

# POSTERS – PSYCHIATRY

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## **Pregnancy, birth, postpartum and their influence on bipolar affective disorder**

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**Introduction/Objectives:** There is a well-established risk of acute episodes of postpartum disturbances especially in women diagnosed with mental disorder prior to childbirth (Davidson & Robertson, 1985). Consequences for mother and child can be fatal (Jones & Craddock, 2001). Nevertheless there is just few and contradictory data about pregnancy and postpartum and the influence on the further course of illness in patients with bipolar disorder.

**Participants, Materials/Methods:** Women in Styria diagnosed with bipolar affective disorder are retrospectively interviewed about pregnancy, birth and postpartum, course of illness and general medical history by a personal interview as well as standardised questionnaires. Data is compared with two kinds of controls: (i) female bipolar patients without children, (ii) healthy controls, mothers without severe diseases. The following material is used:

- 1) Semistructured interview
- 2) STAI (Laux et al.)
- 3) LEBI (Richter & Guthke, 1994)
- 4) F-SozU (Frydreich et al., 2007)
- 5) NEO-FFI (Costa & McCrae)
- 6) LAST (Rumpf et al., 1997)
- 7) PKS (Schneewind & Kruse, 2002)

**Results:** Main hypotheses are increased incidence of postpartum depression of patients with bipolar disorder in comparison to “healthy” mothers and influence of childbirth on life-course of illness. Risk factors, influence of heritability and birth complications are evaluated. Additionally the following aspects will be examined:

- 1) state and trait anxiety
- 2) psychosocial risk factors and life events
- 3) personality and neuroticism
- 4) alcohol and drug abuse
- 5) coping strategies
- 6) social support and partnership
- 7) teratologic knowledge and compliance

**Conclusions:** Findings of our study can be useful in detecting predictors of postpartum problems in bipolar disorder and in helping concerned women and their families in better managing pregnancy and childbirth.

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## **Telepsychiatric services for follow-up war related post-traumatic stress disorder (PTSD) and enduring personality exchange (F62.0) after catastrophic expirience**

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**Introduction/Objectives:** This study was examination by Telepsychiatry and e-consulting of war related posttraumatic stress disorder (PTSD) and F62.0 enduring personality exchange after catastrophic expirience.

**Participants, Materials/Methods:** The subjects were 100 male psychiatric patients by Telepsychiatry and e-consulting with war-related PTSD by videoconferencing via broadband ADSL and WADSL by 768kbps. Post-traumatic stress syndrome-PTSS scale and 20-item Zung self rating scale was used to assess state measures of symptom severity.

**Results:** The symptoms of prolonged PTSS (posttraumatic stress syndrome) with duration between six moths and 2 years had been founded at 73 (73%) and 27 (27%) of patients had no PTSS. Symptoms of depression had been found at 64 (64%) patients. The enduring personality exchange after catastrophic expirience (F62.0), had been found at 14 (14%) patients ( $P < 0.01$ ); symptoms of depression had been found at 47 (47%) patients after 2 years.

**Conclusions:** Telepsychiatry service and e-consulting it is able to serve not only PTSD but also wide range of other patient population. Continued examination and follow-up evolution of PTSD symptoms by Telepsychiatry service may be important in predicting the eventual development of depressive symptoms and precipitation of F62.0 enduring personality exchange after catastrophic expirience in the war related PTSD.

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## **The influence of bipolar disorder on sexuality and partnership**

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**Introduction/Objectives:** The influence of many psychiatric diseases on privacy (especially on sexuality and partnership) is still quite unexplored. So far, studies of psychiatric patients, have mainly dealt with sexual transmitted diseases and sexual dysfunctions in association with psychotropic drugs. There are studies concerning sexual satisfaction in patients suffering from different kinds of psychiatric diseases, but bipolar patients were little represented. The few existing data found an accumulation of sexual dysfunction, a lower frequency of sexual contacts and a decreased self-confidence in bipolar patients and also their partners reported on lower sexual and partnership satisfaction (Raja and Azzoni, 2003; Lam D., 2005). As sexual and partnership satisfaction are important parameters for quality of life, we look forward to use the study's results to offer problem-specific therapies but also for helping patients and their families to accept and integrate illness-related problems in relationship and sexuality.

**Participants, Materials/Methods:** 35 men and women with a diagnosed bipolar affective disorder were recruited from the Psychiatric department, University Clinic Graz. Our comparison group consists of the same amount of people without mental

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