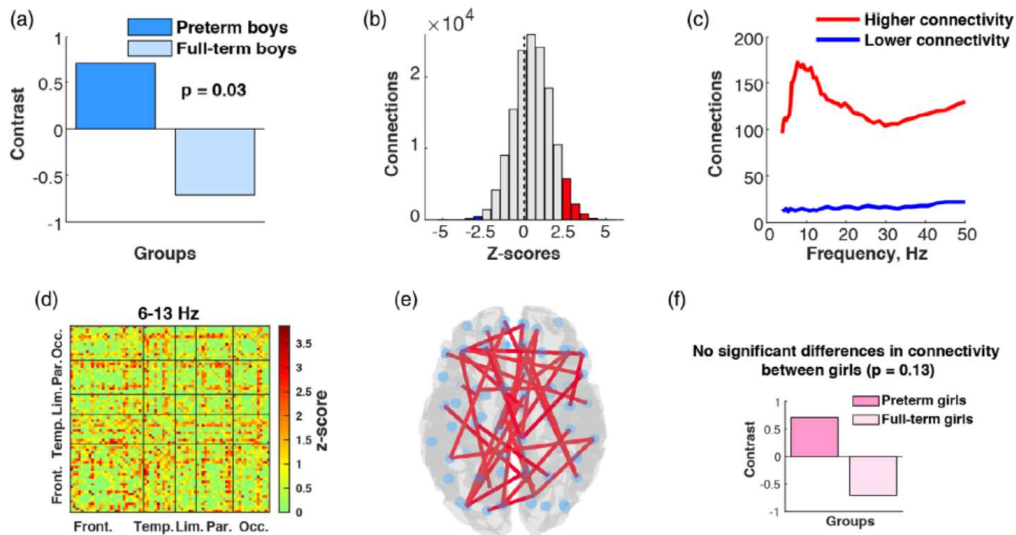
²Behavioral & Cognitive Neuroscience Institute, Simon Fraser University, Burnaby, British Columbia, Canada

³Fraser Health, British Columbia Health Authority, Surrey, British Columbia, Canada

⁴Pediatrics Department, University of British Columbia, Vancouver, British Columbia

Abstract

Evidence indicates better cognitive and behavioral outcomes for females born very preterm (≤ 32 weeks gestation) compared to males, but the neurophysiology underlying this apparent resiliency of the female brain remains poorly understood. Here we test the hypothesis that very preterm males express more pronounced connectivity alterations as a reflection of higher male vulnerability. Resting state MEG recordings, neonatal and psychometric data were collected from 100 children at age 8 years.



Kozhemiako et al. (2020). *Hum Brain Mapp.* 2020;41:388–400.

COPSY-Studie (1)

European Child & Adolescent Psychiatry
<https://doi.org/10.1007/s00787-021-01726-5>

ORIGINAL CONTRIBUTION



Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany

Ulrike Ravens-Sieberer¹ · Anne Kaman¹ · Michael Erhart^{1,2,3} · Janine Devine^{1,4} · Robert Schlack⁵ · Christiane Otto¹

Received: 29 October 2020 / Accepted: 16 January 2021
© The Author(s) 2021

Abstract

The COVID-19 pandemic has caused unprecedented changes in the lives of 1.6 billion children and adolescents. First non-representative studies from China, India, Brazil, the US, Spain, Italy, and Germany pointed to a negative mental health impact. The current study is the first nationwide representative study to investigate the impact of the COVID-19 pandemic on health-related quality of life (HRQoL) and mental health of children and adolescents in Germany from the perspective of children themselves. A representative online survey was conducted among $n = 1586$ families with 7- to 17-year-old children and adolescents between May 26 and June 10. The survey included internationally established and validated instruments

COPSY-Studie (2)

Table 4 Mental health impact of COVID-19 measures on children and adolescents

	Constant	Age	Female	Age*female	Education	Migration back-ground	During vs. before pandemic	Adjusted R ²
	B coeff (95% CI)	B coeff (95% CI)	B coeff (95% CI)	B coeff (95% CI)	B coeff (95% CI)	B coeff (95% CI)	B coeff (95% CI)	
HRQoL ^a	51.74 (47.31;56.16)	0.08 (-0.22;0.37)	8.72 (2.96;14.48)	-0.72 (-1.11;-0.32)	-0.00 (-0.18;0.17)	-1.03 (-2.11;0.05)	-6.51 (-7.28;-5.74)	0.142
Mental health problems (total) ^b	14.01 (12.71;15.31)	-0.33 (-0.42;-0.24)	-2.39 (-3.96;-0.82)	0.11 (-0.02;0.23)	-0.35 (-0.44;-0.25)	0.69 (0.13;1.25)	2.18 (1.78;2.59)	0.105
Emotional symptoms ^b	3.18 (2.71;3.65)	-0.10 (-0.14;-0.07)	-0.65 (-1.22;-0.08)	0.08 (0.04;0.13)	-0.07 (-0.10;-0.03)	0.13 (-0.08;0.33)	0.13 (-0.02;0.27)	0.028
Conduct problems ^b	3.16 (2.79;3.52)	-0.08 (-0.11;-0.06)	-0.69 (-1.13;-0.24)	0.03 (-0.01;0.06)	-0.05 (-0.08;-0.03)	0.14 (-0.02;0.29)	0.42 (0.30;0.53)	0.063
Hyperactivity ^b	6.40 (5.88;6.92)	-0.18 (-0.22;-0.15)	-1.01 (-1.64;-0.39)	0.01 (-0.04;0.06)	-0.16 (-0.20;-0.12)	0.19 (-0.04;0.41)	0.80 (0.64;0.96)	0.161
Peer problems ^b	1.28 (0.87;1.69)	0.04 (0.01;0.07)	-0.05 (-0.54;0.45)	-0.01 (-0.05;0.02)	-0.07 (-0.10;-0.04)	0.24 (0.07;0.42)	0.84 (0.71;0.97)	0.079
Generalized anxiety ^a	4.22 (2.59;5.86)	.00 (-0.11;0.11)	-0.64 (-2.87;1.59)	0.15 (-0.01;0.30)	-0.00 (-0.08;0.07)	0.11 (-0.38;0.60)	0.64 (0.32;0.95)	0.041

CI confidence interval, HRQoL health-related quality of life, significant effects are indicated in bold face

^aSelf-reported data (11- to 17-year-olds)

^bParent-reported data (7- to 17-year-olds)

COPSY-Studie (2)

European Child & Adolescent Psychiatry
<https://doi.org/10.1007/s00787-021-01889-1>

ORIGINAL CONTRIBUTION



Quality of life and mental health in children and adolescents during the first year of the COVID-19 pandemic: results of a two-wave nationwide population-based study

Ulrike Ravens-Sieberer¹ · Anne Kaman¹ · Michael Erhart^{1,2,3} · Christiane Otto¹ · Janine Devine^{1,4} · Constanze Löffler¹ · Klaus Hurrelmann⁵ · Monika Bullinger⁶ · Claus Barkmann¹ · Nico A. Siegel⁷ · Anja M. Simon⁷ · Lothar H. Wieler⁸ · Robert Schlack⁹ · Heike Hölling⁹

Received: 10 May 2021 / Accepted: 29 September 2021
© The Author(s) 2021

Abstract

Background The COVID-19 pandemic has disrupted the lives of children and adolescents worldwide. The German COPSY study is among the first population-based longitudinal studies to examine the mental health impact of the pandemic. The objective of the study was to assess changes in health-related quality of life (HRQoL) and mental health in children and adolescents and to identify the associated risk and resource factors during the pandemic.

COPSY-Studie (2)

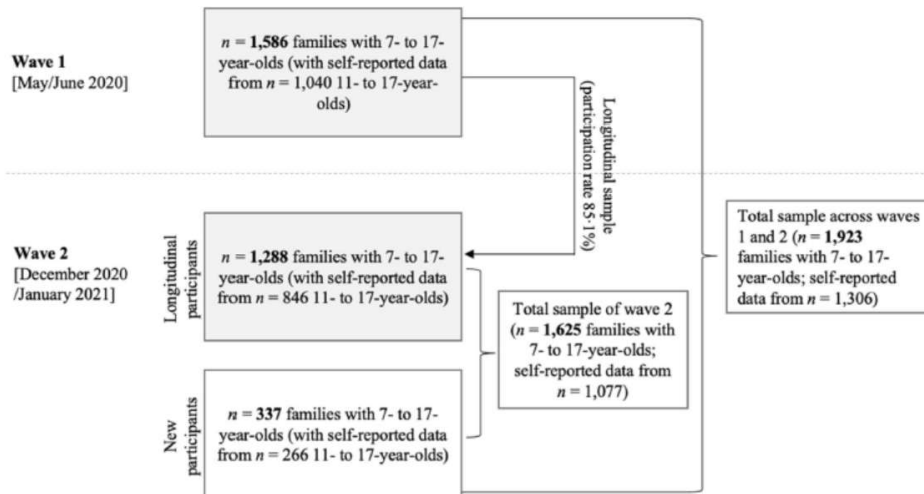
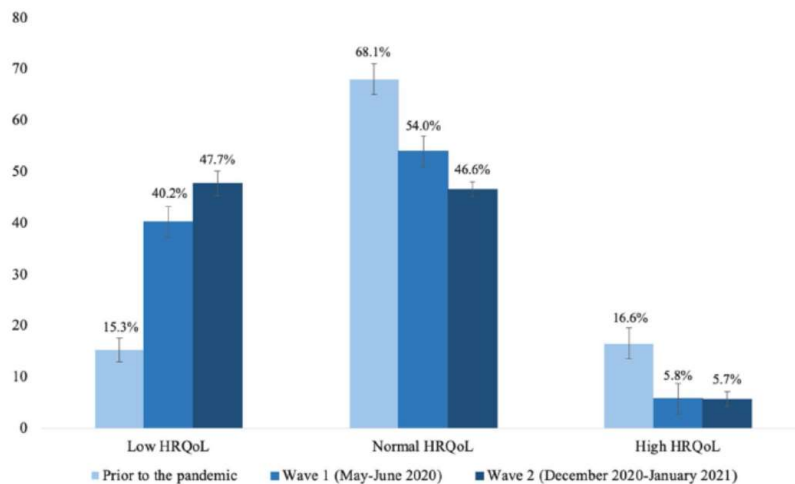
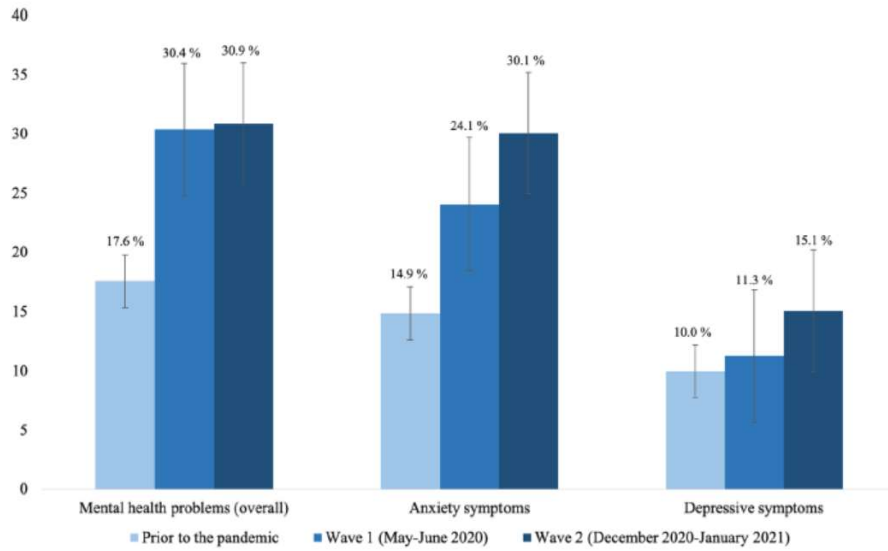


Fig. 1 Numbers of participating families, children and adolescents in wave 1 and wave 2 of the COPSY study

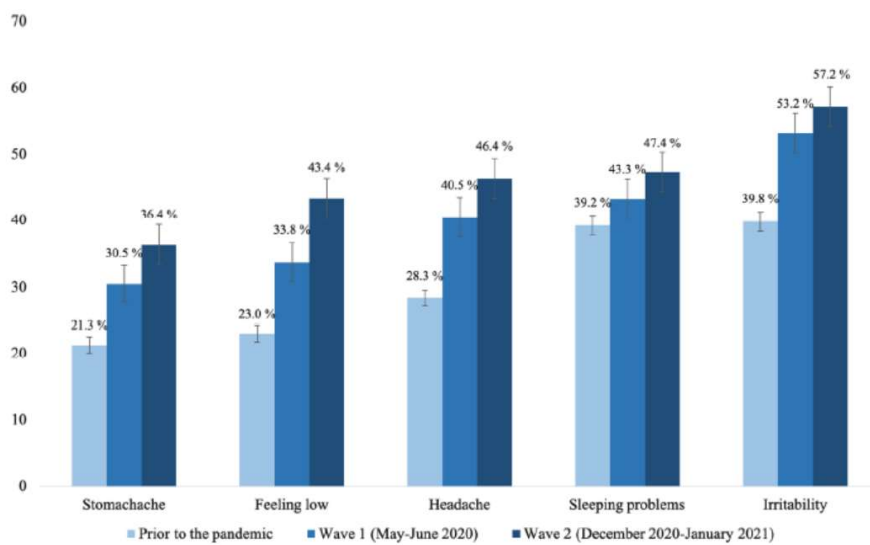
COPSY-Studie (2)



COPSY-Studie (2)



COPSY-Studie (2)



Internet-use / ADHD

Journal of Neural Transmission
<https://doi.org/10.1007/s00702-021-02332-0>

PSYCHIATRY AND PRECLINICAL PSYCHIATRIC STUDIES - ORIGINAL ARTICLE



Impact of the COVID-19 lockdown on screen media use in patients referred for ADHD to child and adolescent psychiatry: an introduction to problematic use of the internet in ADHD and results of a survey

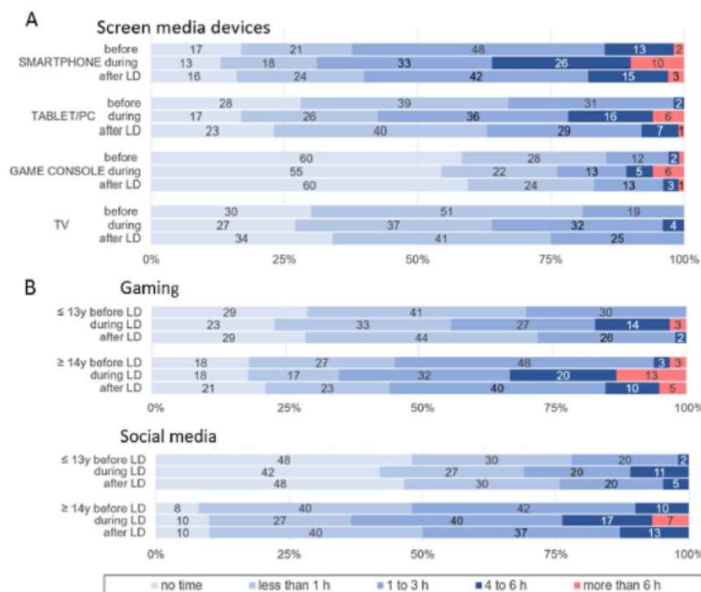
Anna Maria Werling¹ · Susanne Walitza^{1,2} · Renate Drechsler¹

Received: 30 November 2020 / Accepted: 25 March 2021
 © The Author(s) 2021

Abstract

The COVID-19 outbreak and lockdown have been associated with multiple consequences for mental health, including an excessive and potentially harmful increase in screen media use. The specific consequences for children, adolescents and young adults with ADHD are still unknown. In the first part of this study, a short review of problematic use of the internet (PUI) in ADHD is presented, showing that patients with ADHD are at risk for different aspects of PUI, such as excessive gaming or problematic social media use. In the second part, we report original data of an online survey on screen media use before, during and after the lockdown completed by parents of children and adolescents clinically referred for ADHD. Parents rated children's/adolescents' media-related behavior and media time on a new screening questionnaire for PUI. Each item was rated three times, referring to the observed behavior before, during and 1–2 months after the lockdown. $N = 126$ parents of patients referred for ADHD aged 10–18 years participated in the study. Total media time increased by 46% during the lockdown and did not completely return to pre-Corona levels afterwards. Patients with difficulties concentrating, high inattention or deterioration of ADHD problems under lockdown spent more time with screen media than those with stable

Internet-use / ADHD





Clinical Toxicology

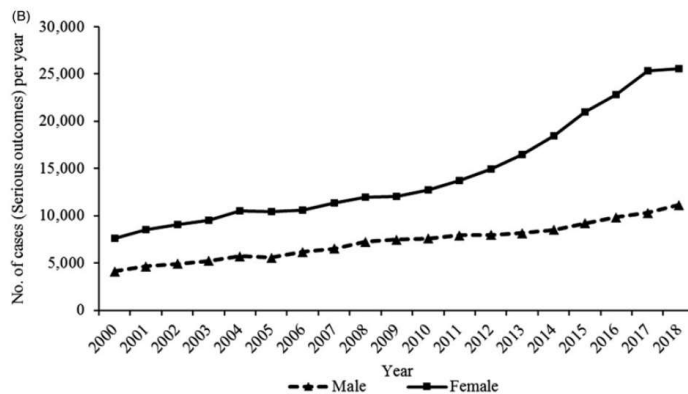


ISSN: 1556-3650 (Print) 1556-9519 (Online) Journal homepage: <https://www.tandfonline.com/loi/ctx20>

Suicide attempts by self-poisoning in the United States among 10–25 year olds from 2000 to 2018: substances used, temporal changes and demographics

Henry A. Spiller, John P. Ackerman, Gary A. Smith, Sandhya Kistangari, Alexandra R. Funk, Michael R. McDermott & Marcel J. Casavant

Spiller et al. (2019): Suicide attempts by self-poisoning in the United States among 10–25 year olds from 2000 to 2018: substances used, temporal changes and demographics, Clinical Toxicology, DOI: 10.1080/15563650.2019.1665182



Annual trends of serious medical outcome by (A) age group and (B) gender.

Spiller et al. (2019): Suicide attempts by self-poisoning in the United States among 10–25 year olds from 2000 to 2018: substances used, temporal changes and demographics, Clinical Toxicology, DOI: 10.1080/15563650.2019.1665182

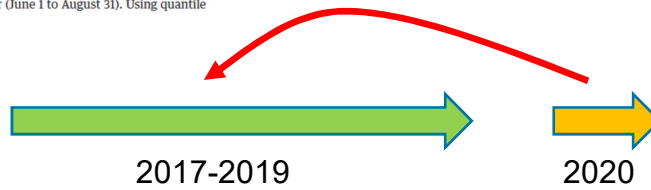
Reasons for Admissions to US Children's Hospitals During the COVID-19 Pandemic

Measures to mitigate the COVID-19 pandemic affected children's access to health services and their physical and mental health. Reductions in hospitalizations for children occurred in 2020 compared with prior years.¹ Little is known about the reasons for the decline and whether it varied by patient characteristics.

Children's hospitals provide inpatient care for the most diverse, high-severity, and complex illnesses² and are located in large urban areas, which were particularly affected by COVID-19 outbreaks. Centralization of pediatric inpatient care into children's hospitals was urged to free beds in non-children's hospitals for adult COVID-19 patients. We compared hospitalizations in US children's hospitals before and during the pandemic.

Methods | We conducted a retrospective study of admissions for children aged 0 to 18 years in 42 US freestanding children's hospitals in the Pediatric Health Information System database. Admissions were categorized by spring (March 15 to May 31) and summer (June 1 to August 31). Using quantile

42 US-Kinderkliniken;
Alter 0-18 Jahre
Vergleich der wöchentlichen
Einweisungsraten
mittels Quantilen-Regression
Gesamt: n = 1.699.911



Gill et al. (2021). JAMA April 27, 2021 Volume 325, Number 16

Condition-specific admissions	median (IQR)		Adjusted change, % (95% CI) ^a	P value	median (IQR)		Adjusted change, % (95% CI) ^a	P value
	2017-2019	2020			2017-2019	2020		
Respiratory conditions								
Viral infection	122 (110-133)	47 (39-60)	-70.8 (-90.3 to -51.3)	<.001	120 (104-131)	62 (55-64)	-61.1 (-75.0 to -47.2)	<.001
Respiratory failure	296 (253-464)	87 (85-136)	-167.7 (-205.9 to -129.6)	<.001	188 (148-225)	94 (87-97)	-93.6 (-125.2 to -62)	<.001
Pneumonia	352 (304-405)	71 (53-126)	-82.8 (-112.1 to 53.5)	<.001	192 (158-220)	42 (40-47)	-84.1 (-108.6 to 59.7)	<.001
Bronchiolitis	456 (373-553)	26 (15-121)	-121.8 (-159.8 to 83.9)	<.001	174 (145-218)	24 (13-27)	-98.6 (-143.5 to -53.6)	.001
Asthma	577 (528-630)	59 (51-73)	-79.4 (-91.6 to -67.1)	<.001	261 (219-341)	80 (55-98)	-68.1 (-105.2 to -31.1)	.01
Chronic conditions								
Diabetic ketoacidosis	125 (114-135)	132 (105-139)	3.2 (-19.9 to 26.3)	>.99	138 (125-146)	150 (142-162)	-0.7 (-13.5 to 12.0)	>.99
Suicide/intentional injury	139 (122-159)	116 (112-122)	-14.4 (-36.1 to 7.3)	.98	93 (87-102)	109 (93-128)	11.8 (-10.8 to 34.5)	.99
Major depressive disorder	238 (215-253)	128 (113-140)	-52.5 (-64.1 to -41)	<.001	156 (140-175)	143 (132-167)	-20.6 (-45.6 to 4.5)	.89
Epilepsy	586 (561-606)	300 (239-373)	-48 (-64.9 to -31.1)	<.001	596 (573-612)	500 (471-525)	-14.8 (-22.3 to -7.3)	.004
Sickle cell crisis	97 (86-113)	52 (43-58)	-50 (-72.3 to -27.7)	.001	84 (74-92)	66 (54-77)	-36.3 (-57.1 to -15.5)	.02
Nonrespiratory infections								
Appendicitis	340 (322-350)	296 (271-333)	-12.5 (-26.1 to 1.1)	.77	342 (322-352)	351 (321-367)	-1.8 (-10.5 to 7)	>.99
Septicemia	136 (102-157)	107 (99-114)	-65.4 (-87.7 to -43.1)	<.001	118 (101-134)	116 (98-129)	-32.3 (-54.2 to -10.5)	.09
Urinary tract infection	145 (136-156)	106 (89-112)	-26 (-42.4 to -9.5)	.05	152 (137-162)	138 (129-145)	-14.5 (-28.7 to -0.2)	.62
Cellulitis	221 (211-239)	120 (111-142)	-45.4 (-58.1 to -32.6)	<.001	250 (237-265)	175 (155-184)	-25.9 (-34.8 to -16.9)	<.001
Gastroenteritis	459 (413-507)	154 (138-179)	-81.8 (-101.7 to -61.8)	<.001	361 (329-391)	222 (210-228)	-55 (-64.6 to -45.4)	<.001
Other conditions								

Gill et al. (2021): JAMA April 27, 2021 Volume 325, Number 16

Ketoacidosis in Children and Adolescents With Newly Diagnosed Type 1 Diabetes During the COVID-19 Pandemic in Germany

During the coronavirus disease 2019 (COVID-19) pandemic, a significantly lower rate of health care use has been reported, potentially leading to delayed medical care.¹ Diabetic ketoacidosis is an acute life-threatening complication of a delayed diagnosis of type 1 diabetes.² We investigated the frequency of diabetic ketoacidosis in children and adolescents

Kamrath et al. (2020) JAMA August 25, 2020 Volume 324, Number 8

Characteristics	No. (%)		
	March 13 to May 13, 2020 (n = 532)	March 13 to May 13, 2019 (n = 503)	March 13 to May 13, 2018 (n = 456)
Age at diagnosis, median (IQR), y	9.9 (5.8-12.9)	9.1 (5.5-12.6)	9.7 (5.8-13.2)
Sex			
Male	327 (61.5)	263 (52.3)	254 (55.7)
Female	205 (38.5)	240 (47.7)	202 (44.3)
Age groups, y			
<6	135 (25.4)	147 (29.2)	120 (26.3)
6-11	232 (43.6)	211 (42.0)	186 (40.8)
12-18	165 (31.0)	145 (28.8)	150 (32.9)
Immigrant background ^a	147 (27.6)	127 (25.2)	115 (25.2)
Diabetic ketoacidosis by age group, y ^b			
All	238 (44.7)	123 (24.5)	110 (24.1)
<6	70 (51.9)	27 (18.4)	29 (24.2)
6-11	94 (40.5)	58 (27.5)	50 (26.9)
12-18	74 (44.8)	38 (26.2)	31 (20.7)
Severe diabetic ketoacidosis by age group, y ^b			
All	103 (19.4)	70 (13.9)	56 (12.3)
<6	33 (24.4)	18 (12.2)	14 (11.7)
6-11	44 (19.0)	30 (14.2)	25 (13.4)
12-18	26 (15.8)	22 (15.2)	17 (11.3)

Kamrath et al. (2020) JAMA August 25, 2020 Volume 324, Number 8

Mental Health Status Among Children in Home Confinement During the Coronavirus Disease 2019 Outbreak in Hubei Province, China

As the coronavirus disease 2019 (COVID-19) epidemic progressed in Wuhan, Hubei province, China, the Chinese government ordered a nationwide school closure. More than 180 million students in China were restricted to their homes (<http://www.chinanews.com/sh/2020/02-17/9094648.shtml>). The COVID-19 infection has become a global pandemic. As of April 9, 2020, the infection has caused 188 countrywide closures around the world and has affected 1 576 021 818 learners

Xie et al. (2020) JAMA Pediatrics September 2020 Volume 174, Number 9

Table 2. Characteristics of Participants, According to Depressive Symptoms and Anxiety Symptoms

Characteristic	Depressive symptoms					Anxiety symptoms				
	Affected participants, No. (%) ^a	Odds ratio (95% CI) ^b	P value	β (95% CI) ^c	P value	Affected participants, No. (%) ^a	Odds ratio (95% CI) ^b	P value	β (95% CI) ^c	P value
Sex										
Male	228 (22.5)	1 [Reference]	NA	1 [Reference]	NA	186 (18.4)	1 [Reference]	NA	1 [Reference]	NA
Female	175 (22.7)	1.008 (0.806 to 1.261)	.95	0.000 (-0.077 to 0.077)	>.99	151 (19.6)	1.080 (0.851 to 1.371)	.53	0.022 (-0.050 to 0.094)	.55
Location of school										
Huangshi	224 (20.2)	1 [Reference]	NA	1 [Reference]	NA	205 (18.5)	1 [Reference]	NA	1 [Reference]	NA
Wuhan	179 (26.5)	1.426 (1.138 to 1.786)	.002	0.092 (0.014 to 0.170)	.02	132 (19.6)	1.072 (0.841 to 1.367)	.58	-0.018 (-0.091 to 0.056)	.64

Xie et al. (2020) JAMA Pediatrics September 2020 Volume 174, Number 9

Fazit

Lockdown + Infektionsangst als psychischer
Belastungsfaktor

Unklarer Ausgang Ukraine-Krise

Geschlechtseffekte?

Cave: Internalisierende Störungen

Cave: Essstörungen und somatoforme Störungen