S12. Long-term impact of perinatal stress

Chairmen: H van Engeland, A Stewart

NEONATAL NEUROLOGICAL DEVIANCY: NEUROLOGICAL AND BEHAVIOURAL SEQUELAE DURING SCHOOL-AGE AND ADOLESCENCE

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The Groningen Perinatal Project (GPP) is a long-term follow-up study on the consequences of neonatal brain dysfunction for later development. All infants born in the Groningen University Hospital in 1975–1978 (n = 3162) were assessed neurologically during the first week of life. Follow-up assessments of various subpopulations were carried out at $1\frac{1}{2}$, 4, 6, 9, 12 and 14 years of age. The follow-up focused on the outcome of the children who had been neurologically abnormal at birth (n = 160). They were studied with control groups of children who had shown no or only mild neurological abnormalities at birth (n = 2 × 300). The follow-up assessment consisted of a neurological examination paying special attention to presence of minor neurological dysfunction (MND), and a documentation of learning- and behavioural problems.

The prevalence of MND increased till the age of 12 years. With the onset of puberty, the prevalence decreased considerably. At any age, the presence of MND was clearly related to neonatal neurological deviancy. The presence of MND, in turn, was significantly related to learning problems and behavioural difficulties.

The onset of puberty was not only followed by a reduction of the frequency of MND, but is also induced a change in perinatal-neurological-behavioural relationships. Before the onset of puberty the *number* of signs of MND played a predominant role, while after puberty's onset the *type* of dysfunction was critical. Especially fine manipulative disability and dysco-ordination were related to neonatal brain dysfunction. Adolescents with these types of dysfunction showed significantly more often cognitive and attention problems. Moreover, they often reported themselves as socially inadequate.

INTERACTION BETWEEN BIOLOGICAL AND PSYCHOSOCIAL RISKS IN EARLY DEVELOPMENT

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In 360 children the predictive value of defined biological and psychosocial risks during childhood has been examined within a bifactorial design. Children were assessed at 3 months, 2 years, $4\frac{1}{2}$ years and 8 years for motor, cognitive and socio-emotional development. Educational behaviour and mother-child interaction were included in the analysis. Regression analysis showed decreasing effects of severe biological risks on motor development and of severe biological and psychosocial risks on cognitive development. Socio-emotional development seemed mainly influenced by psychosocial risks. Remarkable were partly late diagnoses of cognitive impairment. Mother-child interaction made essential contribution to explained variance of cognition and behavior. Hardly no protective mechanisms could be detected. Almost all effects demonstrated were additional effects, nearly no interactions could be seen. Transaction mechanisms from children's behavior on parenting style and from there back to children's later behavior have been demonstrated. Excluding severe impairments persisting behavior starts only at the age of 2.

LONG-TERM BEHAVIOURAL, COGNITIVE AND NEUROLOGICAL SEQUELAE OF PREMATURITY

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Objective: Follow-up of premature children with severe peri- and neonatal complications who did not develop serious physical and/or mental handicaps. The aim of the study was to evaluate the prevalence, change and persistence of behaviour problems, cognitive disabilities and minor neurological dysfunction.

Method: Longitudinal follow-up of a cohort of premature children (N = 178) hospitalized in a Neonatal Intensive Care Unit. The follow-up extend from early school-age up to adolescence and was conducted with the help of a the Child Behaviour Check List (CBCL) and b. clinical examinations in a sample randomly selected from the original study sample (N = 66). Children were assessed four times (early school age, school age, pre-adolescence and adolescence) with the CBCL. Clinical assessments were conducted twice (school age and adolescence) and comprised psychiatric, neurological and neuro-psychological examinations.

S13. Art ventures in mental health

Chairmen: M Mitchell, R Downie

GOFAL CELF — ARTS CARE

Hugh Bevan Jones. *Derwen NHS Trust West Wales*

There has been a significant shift in the way in which the arts are treated within the Health Care context. ARTS CARE represents a clear and conscious artistic and cultural strategy directly addressing the challenge of re-engaging the arts with a broader cross section of the community. Adventurous and committed arts practitioners, enlightened art funders, administrators and policy makers have established a new relationship between arts and community. One area is that of creative work by and for people with special needs and a variety of projects have been initiated within the West Wales region over a number of years. This pilot project has been designed to provide a planned programme of artistic activity for mentally ill people in day care and hospital settings. It provides visual arts and crafts, dance, drama, creative writing and story telling, music and photography, drawing on the expertise of professional artists from the community. This movement has witnessed considerable growth in awareness and activity over the past five years and ways in which support and financial advice have been obtained will be discussed.

PROSPECTIVE OF MENTAL ILLNESS — AN ART EXHIBITION IN THE GORBALS

Denise Coia. *Florence Street Day Hospital, Glasgow*

Our main aim was 'informal education' and 'demystification' of mental illness. By organising an art exhibition we hoped we would bring people into our day hospital and show them some aspects of

mental illness and the recovery of mental health which may surprise them.

Several themes emerged from the exhibition, some unexpected. Patients and staff derived tremendous satisfaction from the exhibition and the attention it engendered. With a little effort the whole ambience of the building improved and the patients hosted a number of 'at home' afternoons for other patients around Scotland. Interest grew in leaps and bounds. People began to evaluate their contributions in light of public interest to purchase their work and to re-evaluate themselves.

New ideas emerged and continue to emerge for new projects, one exhibition has spawned eight projects, two awards and funding for an artist in response. Through staff and patients' efforts we have continued to grow and thrive. Relationships became special and patient/therapist barriers were broken down, we became people with a common goal. The public were enthusiastic with about content and quality of the work of these people and local groups have supported us welcome us into their community.

What of the future? This paper explores the way in which art brought together the various strands of relationship, altered prospective and individual acceptance. How do we create this environment permanently and incorporate it into healthcare services?

HOUSE OF ARTIST IN GUGGING, NEAR VIENNA

Johann Feilacher. *A-3400 Maria Gugging, Hauptstr. 2, Austria*

In the fifties, a time of radical change after World War 11, the art world in Austria experienced new trends and all kinds of developments. It was in this climate of openness that the Psychiatrist Leo Navratil discovered artistic talent among his patients in the course of routine drawing tests. He encouraged these artists and was able to publicise their work. Through books and films these patients came into contact with the art world, gallerists, museum people and avant garde artists. Collectors appeared on the scene enhancing the artists image through purchases and sales. Exhibitions in galleries and museums followed and these artists who could not have made such contacts on their own were now sought out by 'society'. A 'House of Artists' was established combining studios, gallery and communication areas selling original works, books, catalogues, posters and postcards. On his retirement his work has been continued Dr Johann Feilacher, and their artistic achievement and future international success is discussed.

TATE GALLERY

Penny Robertson. *Pentreath Industries, Bodmin, Cornwall*

The 'Tate Experience' is an art project which enables talented artists to attend the Tate Gallery, St Ives, for workshops run by artists who are usually exhibiting in the gallery. The workshops provide structured tuition on a variety of themes and have included photography, textiles, landscapes, printmaking, portraiture.

This project won a Healthy Alliance award 1995 — Virginia Bottomly.

The workshops are specifically for artists who have experienced enduring mental illness.

S14. The treatment of depression in the medically ill

Chairmen: M Musalek, V O'Keane

DEPRESSION AFTER FIRST MYOCARDIAL INFARCTION

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Depressive disorder is a frequent concomitant disease in patients with diseases of the coronary arteries and in particular following myocardial infarction (MI). The incidence rates of depressive disorder following MI vary widely, from 20% up to 88%, probably because standardised criteria for depression and standardised interviews were not applied. Recent studies report a frequency of about 20% for major depression. The number of methodologically well conducted studies is however still small. The psychopathological structure of depressive illness following MI needs badly further investigation. Also the course of depressive disorders following MI has not been sufficiently studied. In a study of Schleifer et al (1989), 44% of the patients who 8–10 days following MI were diagnosed with a major depression still qualified for this diagnosis 3 months later. Longer term data are as yet not available. Recently Frasure-Smith et al (1993 and 1994) reported a five fold increase of cardiac death in depressed patients versus non depressed patients in an eighteen months follow-up study after MI.

A research project is described investigating first: the frequency, nature and course of depressive disorder following a first MI and impact on cardiac prognosis of MI; second: possible cardiological, biological, psychological, social and interrelational riskfactors in the occurrence of depression post MI and third: a randomised double blind placebo controlled intervention on depression following MI. Data are presented of a cumulative year prevalence study of depressive symptoms 1, 3, 6 and 12 months following a first MI, reporting a gradually increasing percentage of major depressive disorder from 5% one month post MI to 29% 12 months post MI. Initial data of a case control study comparing 15 depressed and 15 non-depressed post MI patients identifies cardiac complications directly after MI, a past psychiatric history and the use of benzodiazepines in the first weeks after MI as possible riskfactors.

The clinical presentation is dominated by loss of interest, fatigue, irritability and psychomotor agitation. Guidelines for the detection of depressive disorder post MI are given based on the above research.

PREFRONTAL AND ANTERIOR PARALIMBIC DYSFUNCTION IN PRIMARY AND SECONDARY MOOD DISORDERS: EVIDENCE OF COMMON NEURAL SUBSTRATES

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Preclinical evidence suggests that basal ganglia-thalamocortical circuits involving prefrontal and anterior paralimbic (anterior limbic and nearby cortical) structures may be involved in the mediation of emotional processes. Recent brain imaging studies have further sup-

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