GLUTAMATERGIC BRAIN SYSTEMS AND ADDICTION

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Excitatory amino acids (EAA) play a dominant role in the central nervous system as excitatory neurotransmitters. Animal and human data indicate that EAAs, especially L-glutamate, are involved in the development of alcohol dependence and craving. EAA actions implicated in the tolerance to and dependence on ethanol probably involve the activation of the genome. Chronic alcohol treatment increases the density of NMDA receptors and voltage-sensitive Ca^{2+}-channels in neurons. Inhibitory $GABA_A$ receptor-mediated actions are reduced. These changes provide a plausible explanation for the hyperactivity observed during alcohol withdrawal, that resembles in some respects grand mal seizures. There is evidence that the repeated occurrence of withdrawal seizures leads to a more rapid development of withdrawal and more severe withdrawal syndromes. Neuronal hyperactivity during withdrawal may induce, in various target areas, the activation of transcriptional modulators encoded by immediate early genes through kindling-like mechanisms. It is reasonable to assume that individuals may ingest alcohol to avoid the negative consequences of abstinence that result in neuronal hyperactivity.

Acamprosate, which has proven its efficacy in relapse prevention in a comprehensive treatment setting, reduces neuronal excitability by reducing the postsynaptic efficacy of excitatory amino acid (EAA) neurotransmitters. Apparently GABAergic inhibition is not enhanced by acamprosate. Acamprosate has been shown to be devoid of hypnotic, anxiolytic or muscle relaxant properties distinguishing it from barbiturates and benzodiazepines. There is no evidence of any antidepressant or other psychotropic effect. Acamprosate reduces the expression of transcriptional modulators encoded by immediate early genes and the expression of genes coding for EAA receptor subunits in withdrawal and post-withdrawal periods. Through such actions acamprosate could counteract the long-lasting changes in latent neuronal hyperexcitability following chronic alcohol abuse. The possible mode of action of acamprosate, e.g. at allosteric sites located on the extracellular domains of EAA receptors, is still under evaluation.

S9. Clinical services for mentally ill childbearing women

Chairmen: C Kumar, I Brockington

PERINATAL PSYCHIATRY IN FRANCE

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In 1858, Louis Victor Marcé published his "Traité de la folie des femmes enceintes, des nouvelles accouchées et des nourrices"[1], which represented, after the historical article by E Esquirol [2], the first extensive account of perinatal psychopathology. However, interest in this topic in France subsequently seems to have diminished since then.

The first mother-baby hospitalization in France occurred after World War II under the direction of P C Racamier, whose publication on motherhood and puerperal psychosis became a major reference and landmark for French psychiatrists [3]. Although Racamier is a general psychiatrist, most professionals currently involved in perinatal psychiatry are child psychiatrists, nearly all of them psychoanalysts. The last 15 years have seen the development of infant psychiatry by groups of S. Lebovici, R. Diatkine, M. Soulé etc. A few mother-baby units have been opened, all run by child psychiatrists. In 1995, there were 28 mother and baby beds in France and interest in perinatal psychiatry is expanding.

We shall review clinical practice and its theoretical background in French clinical psychiatric services for mothers and babies. We shall also present our own experience and practice, based mostly on liaison psychiatry in the maternity wards of a University Hospital, and on admissions of mothers and babies into the adult psychiatry department.

[1] Marcé LV (1858) Traité de la folie des femmes enceintes et des nouvelles accouchées et des nourrices. Paris: Baillière et fils.
[2] Esquirol E (1838) Des maladies mentales. Paris: Baillière.
[3] Racamier PB, Sens C, Carretier L (1961) La mère et l'enfant dans les psychoses dans les psychoses du postpartum. Evolution Psychiatrique 46: 525–570.

TRANSCULTURAL ASPECTS OF PERINATAL PSYCHIATRY

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This paper will indicate the extent to which a full grasp of sociocultural variables is particularly necessary for an understanding of the predisposing, precipitating and maintaining factors of perinatal mental disorders.

The specific contribution of Medical Anthropology to this field is acknowledged and especially the relevance of the psychosocial support associated with Postnatal Rituals and Taboos, the impact of a Naming Ceremony in Uganda, and whether Postnatal Depression should be construed as a Disease entity or a folk label.

The paper will report transcultural studies carried out by the author in this field which have included comparative studies of PND in Uganda and Scotland, an account of Culture Bound Puerperal Psychosis (Amakiro), ongoing studies of the frequency of PND in North Staffordshire (the Potteries) and the relevance of understanding local sociocultural variables as they relate to aetiology and treatment.

The neglect of services for depression amongst Ethnic Minority Groups, and in particular those for which a knowledge of the English language is insufficient, will be highlighted. With appropriate clinical and research caveats suggestions for developing a more culturally sensitive clinical service and assessment procedures will be outlined.

The proposed International Transcultural Study of Postnatal Depression coordinated by Professor Kumar and myself will be described, and support solicited from interested Research Centres.

A sociocultural model of mental disorder is fundamentally necessary to a full understanding of Perinatal Psychiatric Disorder alongside the explanatory models from Biological Sciences and Psychology.

MENTAL HEALTH SERVICES FOR WOMEN FOLLOWING CHILDBIRTH

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Postnatal mental illness is common and much of it serious. In addition childbirth poses a major risk to the mental health of women with serious mental illness. Without prompt and appropriate management, the consequences for the mother and her infant may be grave.

The rates of psychiatric disorder following childbirth are now well established. Ten per cent from all women delivered will suffer a new episode of major depressive illness, between three and five per cent severe enough to warrant psychiatric treatment. 1.7% will be referred to a psychiatrist, 4 per thousand admitted to a psychiatric hospital