

# Fetal Alcohol Spectrum Draws Range of Diagnoses

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SAN DIEGO — Children with fetal alcohol spectrum disorders receive a wide variety of psychiatric diagnoses and medications, Julia Murray, M.D., reported in a poster presentation at the American Psychiatric Association's Institute on Psychiatric Services.

"Out in the community, people are trying to address the needs of these kids, but it looks as if [they] are being given all kinds of diagnoses. They have a full spectrum of psychiatric symptoms, and they're receiving a wide range of diagnoses and psychotropic medications," said Dr. Murray, a psychiatrist at Odessa Brown Children's Clinic, Seattle.

As part of a study funded by the Centers for Disease Control and Prevention, Dr.

Murray and associates reviewed medical charts of 50 children with fetal alcohol spectrum disorders or alcohol-related neurodevelopmental disorders and behavioral problems who were enrolled in community-based therapeutic programs. The records covered about 18 months.

"It's been reported that kids with fetal alcohol spectrum disorders do have depression, bipolar syndromes, and psychosis syndromes, but there has been very little quantitative and qualitative de-

scription," Dr. Murray said. "The literature primarily addresses an [attention-deficit hyperactivity disorder]-type behavioral syndrome and the use of stimulants. There's not much about treatment for any other diagnoses."

The mean baseline age of participants was about 9 years. Of 50 children, 76% had received psychiatric diagnoses. Overall, 23 psychiatric conditions were found, including attention-deficit hyperactivity disorder (74%), learning disorders (26%), cognitive

disorders (26%), disruptive behavior disorders (21%), and anxiety disorders (18%).

More than half (56%) had been prescribed a mean of 2.23 simultaneous medications, ranging from stimulants to atypical antipsychotics. Primary care clinicians were the most frequent prescribers (50%), followed by psychiatrists (42%), and both (8%). The study was limited because the investigators "didn't try to verify the diagnoses or look at the efficacy of the medications that we used," Dr. Murray said. ■

## Postpartum Depression Tied To Incontinence

ATLANTA — Women with postpartum depression are more likely than are non-depressed women to have urge urinary incontinence, according to findings presented in a poster at the annual meeting of the American Urogynecologic Society.

Of 146 women in the cross-sectional study, 12% had postpartum depression at the 6-week visit as measured by the Edinburgh Postnatal Depression Scale. At that time, those with depression had a fourfold increase in overall and subscale scores on the Urge-Incontinence Impact Questionnaire (UIIQ), compared with nondepressed women.

This finding suggests depressed patients have more symptoms and a greater impact on their lives from urge urinary incontinence, Dee Fenner, M.D., said.

Depressed and nondepressed patients were similar in age, race, parity, and body mass index. On multivariate analysis, depression scores were shown to be affected by UIIQ score, smoking, and infant feeding mode (bottle vs. breast). But urge incontinence symptoms had the greatest effect on depression scores.

In addition, depressed patients were more than twice as likely to have had a cesarean delivery, Dr. Fenner said.

That finding amplifies the association between urinary incontinence and postpartum depression because studies have shown women who have a C-section are less likely to develop urge urinary incontinence than are those who deliver vaginally, Dr. Fenner noted.

"We hope this will serve for future studies as a model to predict the onset of depression and to actually work out whether or not this is the depression causing the incontinence or the incontinence causing the depression," she said.

The model could also aid in assessing the role of various markers, such as cortisol levels, hormone fluctuations, and neurotransmitters in depression and incontinence.

—Sharon Worcester

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