

DSM-IV (SCID). Premenstrual Assessment Form (PDF) was used to measure the severity of PMS symptoms. A sociodemographic information sheet was completed for each patient by a psychiatrist. For analysis, the sample was divided into three clusters according to the severity of symptoms and the data was analyzed using K-means cluster analysis.

**Results:** In this retrospective study, the Premenstrual Assessment Form (PDF) scores of women with depressive disorder were found to be much higher than those without. According to the PDF cluster analysis, 7.4 % ( $n=34$ ) of the sample had severe symptoms and were considered at-risk group since meeting the criteria for PMS.

**Conclusion:** Women with PMS pose a significant risk for depression and therefore should be informed about this illness and be closely monitored during pregnancy since the risk for developing depression in this period is higher.

### Prevalence of Depressive Disorders in the First Trimester of Pregnancy in Eastern Anatolia (Turkey)

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**Aims:** Although quite a few studies have been conducted in Turkey regarding postpartum depression, there is still limited data available on depression during pregnancy. The studies indicate that the prevalence of postpartum depression in Turkey is between 14 % and 40 %. This ratio was reported to be between 12 % and 36 % in studies that have looked at the frequency of depressive symptoms during pregnancy. In this study, our aim is to identify the prevalence of depressive disorders in women in the first trimester of their pregnancy, in a province in Eastern Anatolia Region, where rates of depression in women is reported to be higher in comparison to other regions.

**Methods:** A total of 463 women who were in the first trimester of their pregnancy were randomly selected for this study. The Edinburgh Postnatal Depression Scale was administered to participants for screening. Patients were diagnosed clinically via the Structured Clinical Interview for DSM-IV (SCID).

**Results:** The prevalence of depressive disorders in the first trimester was found to be 16.8 % in this study. Out of the 463 participants, 57 (12.3 %) of them had major depressive disorder, 7 (1.5 %) of them had double depression, 12 (2.6 %) of them had minor depressive disorder and 2 (0.4 %) of them had dysthymia.

**Conclusion:** Depression during pregnancy is a common, serious health problem for both women and infants. It appears that evaluating women in terms of depressive disorders in the first trimester of their pregnancy may help in preventing any of the negative consequences that may arise later in the pregnancy or in the postpartum period.

### A Mother-Baby Unit in Créteil (France): From a Pioneer's Heritage to Modernity

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The objective of this poster is to present the mother-baby unit of Créteil, from its creation to nowadays.

In the first time, we will go back to the history of this unit, through the emergence of perinatal care in France and the first mother-baby units in the world.

This unit, was the first to be created in France in 1979. It belongs to a general and not psychiatric hospital, which is focused on the care of mothers and children.

Secondly, we will show an overview of the current activity methods of working in the unit. We will clarify the composition of the multidisciplinary team and the different types of care which are proposed for our two main ways of working: institutional therapy and parent-child psychotherapy interviews.

We will briefly discuss the indications, mode of address, and conduct of supported, that we will illustrate with a few pictures of the service.

### Prevalence of Premenstrual Syndrome in 15-49 Age Women in Erzurum Province (Turkey)

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**Objective:** The aim of this study is to determine the prevalence of premenstrual syndrome (PMS) in 15–49 age women in the province of Erzurum.

**Method:** The study included 589 women between 15 years and 49 years old from the region of 32 family practitioners selected randomly among 113 family physicians in the provincial center. Prevalence of PMS was determined by Premenstrual Assessment Form (PAF). The form filled with face to face interview by an experienced psychiatric resident. In the analysis of the data, sample is divided into three clusters with K-means cluster analysis according to the severity of symptoms. Cluster analysis of the sample according to the PAF with severe symptoms, the third group was considered to be at risk group that meet the criteria for PMS.

**Results:** In this study, 14.1 % ( $n=83$ ) of the women had severe symptoms and meet criteria for PMS-risk groups were adopted, 26.7 % were determined with only mild symptoms according to cluster analysis of PAF. The prevalence of PMS was higher in single and illiterate women, in women who had history of a mental disorder and who were undergoing treatment for a mental disorder. The most prevalent symptoms were having decreased energy or tend to fatigue easily (77.8 %), having tired legs (75.7 %), tend to have backaches, joint and muscle pain or stiffness (68.4 %), feeling jittery or restless (68.4 %), feeling anxious or more anxious (66.9 %), having intermittent pain or cramps in the abdomen (66.0 %).

**Conclusion:** PMS symptoms are common among women 15–49 years of age. Women should be given training on the symptoms of PMS, awareness should be increased and should be given advice on ways to deal with.

### Depressive Disorders, Related Factors and Impact on Functionality in Reproductive Age Women in Erzurum (Eastern Turkey)

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**Objective:** Several factors have been considered to be contributors to depression. Perinatal period is important for vulnerability to depressive disorders. Prevalence of Postpartum Depression changes between 14 % and 29 % in Turkey. Lifetime prevalence of Major Depressive Disorder is high in Eastern Turkey. Therefore, the real prevalence of postpartum depression is still unknown. We aimed to evaluate the depressive disorders and associated factors in a large sample of reproductive age women who are not in prenatal or postnatal period.

**Method:** We used General Health Questionnaire-28 and Edinburgh Postpartum Depression Scale as screening tests in 589 women between the ages of 15–49 in Erzurum. Associated factors were established with the socio-demographic questionnaire. Prevalence of Depressive Disorders was determined by SCID-I, severity of depression was assessed with Hamilton Rating Scale for Depression. General Assessment of Functionality, Brief Disability Scale, and Scale of Perceived Social Support from Family were administered to evaluate functionality, disability and social support.

**Results:** Results of the study showed that 32.8 % of women had Depressive Disorders. Being a widow or divorced, having low levels of education and income, being a housewife or worker, marriage and giving birth at an early age, having an unemployed spouse and possessing three or more children were associated with Depressive Disorders. While 84.0 % of women who were diagnosed with depressive disorders presented with mild or moderate depression, 82.9 % of them appeared to suffer from disability. We found a negative correlation between functionality, social support and severity of depression.

**Conclusion:** Since there is a high prevalence of Depressive Disorders throughout a woman's life, it is extremely important to consider all periods in terms of diagnosis and treatment.

#### A Pedometer-Based Walking Intervention for Antenatal Depression

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**Aims:** In spite of the high prevalence of antenatal depression and associated negative outcomes, rates of treatment engagement remain low. Many women do not seek treatment due to potential adverse effects of prenatal antidepressant use. New interventions are needed that are not only efficacious in treating antenatal depression, but are also viewed as acceptable by pregnant women. Evidence suggests that exercise has beneficial effects on psychological functioning, and has been shown to improve depression levels in non-perinatal samples. However, no study has yet evaluated the efficacy of a physical activity intervention for depressed pregnant women. Increased activity during pregnancy could provide several advantages. It not only avoids potentially harmful medication side effects, it may also be viewed as less stigmatizing. Data shows prenatal exercise has a positive affect on mood, and may alleviate

common pregnancy discomforts, and improve general health outcomes. A physical activity-based intervention may also be cost-effective, flexible, and accessible.

**Methods:** In this 10-week pedometer-based walking intervention, participants wear a small step-counter to track daily activity and attend brief biweekly sessions to obtain personalized support in gradually increase their daily step-count over the course of the intervention. All women are medically cleared by their prenatal care provider prior to participation. Women are monitored over the course of their involvement with regard to depression severity, physical injury, or difficulty with the walking program.

**Results:** To date, seven depressed women between 12 weeks and 24 weeks gestation have enrolled. No injuries or adverse events have been observed. Women have reported positive feedback. Five women have completed the program, and data have shown depression symptom levels to generally be lower upon completion. The majority of women have successfully complied with daily pedometer use.

**Conclusion:** A gentle walking intervention may be an acceptable and feasible intervention to address antenatal depression. If findings continue to be encouraging, this approach should be examined in a larger scale randomized controlled trial.

#### A Dyadic Model of Treatment for Postpartum Support and Education Groups

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For the past 5 years, Dr Birch has offered fifteen 10-week support and education groups to a total of 135 mothers and 136 babies. To be eligible to participate, mothers must score above 10, the clinical cutoff on the Edinburgh Postpartum Depression Scale. The goals of these groups are to decrease maternal depression, increase positive emotional exchanges between mother and baby, and foster social support and increased understanding of the importance of maternal mental health for infant emotional development.

We describe the model of postpartum emotional disturbance that underlies our intervention, and the intervention itself. We also describe the population that received the intervention and the outcome measures we have achieved.

2. A dyadic/intersubjective model of postpartum depression and anxiety

We conceptualize postpartum emotional disturbance as a dyadic disorder in which the physiological and psychological stresses of labor, delivery and infant care on the mother combine with the immature, unregulated affective states and absolute dependency of the infant. These combined stresses overwhelm the vulnerable mother's prior coping strategies and impede her capacity to delight in her baby and engage her baby in pleasurable emotional exchanges. This results in infants being less interactive, precociously self-reliant and self-soothing, and experiencing fewer states of heightened positive affect.

3. Intervention

a. Description & rationale for interventions components

i. Mindfulness training, Relaxation & focus for mothers

ii. Infant massage instruction

iii. Snack