personal health and their children’s behavior at the age of 4. Additional goals were to test the predictive power of potential associated factors of postpartum depression during pregnancy and the puerperium, and finally, to elucidate possible genetic or neuropeptidergic explanatory variables behind the development of postpartum depression. A population-based sample of 1489 women was screened with the Edinburgh Postnatal Depression Scale and the prevalence of depressive symptoms was 17% in late pregnancy and 13% postpartum. Antenatal depressed mood was related to postpartum depression. In a cross-sectional study, we later found that postpartum depression was associated with subsequent depressive symptoms and current health problems 4 years after childbirth. Four-year-old boys of postpartum-depressed mothers and children of mothers with a subsequent depressive status had more behavior problems than children of non-symptomatic mothers did, according to the mothers’ opinion. The strongest associated factors for postpartum depression, in a case–control study, were sick leave during pregnancy mainly due to pregnancy complications, e.g. hyperemesis and premature contractions, and a high number of visits to the antenatal care clinic. There was no association between delivery complications or complications in the perinatal period and postpartum depression. The theory that depressive symptoms in late pregnancy or postpartum are connected with CYP2D6 genotype could not be confirmed.

In a rat model, we found that pregnancy and parturition influence the concentrations of neuropeptide Y, cholecystokinin, substance P and galanin in the rat brain. This result supports the hypothesis that neuropeptidergic systems in the brain influence the mood changes around childbirth. In conclusion, postpartum depression is a common feature with influence in both maternal and child well-being.

Perceived physical and psychological outcome after severe burn injury

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There is very little data on physical and psychological long-term outcome after severe burn injury. The aim of the present thesis was to improve current instruments for assessment of these issues, to assess long-term outcome in a cohort of patients with burn injuries, and to explore the contribution of the individual factors of personality and coping on perceived outcome.

Patients treated at the Burn Unit, Uppsala University Hospital, between 1980 and 1995 were included on a consecutive basis if they were 18 years of age or older at follow-up, had burn injuries of 10% or more, or hospitalization times of 7 days or more. A total of 350 patients fulfilled these inclusion criteria.

A factor analytic approach was used to derive a 40-item instrument called the Burn Specific Health Scale-Brief (BHSB-B), resulting in nine well-defined domains. Most burn patients reported a very good perceived outcome but a subgroup reported problems years after injury. On a group level, most problems were related to Heat Sensitivity, Work and Body Image. The depth of injury, gender, marital status and living conditions were all related to outcome. Neurotic personality traits were related to perceived health, and were not confined only to psychological aspects of life but also included physical aspects. A 33-item burn-specific coping scale, the Coping with Burns Questionnaire (CBQ), with six clearly separated domains with acceptable internal consistencies was developed. Coping strategies were strongly related to outcome in the subgroup of patients reporting most problems in perceived health, and coping contributed more to psychosocial than physical health. Avoidant coping and Emotional support seeking had independent effects on outcome.

The observation that Neuroticism and Avoidant coping strategies are related to bad outcome after severe burn injury indicates that patients with such characteristics should be given special attention during rehabilitation.

Self-report

Self-report