

Ask New Mothers About Corporal Punishment

BY BETSY BATES

Los Angeles Bureau

HONOLULU — Corporal punishment was being used by 1 in 7 mothers to discipline their 11-month-olds in a prospective study of 1,378 mothers.

Dr. Esther K. Chung, primary investigator, said the findings suggest that physicians may want to consider addressing the issues of spanking and corporal punishment during routine infant visits, rather

than waiting until the toddler years.

Women participating in the Philadelphia-based study were initially interviewed during their first prenatal visit concerning their attitudes about corporal punishment and their own childhood experiences. Follow-up interviews were conducted in their homes at 3 and 11 months post partum, Dr. Chung said at the annual meeting of the Pediatric Academic Societies.

A total of 1,378 mothers were enrolled, and almost half of them were first-time

mothers. Of the cohort, 75% were African American and 76% were single; their average mean income was \$8,271 a year.

More than half of the mothers described suffering physical abuse before the age of 16, and 13% reported being sexually abused during childhood; 14% had experienced domestic violence. Almost 20% had witnessed a shooting during childhood, and 46% knew the victim of a shooting.

The women's lives were not devoid of affection, however.

Half of them reported that, during childhood, they had often been told they were great. Nearly 60% of them said they

had received hugs when they did something well. A positive maternal relationship was reported by 76%, and 53% said they had experienced a positive relationship with their fathers.

During the prenatal visit, 19% supported corporal punishment in their responses to statements such as, "Spanking children when they misbehave teaches them to behave," and "Children who bite others need to be bitten so they can learn what it feels like."

By the time an interview was conducted 11 months post partum, 14% of the mothers were already using corporal punishment on their babies, reported Dr. Chung, a pediatrician at Jefferson Medical College and the Alfred I. duPont Hospital in Philadelphia.

The use of corporal punishment post partum was strongly correlated with a mother's own history of physical abuse during childhood, her experience of verbal hostility during her own childhood, and her own favorable attitude in the prenatal period toward the use of corporal punishment.

Expressing a positive attitude toward corporal punishment during pregnancy increased the odds of applying corporal punishment almost twofold by 11 months post partum. Physicians should consider the findings when they counsel mothers-to-be and mothers of young babies. Although some parents "look at us like we're crazy," the message that there are alternatives to corporal punishment is heard, said Dr. Chung. "I don't think our efforts at educating families fall on deaf ears."

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HIGHLIGHTS OF PRESCRIBING INFORMATION

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PATANASE (olopatadine hydrochloride) Nasal Spray

Initial U.S. Approval: 1996

INDICATIONS AND USAGE

PATANASE Nasal Spray is an H₁ receptor antagonist indicated for the relief of the symptoms of seasonal allergic rhinitis in patients 12 years of age and older. (1)

DOSAGE AND ADMINISTRATION

For intranasal use only.

The recommended dose of PATANASE Nasal Spray in patients 12 years and older is two sprays per nostril twice daily. (2)

Priming Information: Prime PATANASE Nasal Spray before initial use and when PATANASE Nasal Spray has not been used for more than 7 days. (2.2)

DOSAGE FORMS AND STRENGTHS

Nasal spray 0.6%: 665 mcg of olopatadine hydrochloride in each 100-microliter spray. (3)
Supplied as a 30.5 g bottle containing 240 sprays.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

- Epistaxis, nasal ulceration, and nasal septal perforation. Monitor patients periodically for signs of adverse effects on the nasal mucosa. Avoid use in patients with nasal disease other than allergic rhinitis. (5.1)
- Avoid engaging in hazardous occupations requiring complete mental alertness such as driving or operating machinery when taking PATANASE Nasal Spray. (5.2)
- Avoid concurrent use of alcohol or other central nervous system depressants with PATANASE Nasal Spray. (5.2)

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Mental Ills, Pregnancy Studied

BY MARY ANN MOON

Contributing Writer

Pregnancy does not raise the risk of developing any of the most prevalent mental disorders, with the notable exception of postpartum depression, according to the findings of a survey.

Pregnant and postpartum women are widely considered to be vulnerable to psychiatric disorders, but no study to date has used methods that permit accurate estimation of the prevalence of a wide range of such disorders among pregnant women in the general U.S. population, said Dr. Oriana Vesga-López of the New York State Psychiatric Institute and her associates.

Dr. Vesga-López and her associates studied the issue using a nationally representative sample of 43,093 adults surveyed in person as part of the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions conducted by professional lay interviewers in the U.S. Census Bureau. This included nearly 15,000 women of childbearing age, of whom 453 were pregnant, 994 were postpartum, and 13,025 were neither ("nonpregnant").

The survey included a diagnostic interview to screen for self-reported Axis I diagnoses, including substance use, mood disorders, and anxiety disorders. To gauge psychotic disorders, respondents were asked whether they had ever been told by a health professional that they had schizophrenia or a psychotic disorder.

The 1-year prevalence of psychiatric disorders ranged from 0.4% (psychotic disorders) to 14.6% (substance use disorders) in pregnant and postpartum subjects, com-

pared with 0.3%-19.9% for the same diagnoses in nonpregnant women, the researchers said (*Arch. Gen. Psychiatry* 2008;65:805-15).

The prevalence of substance use was actually lower in pregnant and postpartum women than in nonpregnant women, and the prevalence of social anxiety disorder was markedly lower.

Factors that heightened the risk of psychiatric disorder in pregnant women included younger age, single marital status, recent exposure to traumatic or stressful life events, pregnancy complications, and poor overall health. The presence of any of these factors should alert providers who treat women and their children that targeted intervention might be necessary, Dr. Vesga-López and her associates said.

Despite the relatively high prevalence of psychiatric disorders in both pregnant and nonpregnant women in this study, the rate of treatment for psychiatric disorders was "very low" in both groups. This finding was particularly striking in pregnant women, given their usual access to health care during and immediately after pregnancy.

"Their failure to receive psychiatric treatment suggests the existence of important barriers to mental health care for this population," including the failure to recognize psychiatric symptoms or to consider them a normal response to the changes of pregnancy, the researchers noted.

The study was funded by National Institutes of Health grants, and grants from the American Foundation for Suicide Prevention and the New York State Psychiatric Institute. Dr. Vesga-López had no disclosures.