

seasonal affective disorder (SAD) and nonseasonal major depressive disorder (MDD). Our team has conducted several studies of LT for antenatal nonseasonal depression, which will be synthesized to inform recommendations.

**Method:** In the first study, we expected rapid improvement (as occurs in SAD) and planned for a 3 week duration. In this single-blind case series, pregnant women with MDD ( $N=16$ ) were treated with 10,000 lux LT for 60 min. After observing only moderate responses in the first 9 patients, we increased to 5 weeks. The second study was a small RCT in which women were randomized to either bright (7,000 lux,  $N=5$ ) or dim (500 lux,  $N=5$ ) white LT. Third, we conducted a pilot double blind RCT in which women were randomized ( $N=46$ ) 1:1 to 7,000 lux white or 70 lux red light in the AM for 60 min per day for 5 weeks.

**Results:** In the first study, 8 of 16 subjects responded after 3 weeks; after 5 weeks, 4 of 7 subjects remitted. For the second, the bright LT group had a 10-point depression score reduction, while the dim LT group improved by only 5 points (nonsignificant, underpowered). One woman developed hypomania at Week 4. In the final RCT, of 70 eligible women, 46 were randomized and 34 completed the trial. Categorical analysis for the HAMD revealed that both response ( $\geq 50$  % improvement) and remission (final score  $\leq 7$ ) rates were significantly greater for white than red LT (81.3 % vs. 45.5 %, respectively,  $p=0.027$ ). The trajectory of score decline remained steep at week 5, which suggests that additional treatment would continue to improve the scores.

**Conclusions:** The synthesis supports the following conclusions: Antenatal MDD requires an acute phase duration of 6 weeks (similar to drug trials). The efficacious dose is 60 min LT in the AM; however, the range of potentially effective doses has not been studied. Side effects are rare and the most common in our series was nausea. As with any treatment for MDD, hypomania is a potential outcome.

### 3-Short Presentations

#### Strong Beginnings

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**Aims:** The aims of this talk are to take the audience on a journey of setting up the first perinatal and infant service targeted to an Aboriginal population of Australia, and increase understanding of the health challenges facing many Aboriginal Australians.

**Methods:** The context of the challenges facing many Aboriginal Australians in terms of the history of European invasion, discrimination, dislocation and ongoing racism need to be understood before working in this setting. Concepts of health, in terms not just of absence of disease, but in terms of social and emotional wellbeing as well as ties to the community, culture and environment are important in our work.

There are many challenges as rates of intergenerational morbidity and socioeconomic disadvantage are high.

Having a baby can be a difficult time, surfacing many old hurts and intergenerational traumas. On the other hand, an infant is also a sign of hope and new beginnings. The prenatal period and early infancy provide powerful opportunities for growth and change.

Clinical perspectives of starting up the clinic and clinical challenges in this setting will be described. Service issues such as cultural safety, acceptability of services and barriers to attending services are challenges that may be

faced by many who are providing services to minority and disadvantaged populations.

**Results and Conclusions:** Small beginnings are important. By being respectful, willing to learn and being clinically relevant, this clinic hopes to “evolve” in response to community needs.

Early support through a perinatal and infant mental health clinic may help to address aspects of parental and infant vulnerability and the early developing child-caregiver relationship.

#### Follow-Up Study of Very Premature Children (Cohorte EPIPAGE 2)

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**Introduction:** In France, each year, almost 13 000 (1 %) babies are born before 32 weeks of gestation. The number of neonates surviving preterm or very preterm birth has increased because of progress in therapy and quality of care and children born at low gestational ages face a range of risks. We present the EPIPAGE 2 study, a national cohort of very and moderately preterm children in France.

**Methods:** EPIPAGE 2 is a prospective population-based cohort study conducted in 25 regions of France in 2011 including extremely (22–26 weeks, 8-month recruitment), very (27–31 weeks, 6-month recruitment) and moderately preterm (32–34 weeks, 1-month recruitment) children. A total of 5,105 live births were included in the EPIPAGE 2 study: 1,033 were born extremely preterm, 2,883 very preterm, and 1,189 moderately preterm. It aims to examine short and long term outcomes (survival, health and development) of these children and their determinants. Data on pregnancy, delivery, and neonatal events were extracted from the obstetric and neonatal records. The follow-up will collect information at a corrected age of 1 year and at 2, 5, 8 and 11–12 years of age.

Associated projects

Several projects based on subsamples of very preterm children included in the EPIPAGE 2 cohort will be conducted to investigate: 1) attitudes of care for extremely preterm infants; 2) impact of neonatal nutrition on child development; 3) neonatal MRI cerebral abnormalities and their relation to executive functions; 4) associations between early gut colonization and early and late onset diseases; 5) mother-infant attachment; 6) early biomarkers of child health; 7) painful procedures in neonatal intensive care units, and 8) diagnosis of histologic chorioamnionitis.

**Discussion:** This project seeks to provide new data on the prognosis and etiology of very preterm birth and to assess related medical practices. Accordingly, it should lead to the development of new strategies of management and prevention in high-risk babies.

#### Prevalence of Depressive Disorders and Comorbid Mental Disorders among Reproductive Age Women in Erzurum (Eastern Turkey)

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**Objective:** Comorbid mental disorders increase severity of depressive disorders and disability in reproductive age women who are already at risk of postpartum depression. Poor physical and mental health of mothers' negatively affects children's health, nutrition, and psychological well-being. The aim of the study was determining prevalence of depressive disorders and comorbid mental disorders in reproductive age women.

**Method:** The study included 589 women between 15 years old and 49 years old from the region of 32 family practitioners selected randomly with 30 cluster sample method among 113 family physicians in the provincial centre. The inclusion criterias was not being pregnant or at menopause, not childbearing within last 1 year and not having any mental disorder that might prevent answering questions. We used General Health Questionnaire-28 and Edinburgh Postpartum Depression Scale as screening tests and socio-demographic data form. The Structured Clinical Interview for DSM-IV (SCID-I) were used to determine comorbid mental disorders. SPSS 11.0 program was used for statistical analysis.

**Results:** Thirty-two point eight of the women had Depressive Disorders. Rate of any mental disorder comorbid with depressive disorders was 49 %. Thirty seven point five of the women with depressive disorders had only a single diagnosis, 10.9 % of them 2 and 0.5 % had 3 diagnosis. The most frequently identified comorbid conditons were phobic disorders (36.5 %), OCD (15.1 %), panic disorder (6.2 %) and general anxiety disorder (2.1 %) and the others.

**Conclusion:** These findings suggest that depressive disorders and other mental diseases are high rates in women of reproductive age. There are few studies comorbid Axis I disorders with major depressive disorder in Turkey and no studies including all depressive disorders and reproductive age women. Age and hormonal effects make women vulnerable to mental illness. Presence of comorbid mental disorders with depressive disorders may affect in the reproductive age women who are already at risk of postpartum depression and could increase disability and could affect prognose. There are need to better identification of comorbid mental disorders with depression in this population. Treatment of comorbid mental disorders for reducing disability and determination of the treatment should also be considered.

### The Paradox of Screening for Postnatal Depression in a Rural Community

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**Aims:** There is international debate about the efficacy of screening for postnatal depression in routine clinical care. This study aims to evaluate the effectiveness of a ten year screening program in a rural community in Australia and to identify barriers and facilitators to the identification and care of affected women.

**Methods:** Qualitative and quantitative analyses were applied within three phases of research including two complete audits of screening records, interviews of screening nurses and doctors receiving referrals. 62 % of all screened women responded to a postal survey and a purposive sample was used to select women for in-depth interviewing.

**Results:** Nurses believed they were following the screening protocol, however only 15.5 % of women were screened per protocol and 22 % never screened. The number of women identified as probably depressed was half that expected. Nurses regarded screening important to their work but doctors gave little account to screening, preferring

clinical assessment. Treatments included antidepressant medication, referral to local psychologists and counsellors. Mental health services were universally described as difficult to access. Women's responses to screening were diverse with some indicating that screening was helpful whilst others were deeply mistrustful of the process. In-depth interviews revealed that women made conscious choices about how they responded to the screening process and whether or not to disclose their actual feelings.

**Conclusion:** A well established program of universal screening for postnatal depression did not meet its objectives with only half the expected numbers of potentially depressed women being detected.

Understanding and acceptance of the program amongst stakeholders was variable implying likely breakdown in referral pathways. Women often made conscious choices as to how to respond largely based on their trust in the process and the person administering the screening. The factors identified will need to be properly addressed in any broader program of screening for PND for goals to be achieved.

### Association Maman Blues: Parental Aid Relationship in the Cyberspace

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The purpose of this lecture is to show how a virtual group may, on the Internet during the perinatal period, contribute to take care of mothers in psychological difficulties. We will focus in the first part of this paper on the Association Maman Blues, a parental French association dealing exclusively with this healthcare problem and particularly on its internet forum: [www.maman-blues.fr](http://www.maman-blues.fr). We will evoke, on the one hand, the history, the philosophy and the objectives of the Association. On the other hand, we will touch on the functioning of this discussion forum and its internal dynamics. We will also talk about the mothers who may be concerned by this web site. In the second part we will discuss the particularities of the virtual aid relationship. Extracts from the forum will show that the virtual group can welcome the maternal sufferings and take care of the mothers. Illustrations of the possibilities of the Maman Blues group to operate changes in the psychological states of the e-mothers would be: the possibility to talk about themselves and develop their experience through writing, shared experiences of similar psychological difficulties, opportunities of identifications with mothers "like them", the feeling that they are not alone and that their sufferings are fully understood. The perinatal period during which discussions are held seems to give more impact to the relationship of web support. Indeed, in this moment of their lives mothers have greater sensitivity and they better accept the support they can get, especially from their peers. It is also a time for prevention: the suffering of mothers are recognized, allowing a mobilization around them, often with the establishment of a professional counseling in private practice or health establishment. The relationships between Internet users have a significant impact when mothers seeking help demonstrate a good insight capacity, a real desire for change and enough mental flexibility. The limits of the virtual aid relationship, however, are obvious when mothers suffer psychiatric and/or personality disorders previous to their perinatal pathology.