THE BRAZELTON INTERVENTION: PASSATION'S EFFECT ON PARENTS

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The present study examines the influence of the Brazelton Neonatal Behavioral Assessment Scale (BNBAS) on early parents-infant interaction.

Thirty neonates without somatic disorder or psychosocial risk were administered the BNBAS beyond 48 hours after birth under the supervision of both parents. A written questionnaire was mailed (two months later) to parents in order to evaluate:

-the influence of BNBAS administration on the knowledge of their baby,

-their sensations and motivations towards BNBAS. A self evaluation of mothers' complaints or symptoms (HSCL) was also performed.

Eighty seven per cent parents replied to both questionnaires. Analysis reveals a positive impact of BNBAS, especially when concerning primiparous women. Postpartum blues is a common manifestation and lasts longer after BNBAS administration; that's why, post partum blues should not be considered as pathological but as an adaptative reflection of the psychological integration of the maternal function, whatever the behaviour of the baby.

We conclude that BNBAS administration is of interest to support mothers in the adjustment of their relationship with their baby.

CLINICAL AND SOCIAL ASPECTS OF ALCOHOLISM AMONG SEAMEN

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Clinical and psychopathological examination of 468 seamen revealed that 18.3% of them had alcohol addiction syndrome (alcoholism).

The results of the present investigation allowed to estimate professional and social risk factors contributing the development of seamen's alcoholism.

The following leading social and psychological mechanisms of alcoholism development have revealed: "deformation", "massive-forced alcoholisation", "pseudoadaptation".

The given study makes possible to describe features of symptomatology and syndroms of "sea" alcoholism, wavelike and flickering character of the main manifestation of drug addiction syndrom, two phases of alcohol abuse by seamen — both "boutlike progressive" and "boutlike regressive" and ensuing difficulties of a traditional clinical diagnostics.

ON THE SCOPE OF DUTIES FOR A PSYCHIATRIC CONSULTATION/LIAISON SERVICE IN PRISON

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Standards for diagnostic and therapeutical competence resulting from the scope of duties in a psychiatric consultation/liaison-service conducted in a German prison over 4 years are demonstrated.

The spectrum of mental disorders in the investigated male multinational group of patients (n = 170) that can be characterized by a homogeneous age-distribution (32.5(± 4.4)y) and a rather low social status includes schizophrenic, affective, neurotic and psychosocial stress disorders, alcohol and drug dependence as well as specific personality disorders. Besides tendencies for dissimulation (e.g. referring to sexual disorders and suicide attempts) culture-bound differences in symptomatology, the phenomenon of malingering as well as the poor willingness to give informations concerning relevant fields of personal identity can be viewed as complicating factors for the diagnostic process.

Therapeutical competence in the psychiatric field has to meet the diversity of the manifest diseases and disorders; this calls for cooperation with various medical specialists and hospitals. Especially the limitations of therapeutical possibilities in prison (e.g. observation of suicidal patients) need to be judged.

To be carefully aware of the duty of secrecy and to make the medical way of acting transparent are unrenounceable variables in treating prisoners that can rather easily be realized in a consultation/liaison-service.

HOW USEFUL ARE PSYCHOMETRIC SCALES IN THE CARDIOLOGY CLINIC?

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Introduction: In the cardiology outpatient population can the use of self assessment psychological questionnaires help to predict the presence or absence of organic disease? Nonorganic problems are prevalent in such clinics.

Methods: Sample: A 195 series of first attenders at a cardiology clinic in a DGH in Lewisham.

Instruments: Symptom Checklist-90 Revised and its subscales [1], Hospital anxiety and depression scale [2], Illness Behaviour Questionnaire [3]. Subjects were defined as cardiac or noncardiac cases after case note review once the patient had been fully investigated by the cardiologist and a clinical decision reached as to whether the symptoms were organic or non-organic.

Results: 60% return rate for questionnaires 100% of case notes were reviewed.

Logistic Regression with Cardiac caseness as the dependent variable.

57% of subjects were found to be psychiatric cases on one or more of the questionnaires. Only 44% of the clinic attenders had evidence of cardiac disease.

No statistical difference was found in the frequency of mood disorder between those with and without cardiac pathology.

The statistically significant predictors of a subject being a non-cardiac case were Age and the Somatisation subscale of the SCL-90R.

Discussion: Screening for somatisation may be a useful way of augmenting a clinical impression of non-organic symptoms. An alternative to routine investigations in this group could include:

(1) A waiting period to see if symptoms resolve spontaneously in low risk cases.

(2) Referral for two sessions of counselling in an attempt to alter disease attribution at an early stage.

Further research into the development of a checklist which would highlight features which make inorganic disease likely would be useful and potentially both reduce patient morbidity and have cost benefits.

Cardiologists could gain skills in the detection of nonorganic disease by working closely with Liaison Psychiatrists.

[1] SCL-90R Derogatis 1977.
[2] HADS Zigmond and Snaith 1983.
[3] Illness behaviour questionnaire Pilowsky 1975.

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