

Are these gender differences real or artefactual and a consequence of the socio-cultural construction of gender roles?

It is suggested that beyond biological predispositions, women's health is in double jeopardy by gender role related risks, which affect morbidity both directly through immunology systems and indirectly through health perceptions. These factors has big consequences for treatment strategies now and in the future.

### S5-2

#### WITH BATED BREATH: COGNITIVE AND EMOTIVE ASPECTS OF BREATHING IN PATIENTS WITH MODERATE ASTHMA

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The psychological literature on asthma has principally focused on the possible psychological causes of asthma; very little attention has been paid to the emotional and cognitive effects of having or having had breathing difficulties. The present study has focused on understanding the psychological difficulties of asthma patients as the consequents rather than the antecedents of the disease.

With asthma patients as co-researchers and psychotherapy as a method of data collection that allows for the investigation of complex psychosomatic interactions, this study has focused on the relationship between psychological hyperreactivity and bronchial hyperreactivity in 10 women patients with moderate asthma. The results demonstrate an interaction between attention, mood, concentration, memory, and breathing. The paper discusses these findings and their therapeutic implications.

### S5-3a

#### POSTPARTUM PSYCHOSES: CLINICAL DIAGNOSES AND RELATIVE RISK OF ADMISSION

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Previous studies have suggested that the risk for psychosis, especially affective psychosis, is highly increased during the first 30 days after delivery. The aim of our study was to replicate these findings. Linking The Danish Medical Birth Register and The Danish Psychiatric Central Register from January 1st 1973 to December 31st 1993 has revealed 1253 admissions diagnosed as psychosis within 91 days after delivery. The admission rate after delivery was compared to the admission rate among non-puerperal women in the general, Danish female population. The relative risk of all admissions was only slightly increased, RR = 1.09 (CI, 1.03–1.16). The admission rate concerning first admissions was highly increased, RR = 3.21 (CI, 2.96–3.49) whereas the admission rate concerning readmissions was reduced, RR = 0.66 (CI, 0.61–0.72).

### S5-3b

#### POSTPARTUM PSYCHOSES: PROGNOSIS AND RISK FACTORS FOR READMISSION

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Linking the Danish Medical Birth Register and the Danish Psychiatric Central Register revealed 1173 women admitted between 1973 and 1993 to a psychiatric hospital diagnosed a psychosis within 91 days after delivery. The relative risk of rehospitalisation was estimated with Cox proportional hazard regression models. A diagnosis of schizophrenia, RR = 2.4 (1.9–3.1) and a history of prior psychiatric admission among non-schizophrenic women, RR = 1.8 (1.5–2.1) predicted an increased risk of rehospitalisation compared to the rate of rehospitalisation among non-schizophrenic women with no prior psychiatric history. Unmarried women had an increased risk of readmission, only preterm delivery was associated with a reduced risk of readmission.

Stress factors as preterm delivery predicts the best prognosis after puerperal psychosis. The majority of psychotic relapses are related to the psychopathology of the patient, a history of psychiatric admission and to family relations.

### S5-4

#### SUFFERING OF THE BODY AND MIND: PREDICTORS FOR PSYCHOSOMATIC PROBLEMS IN FEMALE REFUGEES

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In a sample of 120 Bosnian female refugees, tests were carried out regarding the level of various health problems and a number of factors which, according to the suggested model, influence the level of adjustment. Each subject was asked to state whether a given symptom had been present before the war. This provided us with information about the level of problem before the experienced traumatic events. The most frequent somatic and psychological symptoms are reported. Many of the somatic symptoms indicate a high level of physiological arousal indicative of PTSD reactions, anxiety, and depressive states. Correlation between health problems before and after the war is higher than 0.40, and implies the importance of previous health status, primarily for somatic problems. The general level of health problems is significantly increased in comparison to the period prior to the war. There is a high correlation between somatic and psychological symptoms. After trauma, body and mind suffer simultaneously. Important predictors found were the extent of experienced traumatic events, losses of relatives, age and level of health problems before the war.

### S5-5

#### WOMEN'S MENTAL HEALTH IN UKRAINE

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Now we have in Ukraine the significant growth of women's mental disorders and psychological problems in different ages. The most prevalent are depression, agoraphobia and social phobia, addictive disorders, suicidal behavioral, drug abuse and alcoholism. Very serious problems are frequent events of women's abuse and domestic violence.

Causes of bad effect on women's mental health are: the chronic economical and social crisis, violence of human rights, absence of confidence in the future, the loss of significance and sense of life. This situation is intensified by obsolescence of the Governmental Mental Health Services, a fear of psychiatrists and psychologists,