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Hikikomori in Spain: A descriptive study.

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Social withdrawal behaviour is a major health problem that is becoming increasingly important, being necessary studies that investigate its psychopathology and existence in different cultures.

To describe the clinical and socio-demographic characteristics of hikikomori individuals in Spain.

Participants were 200 subjects referred to the Crisis Resolution Home Treatment (CRHT) because of social isolation. The definition of hikikomori was the state of avoiding social engagement with generally persistent withdrawal into one's residence for at least 6 months. Socio-demographic and clinical data were analysed, including Severity of Psychiatric Illness (SPI), Global Assessment of Functioning (GAF), Clinical Global Impression (CGI) and World Health Organization Disability Assessment (WHODAS) scales.

A total of 164 cases were evaluated. Hikikomori were predominantly young male, with the mean age at onset of hikikomori of 40 years old and a mean socially withdrawn period of 3 years. Only three people had no symptoms suggestive of mental disorder. Psychotic and anxiety were the most common comorbid disorders. The scales administered describe the presence of serious symptoms and impairment in social functioning, with a high prevalence of poor collaboration with treatment.

This study shows the existence of hikikomori in Spain. Its difficult detection and treatment highlights the need for specialized domiciliary teams. The high comorbidity leads us to conclude that it may not be a new diagnosis, but rather a severe syndrome associated with multiple mental illnesses. Primary hikikomori also exist, but less commonly. Future cross-national studies are needed in order to describe its definition and psychopathology.