WOMEN'S MENTAL HEALTH

[Abstract:0137] ***Women's mental health***

Repetitive transcranial magnetic stimulation for the treatment of depression during pregnancy and postpartum period

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Objective: Major depressive disorder is common during pregnancy and postpartum. These patients prefer non medicated treatment options. We present the outcomes of the treatment with repetitive transcranial magnetic stimulation (rTMS) for major depressive disorder during pregnancy and postpartum.
Methods: There were forty participants in our study, but twenty-five participants did not complete rTMS treatment sessions. Seven women suffered major depressive disorder during pregnancy and eight women major depressive disorder in the postpartum period. The rTMS intensity was set at 80 % of the motor threshold. A 20-Hz stimulation with a duration of 2s was delivered 20 times with 50s intervals. A session comprised 1,000 pulses. Treatment effect was assessed during treatment sessions 1, 7, and 15.
Results: Four out of fifteen (26%) subjects responded (decrease 50% in Hamilton Depression Rating Scale [HDRS-17] scores). Six out of fifteen (40%) subjects responded (decrease 50% in Hamilton Anxiety Rating Scale [HARS-14] scores). Eight out of fifteen (53%) subjects responded (under 13 points in Edinburgh depression scale [EDS-10] scores). There were no adverse effects in patient or infant during the pregnancy or in the post-natal period. Mild headache was the only common adverse event and was reported by 4 of 15 (26%) subjects. ($p<0.05$, Wilcoxon)
Conclusions: Maintenance rTMS may be an effective and feasible treatment option for pregnant and postpartum women with major depressive disorder who do not opt to take antidepressant medication.
Keywords: depression, pregnant and postpartum women, repetitive transcranial magnetic stimulation (rTMS)

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[Abstract:0205] ***Women's mental health***

Childhood trauma, sexual function disorder and partner compliance in women who have married at an early age

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Objective: The purpose of the present study was to determine effects of early marriage on sexual function and partner compliance of the couples and to research the childhood trauma caused in women who were forced to marry or have married early.
Methods: Women who have been referred to the Obstetrics and Gynecology Department of the Faculty of Medicine, Dicle University, including 50 women who had married before the age of 18 and 50 women who had married after that age were included into our study during the first six month of their pregnancy. Sociodemographic data Form, the Childhood Trauma Questionnaire (CTQ), Arizona Sexual Experience Scale were applied to all participants.
Results: In the sociodemographic data form, it was detected that those who have married before the age of 18 tend to have a lower education level (3.02 years), generally live in rural areas, have seven or more siblings have married a relative. In early marriage, exposure to physical and sexual violence by the husband during the first years of marriage were found as 36% and 32%, respectively. In those who had married after the age of 18, these rates were reported as 4% and 5%, respectively. When Arizona Sexual Experience Scale scores were assessed, sexual desire ($p=0.012$), sexual arousal ($p=0.034$) and total scores ($p=0.048$) were found higher in the early married group than those who have married after 18 years. In CTQ, emotional abuse ($p=0.04$) subscale scores were significantly higher in the early married

group. CTQ scale scores were compared by cut-off score (7 points) and physical negligence (p=0.035) was found significantly higher in early married women. The most common trauma type was determined as physical negligence (76%). For partner compliance, Emotional Expression Size (p=0.015) and Peer-to-Peer Association Size (p=0.003) subscales revealed significantly lower scores in the early married individuals than those married after the age of 18.

Conclusion: Women who get married under the age of 18 experience sexual dysfunction more often. Women who marry early experience more physical neglect and emotional abuse before marriage comparing to women who married later than age of 18. Women who married early have lower scores for Affectional Expression (degree to which respondent agrees with partner regarding emotional affection) and Dyadic Cohesion (degree to which respondent and partner participate in activities together) for dyadic adjustment and cannot get along with their spouses in terms of discussing maturely, doing activities together, exchange of ideas, type of loving.

Keywords: woman sexual function, childhood trauma, early age

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[Abstract:0398] ***Women's mental health***

Unintended pregnancies as a burden for women with psychiatric diagnoses

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Objective: Developments in psychiatric treatment have allowed women with psychiatric diagnoses to interact more in social life. As more women with psychiatric diagnosis are becoming mothers or planning to be, maintenance of psychotropic drugs, to have become a current topic. Half of the pregnancies occurred unplanned. But this may lead to abrupt drug discontinuation which is a risk factor for relapse into an ongoing psychiatric disease, leading pregnant women to reintroduce drugs during this period.

In this study, women with psychiatric diagnoses are assessed in terms of sociodemographic characteristics, possible perinatal complications with hospitalization rates among unintended pregnancies and vice versa.

Methods: A prospective study was conducted in Bakirkoy Prof. Dr. Mazhar Osman Mental and Neurological Diseases Research and Training Hospital. The total sample consisted of 100 pregnancy histories of inpatients admitted for psychosis, bipolar disorder or unipolar depression according to to DSM-IV criteria. All women were assessed with their clinical and sociodemographic variables.

Results: The number of assessed pregnancies were 100. Thirteen of those pregnancies were reported to be unintended. Five of the mothers (38%) had schizophrenia, 8 were bipolar or unipolar; there was no statistical significance.

The two groups did not differ in terms of age, history of alcohol or substance use, education or economic circumstances ($p>0.05$), and drug compliance ($p>0.05$) also did not differ.

The duration of illness, total length of stay, number of pregnancies, total number of live births, ($p>0.05$) did not differ. Also relation of psychiatric illness in terms of pregnancy, rate of psychotropic drug exposure in the beginning of pregnancy, gestational age as psychiatric symptoms reoccur, number of hospitalizations during pregnancy, duration of stay and necessity for ECT, number of suicidal attempts all showed no statistical difference ($p>0.05$).

Interestingly, the mentioned variables also showed no statistical difference. Besides perinatal complications, congenital anomaly rate, gestational weight and age at birth did not differ between these two groups ($p>0.05$). But in the postpartum period, mothers who got pregnant unintentionally needed psychotropic medication more than other group ($p<0.005$), whereas the treatment duration was significantly longer (1.2 ± 1.7 versus 0.8 ± 2.4 months) ($p<0.004$). The rate of mothers capable of looking after their offspring by themselves was significantly lower ($p<0.05$) and fewer women were living together with the father of the offspring before and after pregnancy ($p<0.05$) in the unplanned pregnancy group.

Conclusion: Unintended pregnancies seem to be a significant burden for women in the psychiatric group, especially in bipolar and schizophrenic individuals. But, as cultural differences becomes apparent during the perinatal period, exigencies may differ from one cultural setting to another. In our study, statistical significance came to the fore during the postpartum period. This group needed more medication and prolonged hospitalization in the postpartum period. As women who got pregnant unintentionally show to need support for the offspring's care, this must be part of counseling before delivery. As the postpartum period seems to be vital for the unintended pregnancy group, a postpartum psychiatric consultation must be made.

Keywords: unintended pregnancy, burden, perinatal psychiatry

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