In RLS, Depression Severity Key When Treating Both

BY SHARON WORCESTER
Southeast Bureau

SALT LAKE CITY — Depression severity is a key factor in determining how to treat comorbid depression and restless legs syndrome, Dr. John Winkelman said at the annual meeting of the Associated Professional Sleep Societies.

The two conditions frequently occur together, and often it is unclear which is primary. Further complicating the matter of treatment is the fact that therapies for the two can be conflicting; for example, SSRIs frequently used to treat depression have been shown to exacerbate RLS symptoms, said Dr. Winkelman, associate director of the Sleep Disorders Program at Brigham and Women's Hospital, Boston.

But the substantial morbidity and mortality that can be associated with severe depression take precedence when it comes to initiating treatment. In patients presenting with untreated severe depression and RLS, treat the depression first. If possible, avoid SSRIs and try a nonserotonergic antidepressant such as bupropion instead, he advised.

The RLS symptoms should be treated shortly thereafter, because "the last thing a person with depression needs is to be up walking at night [as a result of RLS symptoms] and getting more and more agitated," said Dr. Winkelman, also of Harvard Medical School, Boston.

In patients with mild depression and RLS, treat the RLS first and see if the depressive symptoms improve, he suggested.

Given that about 10% of the U.S. population is on an antidepressant, it is likely that patients with RLS will present already on an SSRI for depression; in these cases, consider switching the patient to a nonserotonergic antidepressant only if the SSRI was the first drug tried.

In a patient who was treated with multiple drugs before finding one that worked for the depression or who was hospitalized for severe depression, don't rock the boat, Dr. Winkelman said. Rather, try adding a dopaminergic to treat the RLS symptoms in these patients, he said.

Another important factor to consider in patients with comorbid depression and RLS is the effects of sleep quality and quantity on depression and RLS.

"There is quite a bit of data documenting that insomnia is an independent risk factor for incident, new-onset depression," Dr. Winkelman noted. And there is good correlation between RLS severity and sleep disturbance, as well.

In one study of more than 100 patients, there was a strong relationship between RLS-related sleep disturbance and depression, but RLS severity in itself did not predict depressive symptoms. Similar findings have been noted in other neurologic diseases. This raises the question of whether sleep is a key mediator for RLS morbidity in regard to depressive symptomatology. Sleep optimization should therefore be one of the goals of treatment in these patients, Dr. Winkelman said. ■

Program Helps Couples Embrace Parenthood—and Each Other

SAN ANTONIO — An intervention program aimed at couples who are first-time parents may help them cope with the transition to parenthood and with maintaining the quality of their relationship, according to the results of a pilot study.

The Family Foundations program, developed at Pennsylvania State University, Hershey, is aimed at helping couples manage conflict and keep their relationships strong while also learning how to coparent, explained Marni Kan, who presented the study at the annual meeting of the Society for Prevention Research.

"We give couples a lot of information about what it's going to be like to be a family of three [instead of two], and we get them to think about how they will interact, how they want things to be, how they are going to divide up the labor, and whether they want the same things for their child," she said in an interview.

The pilot project randomized 115 couples who were expecting their first child either to the Family Foundations intervention program or to no treatment, starting at 22 weeks' gestation. Couples in the treatment program received four classes prenatally and another four when their child was 4-6 months old.

Video clips of new parents interacting provided the basis for many of the discussions. "The little snide comments that come out between parents … make people realize how dangerous that type of thing can be if it goes on for any length of time," Ms. Kan said.

Data on demographics, individual well-being, and relationship quality were collected from all study participants at baseline and at the end of the study. Couples in the intervention group were also mailed a questionnaire after the birth of their child asking about their parenting experiences.

The study found that among all couples, mothers and fathers reported that their love for each other decreased over time, with mothers' love decreasing significantly more than fathers'. Mothers reported more conflict than fathers did, but levels of conflict increased for both mothers and fathers with time.

Parenting difficulties in the intervention group were less strongly associated with the quality of the couple's relationship, which was not the case with couples in the control group, Ms. Kan noted.

—Kate Johnson

Survey Eyes Characteristics of Sexually Abusive Adolescents

BY TIMOTHY F. KIRN
Sacramento Bureau

ATLANTA — Current data on sexually abusive adolescents who molest others are consistent with those of previous studies, which showed that they tend to have been molested before the age of 9 years, two researchers said at a meeting of the National Adolescent Perpetration Network.

Among girls who were abused and became abusers, a common characteristic is that they were abused by a woman, reported Dr. Gene G. Abel and Nora Harlow of the Child Molestation Research & Prevention Institute, Atlanta.

Perhaps one of the most important findings of the latest investigation for males who have been abused and become abusers is that they report knowing almost nothing about sex before their molestation, Ms. Harlow said at the conference.

That finding suggests that early sex education might have an impact on reducing sex offenses, she said.

The research presented by Dr. Abel and Ms. Harlow was an investigation of more than 10,000 adolescents who took the Abel Assessment for Sexual Interest for Boys and Girls, a test designed by Dr. Abel, a past president of the Society of Behavioral Medicine. The test, administered at more than 500 sites, can be administered for a variety of reasons, including self-referral.

Of the more than 10,000 adolescents in the study, 5,678 had sexually abused younger children. Analysis of the 2,811 boys in the study who had been child victims of sexual abuse revealed that 2,034 had abused others. Among the 390 sexually abused adolescent females, 187 had abused others.

Because the research had been put together only recently before the conference, Dr. Abel said, the researchers did not have much information on the characteristics of the sexually abused adolescents who had not abused anyone, such as why they had taken the test. However, the researchers did present the molestation factors that were significantly associated with becoming an abuser and their rank of importance.

Some of those attending the conference were bothered by the lack of detail.

"I think a lot of it probably is useful," but it is difficult to judge without information on who constituted the comparison group and little information on the strength of association, said Michael H. Miner, Ph.D., a psychologist with the Center for Sexual Health at the University of Minnesota, Minneapolis, in an interview.

Ms. Harlow said many of the factors identified by their analysis seemed to reflect that it was the "inner experience" of the molestation that appeared to be a determining factor. For example, those who had abused others tended to still be tormented by the experience, had experienced sexual arousal, and, for the males at least, had tended to be molested by someone they looked up to, she noted.

Dr. Abel said it is not surprising that the children reported experiencing arousal, because abusers generally want the child to be compliant and to believe that the child is enjoying the experience. As a result, the abusers work hard to stimulate the child.

Among the other survey findings:

- The number of times the child was molested correlated significantly with the number of victims they abused. Among the male abusers who were not molested themselves, the average number of victims they had was three, but it was eight for those who had been molested 50 times or more. The pattern was the same for females.
- The data from 16,000 adult males who also have taken the test show that 70% of adult men who molest boys score as being heterosexual on the Kinsey Scale. That is the exact percentage of men in the general population who score as heterosexual on the Kinsey Scale, Dr. Abel said.
- Of the adolescent boys who were abused, 55% were abused by an older boy, 40% by a man, 27% by an older girl, and 14% by a woman.

Of the adolescent females who were abused, 66% were abused by a man, 63% by an older boy, 20% by an older girl, and 13% by a woman. ■

Common Patterns Among Abusers

For males, 10 factors were found to have a significant association with abuse of others. They are, in order by *P* value:

1. I was less than 9 years old when sexually abused.
2. I knew nothing about sex before I was sexually abused.
3. I wish the molestation did not bother me so much.
4. I was abused by my idol.
5. Sometimes I got a strong sexual feeling between my legs when I was being sexually abused.
6. I was touched by a boy more than 3 years older than me.
7. I took baths or showers with my sexual abuser.
8. The abuser put their tongue in my mouth.
9. The abuser was a relative living in my house.
10. I was molested by more than one person.

For females, fewer factors were identified, perhaps because there were fewer subjects. They are, in order by *P* value:

1. I was less than 9 years old when sexually abused.
2. I was touched by a woman.
3. Sometimes when my girlfriend or boyfriend rubs my chest, I have flashbacks of when I was abused.
4. Sometimes I got a strong sexual feeling between my legs when I was being sexually abused.

Source: Dr. Abel and Ms. Harlow