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icates there might be reason to suspect a patient has depression, he uses a validated, 20-question screening tool. Patients found to have suicidal ideation are handled as “a medical emergency as much as a ruptured appendix.” He refers to a trusted network of mental health professionals.

He refers other patients for psychotherapy and/or prescribes antidepressants himself, although he is fully supportive of colleagues who refer all patients with depression to mental health professionals. Not all ob.gyns. feel comfortable managing psychotropic medications, but all

should make the effort to find out if their patients are depressed, he said.

“I think it’s very important that we’re the ones doing the screening. We’re the ones who have contact with women throughout their pregnancies and ... throughout their whole lifetimes,” he said.

Screening for intimate partner violence was also highlighted at the meeting, including an award-winning paper by Dr. Jennifer Ballard Dwan, a maternal-fetal medicine fellow at Brown University, Providence, R.I..

Dr. Dwan compared screening for toxoplasmosis, which has an estimated incidence of 0.001%, with intimate partner vi-

olence, which occurs in approximately 4%-8% of pregnancies.

Among 324 randomly selected pregnant women seen at private and public clinics, 68% were asked about cat exposure and 16% were screened for intimate partner violence. Of note, 15% of women screened positive for domestic violence when asked, she said.

Women attending public clinics were far more likely to be screened for domestic violence than were privately insured women, while the reverse was true for screening about cat exposure.

During the press briefing, Dr. Phelan said she “almost ... worries more” about

middle- to higher-income women being missed during depression screening as well. When it’s a 16-year-old who’s in a crisis pregnancy, people are more likely to accept that she might be depressed, she said.

Old myths die hard when it comes to a married, economically stable woman with a “very planned pregnancy” who becomes depressed. “There’s an idea that if she were strong, she could overcome it,” certainly without taking a medication that has a remote chance of harming her baby.

“I don’t see us hesitating to tell the overweight, type 2 diabetic patient [to take her diabetes medication],” said Dr. Phelan. ■

## Two Questions Can Often Detect Abusive Relations

SAN DIEGO — A formal, two-question screening tool identified significantly more pregnant women in abusive relationships than did questions formulated by physicians to conform to guidelines of the American College of Obstetricians and Gynecologists, a study has found.

The two questions from the Women’s Abuse Screening Tool (short form) are:

► In general, how would you describe your relationship? (A lot of tension, some tension, or no tension?)

► Do you and your partner work out arguments with a lot of difficulty, some difficulty, or no difficulty?

Dr. Tiffany A. Moore Simas and associates at the University of Massachusetts, Worcester, screened 136 prenatal patients with both the formal questions and informal physician prompts. (Guidelines from ACOG recommend asking about violence and trauma during prenatal visits; however, no formal questions are specified.)

Results were presented in poster form at the ACOG’s annual meeting. Six patients (4.4%) who were experiencing intimate partner violence in their current relationships were identified by both screening methods. An additional 10 patients (7.4%) were detected only by the two questions from the Women’s Abuse Screening Tool.

Six patients refused to participate in domestic violence screening. Of the total 16 patients in violent relationships, 5 separated from their partners during pregnancy.

Dr. Moore Simas and colleagues concluded that the two-question screen is “valid, reliable, easy, and unobtrusive.”

The other six questions in the long form of the Women’s Abuse Screening Tool that may be used to make a more comprehensive assessment (answers for each are Occasionally, Sometimes, Never) are:

► Do arguments ever result in your feeling down or bad about yourself?

► Do arguments ever result in hitting, kicking, or pushing?


► Do you ever feel frightened by what your partner says or does?

► Has your partner ever abused you physically?

► Has your partner ever abused you emotionally?


► Has your partner ever abused you sexually?

—Betsy Bates



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References: 1. Moore C et al. *J Am Diet Assoc.* 2004;104:980-983. 2. 2005 Dietary Guidelines Advisory Committee Report. Available at: [http://www.health.gov/dietaryguidelines/dga2005/report/html/D1\\_adequacy.htm](http://www.health.gov/dietaryguidelines/dga2005/report/html/D1_adequacy.htm). Accessed March 22, 2006. 3. Holick MF. *Am J Clin Nutr.* 2004;79:362-371. 4. Hanley D, Davison KS. *J Nutr.* 2005;135:332-337. 5. Hollis BW. *J Nutr.* 2005;135:317-322. 6. Dawson-Hughes B et al. *Osteoporos Int.* 2005;16:713-716.

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