

d'une observation clinique, une expérience thérapeutique originale, celle de la "Maison des 13/17", unité d'internat psychothérapeutique qui accueille dix adolescent(e)s entre 13 et 17 ans, pour une durée de 2 à 3 ans. Ces adolescents, qui présentent des troubles sévères de la personnalité (pathologies borderline, psychoses infantiles cicatrisées, névroses graves), sont encadrés par des infirmiers et des éducateurs toute la semaine et un week-end sur deux, dans un pavillon situé dans la banlieue de Paris. Ils sont issus de famille "à problèmes multiples" (sociaux, éducatifs, psychiatriques) et ont, pour la plupart, vécu des situations de maltraitance ou d'abus sexuels. Un des buts poursuivis est la réinsertion et le maintien de ces jeunes dans un circuit scolaire non spécialisé. Un autre est celui de la mise en place d'une autonomisation et d'une insertion sociale de bonne qualité, ce qui passe à la fois par un travail à l'intérieur de la maison (respect du cadre et des règles de vie quotidienne, ateliers introduisant des médiations relationnelles: informatique, photo, écriture, lecture etc.) et par le développement d'activités à l'extérieur de la maison (sports, loisirs), pour lesquelles les jeunes sont intégrés dans des clubs municipaux. Le travail thérapeutique de l'équipe est étroitement articulé avec celui d'intervenants extérieurs (foyers, aide sociale à l'enfance, juges pour enfants, établissements scolaires).

A STUDY OF BODY IMAGE, EATING DISORDER SYMPTOMS, MATERNAL FOETAL ATTACHMENT AND BREAST FEEDING INTENTIONS IN PREGNANCY

Sarah Frances Foster. *Rawnsley Building, Department of Psychiatry, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9BX*

Objectives- To determine whether body satisfaction and degree of maternal foetal attachment in late pregnancy affect plans to breast or bottle feed. To examine the relationship between body shape satisfaction and maternal foetal attachment. To compare the use of the 'Eating Disorders Examination' and the 'Body Satisfaction Scale' to look at body image in pregnant women.

Subjects- 50 women between 32 and 38 weeks pregnant were invited to join the study. The subjects were recruited from Liverpool Women's Hospital.

Results and conclusions- 38 women completed the full interview and questionnaires. Women intending to breast feed have lower levels of shape concern and are more satisfied with their body shape. Women intending to breast feed have higher levels of maternal foetal attachment. Women who were more satisfied with body shape tended to have higher levels of maternal foetal attachment but the relationship was not statistically significant. The 'Body Shape Satisfaction Scale' (simple questionnaire) is an adequate alternative to the 'Eating Disorders Examination' (Investigator based interview) when studying normative concerns about body shape in pregnant women. Body shape dissatisfaction and low levels of maternal foetal attachment may be partially responsible for the failure of health education programmes encouraging breast feeding.

POST-PARTUM PSYCHIATRIC MORBIDITY

R. Ghubash. *Faculty of Medicine & Health Sciences, United Arab Emirates University, P.O. Box 17666, Al Ain, United Arab Emirates*

Background: There has been very few studies of the prevalence of post-partum psychiatric illness outside western Europe and North America. This prompted us to study its prevalence in a UAE sample and examine psychosocial risk factors that contribute to its occurrence.

Method: A series of 134 women were prospectively studied post-partum on the third day, first week, 8th week and 30th week after delivery. An assessment was made using the Edinburgh Post-natal Depression Scale, the Self Reporting Questionnaire and the Present

State Examination. Socio-demographic, and obstetric data were also collected.

Results: The prevalence of post-partum psychiatric illness was 17.8% in the first week, 22.2% at 8 weeks and 12.8% at week 30. The occurrence of psychiatric illness was significantly associated with increased number of children, poor marital relationship, being divorced/previously married, living with own family, presence of past psychiatric history and an alcoholic member in the family.

Conclusion: The findings are similar to studies in Western Europe and North America except for the emergence of more specific social risk factors.

ANTIPSYCHOTIC DRUG USE IN CHILDREN WITH LEARNING DISABILITY (MENTAL RETARDATION): THE IMPACT OF DIAGNOSIS

E. Gralton, D.H. James, M.P. Lindsey. *Cornwall & Isles of Scilly Learning Disabilities NHS Trust, 57 Pydar Street, Truro Cornwall, UK TR1 2SS*

Despite weak scientific evidence for their effectiveness, antipsychotic medication continues to be widely prescribed for people with learning disability and behavioural problems (Challenging Behaviour). We need to know more about the reasons for their continuing use. This cohort study describes the characteristics of children given antipsychotic medication for more than a month compared with other children with cohort.

A survey of all the known children with a learning disability in Cornwall was carried out in 1983 and details of their intellectual and psychiatric status, behavioural problems additional handicaps and psychosocial factors was recorded. The children were followed up and this review looks at those children who were born between 1965 to 1974. Of 302 children in this group 235 were successfully followed up to their 19th birthday. Those children given antipsychotic medication were regularly reviewed and medication continued only where there was evidence clinically for its effectiveness. The children mostly lived with their families but some lived with foster parents or small units in the community.

The percentage of children given antipsychotic medication for more than one month increased from 0.6% at 5 years to 7.3% at 17 years. The average dose in Chlorpromazine equivalents increased from 62 mg at 9 years to 195 mg at 18 years. An average of 3 children a year were given antipsychotics for the first time. This number did not increase with age but as the average duration of treatment was 3 years, 5 months, the percentage of children on antipsychotics gradually increased.

Children given antipsychotics were more likely to have challenging behaviours and a greater number of different challenging behaviours including aggression, destructive behaviour, self injury, temper tantrums and overactivity. Those given antipsychotic medication were more likely to have a diagnosis of autism and hyperactivity and less likely to have a diagnosis of conduct disorder, Down's Syndrome, epilepsy and cerebral palsy. However when children with multiple behavioural problems who had been given medication were compared with children who had a similar number and type of behavioural problems but who had not been treated with antipsychotics, the links between diagnostic categories and medication listed above remained true.

People with learning disability form a diverse group with different aetiologies and associated handicaps. Research into the effectiveness of antipsychotic medication in clients with learning disability has often failed to take account of diagnostic diversity. This study shows that additional handicaps influence the use of antipsychotics clinically.