Twelve women from the National Register of Antipsychotic Medication in Pregnancy

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Background: The National Register of Antipsychotic Medication in Pregnancy (NRAMP) has been established in Australia. The use of antipsychotic medications in pregnancy remains a dilemma for clinicians who must weigh up the risk of harm to the developing baby against the risk of relapse for the mother if medications are altered or ceased. The literature continues to present the difficulty experienced in maintaining the well-being of women with a history of serious mental illness during the perinatal period. The establishment of the NRAMP has required the collaboration of a variety of health care professional around the country both to attain the multicentered ethical approval and to recruit participants.

Methods: A case study approach will present a description of the first 13 women on the NRAMP.

Results: Using the case study method, the information presented will include pregnancy pathways, birth outcomes, postnatal outcomes and episodes of separation of mother and baby. An outline of medication use in pregnancy along with the pregnancy outcomes, to date, will be presented.

Conclusions: This presentation introduces the first outcomes from the NRAMP, using a case study methodology. It clearly identifies the complexity of the issues surrounding the management of women who have a history of psychosis during the perinatal period.

Prevalence and course of depression in cognitively intact and cognitively impaired nursing home residents

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Background: This research investigated the prevalence and course of depression in newly admitted nursing home residents. Representing a departure from the majority of prior research, consecutive admissions were recruited into the study, irrespective of cognitive status. This enabled a comparison of the prevalence and course of depression experienced by cognitively intact residents and those exhibiting all levels of cognitive impairment.

Methods: Depression was assessed at 1, 3 and 6 months postadmission. The assessment entailed the conduct of a semistructured clinical interview, which allowed for the provision of DSM-IV diagnoses and the scoring of the Cornell Scale for Depression in Dementia.

Results: Participants were 51 newly admitted residents, drawn from six nursing homes. At admission, nearly 25% of residents were diagnosed with major depression (MD), and a further 20% evidenced a nonmajor depressive disorder. At the second and third assessments, MD was observed in 14% and 15% of residents, respectively. Of particular interest, only the cognitively impaired were diagnosed with MD during the study. For residents who completed all three assessments, there was no appreciable change in the levels of depression apparent.

Conclusions: The current study showed that a great many nursing home residents experience severe depressions that are unlikely to remit spontaneously. Most often, these residents exhibited pronounced cognitive impairment. Accordingly, care staff and GPs must be trained in the identification of depression in dementia, and any interventions implemented in these facilities should be tailored to meet the unique needs of this group.

Mental health literacy in a community sample of women with eating disorders

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Background: Individuals with bulimia nervosa (BN) and related disorders typically do not receive treatment for an eating problem. Poor mental health literacy may account for this. We examined mental health literacy relating to BN in a community sample of young adult women ($n = 158$) with bulimic-type eating disorders.

Methods: A vignette was presented describing a fictional person meeting diagnostic criteria for BN. A series of questions followed in which participants were asked about the nature and treatment of the problem described.

Results: Primary care practitioners, psychologists, counselors and close friends were perceived as helpful in the treatment of the problem described by the vast majority of participants. Self-help interventions, including taking vitamins and minerals, also were highly regarded, whereas participants were ambivalent about the benefits of psychiatrists and antipathetic toward the use of prescription medication. Most participants believed that the problem would be difficult to treat,

and that relapse would be likely, and were treatment successful. At the same time, most participants believed that the problem described was common among women in the community and many had thought that 'it might not be too bad' to have the problem described. When asked about the 'main problem' of the person described in the vignette, the modal response (48.4%) was 'low self-esteem'.

Conclusions: Attitudes and beliefs likely to be conducive to low or inappropriate treatment seeking exist among individuals with eating disorders in the community. These need to be targeted in prevention and early intervention programs.

The role of mu-opioid receptors in the pathology of schizophrenia

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Background: Decreased [3H]pirenzepine binding to cortical M1 receptors is a consistent finding in subjects with schizophrenia (Crook et al. Am J Psychiatry 2001, 158 918–925), but the mechanisms causing such decreases are unknown. Recently, low levels of cortical M1 receptors have been reported in mu-opioid receptor knockout mice (Yoo et al. Synapse 2004, 54 72–82), suggesting that receptor has a role in regulating levels of cortical M1 receptors. We have therefore determined levels of cortical mu-opioid receptors in three cohorts (1 = controls, 2 = schizophrenia with normal levels of [3H]pirenzepine binding, 3 = schizophrenia with low levels of [3H]pirenzepine binding) to determine if decreased mu-opioid receptors are associated with low levels of M1 receptors in schizophrenia.

Methods: Western blotting with a rabbit anti-mu-opioid receptor antibody was used to measure the levels of mu-opioid receptor in Brodmann's area (BA) 9 from 20 subjects from each of the three cohorts described above.

Results: There was no significant difference ($P = 0.79$) between levels of mu-opioid receptors in the controls (0.98 ± 0.10) and either of the two cohorts of subjects with schizophrenia (cohort 3: 1.01 ± 0.11, cohort 2: 1.01 ± 0.19).

Conclusions: These data suggest that, at least in BA 9, the mu-opioid receptor is not altered in subjects with low levels of [3H]pirenzepine binding and probably does not play a direct role in the regulation of the muscarinic M1 receptor in subjects with schizophrenia.

The 21-item Depression Anxiety Stress Scales as a valid routine clinical outcome measure in the private in-patient setting

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Background: The self-reported 21-item Depression Anxiety Stress Scales (DASS-21) measure and differentiate negative affective states, which is especially meaningful in the acute psychiatric treatment setting. This study aimed to test the validity of DASS-21 as a routine clinical outcome measure in the private psychiatric in-patient setting.

Methods: The sample consisted of all admissions to a private psychiatric hospital from January 2004 to December 2005. Scores of four routine measures administered at admission and discharge were retrospectively collected. These measures were the clinician-rated Clinical Global Impression Scale (CGI) and Health of the Nation Outcome Scales in its adult or older persons format (HoNOS or HoNOS65+), and the self-reported Mental Health Questionnaire (MHQ-14) and DASS-21. The four measures were compared using correlation statistics, and differences in measure scores from admission to discharge were analyzed by t test.

Results: Of 786 total admissions, there were 337, 328 and 347 fully completed (ie paired admission and discharge) data sets for the DASS-21 depression, anxiety and stress subscales, respectively. All subscales showed significant reductions in mean scores, in the order of 50%, at discharge compared with baseline ($P < 0.001$). All subscales were correlated with the MHQ-14 subscales ($P < 0.0001$). They also related to partially collapsed CGI categories ($P = 0.006$), except for the baseline stress subscale. The total DASS-21 correlated with the total HoNOS scores ($r = 0.31$, $P < 0.0001$).

Conclusion: The results support the validity of DASS-21 as a routine clinical outcome measure in the private in-patient setting.

Pilot study of physical activity in bipolar disorder

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Background: Physical activity has shown efficacy in depression and anxiety, but its benefits in bipolar