Conclusions: Certain family features may be viewed as potential contributing factors to SHC in adolescence. It is of paramount importance to reconsider prevention and treatment planning in adolescent psychosomatic health, so as to emphasize on parental mental health status, responses to offspring’s symptoms as well as the quality of parent – child relationship, especially when female and older adolescents are involved.

Background: Distinct aspects of family life have been suggested to influence adolescent psychosomatic health. The aim of the present study was to investigate family factors associated with adolescents’ Subjective Health Complaints (SHC).

Methods: Questionnaires were administered to a Greek nationwide random school-based sample of adolescents aged 11 to 18 years and their parents in 2003. Data from 1041 adolescent-parent pairs were analyzed. Adolescents’ SHC were assessed for their associations with parental marital, physical and mental health status, parental worry about offspring’s SHC, parent-child relationship, family cohesion and adolescent’s sex and age via a stepwise multiple linear regression model.

Results: Adolescents’ SHC were significantly correlated with poor parental subjective mental health status, poor quality of parent-child relations and parental worry as well as with adolescents’ female gender and older age.

Conclusions: Certain family features may be viewed as potential contributing factors to SHC in adolescence. It is of paramount importance to reconsider prevention and treatment planning in adolescent psychosomatic health, so as to emphasize on parental mental health status, responses to offspring’s symptoms as well as the quality of parent – child relationship, especially when female and older adolescents are involved.

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