From eight schools, 793 adolescents were recruited to a questionnaire study. The results showed that headache is a very common health complaint particularly among girls. Subjects with frequent headache also reported higher levels of depressive symptoms, anxiety, functional disability and other types of recurrent pain, than those with infrequent headache.

A Swedish version of the pain coping questionnaire (PCQ) was translated and administered to the same sample of 793 adolescents. Its psychometric properties were replicated and problem solving was regarded to be the most effective coping strategy.

In a treatment study, 36 subjects suffering from migraine and tension-type headache were randomized to either relaxation treatment or a waiting-list control group. Results showed that half of the adolescents were clinically improved after treatment. In a final effectiveness study, 63 subjects were randomized to one of two types of relaxation training, administered by school nurses. The results showed similar positive outcomes but small differences compared to a non-treated post hoc comparison group. Positive outcomes of relaxation treatment were predicted by one pain coping strategy, positive self-statements but also by higher functional disability before treatment.

In conclusion, more active strategies such as positive self-statements and problem solving were found to covary with a better efficacy or outcome after relaxation training. A further exploration of how to optimize treatment for adolescent headache is warranted in future studies. Generally, a broader perspective including social, psychological as well as biological factors could give more information on the complex mechanisms behind headache.

Long-term outcome, suicidal behaviour, quality of life and expressed emotion in adolescent onset psychotic disorders

Håkan Jarbin

Doctoral dissertation, Department of Neuroscience, Child and Adolescent Psychiatry, Uppsala University, Sweden, 2003. ISSN 0282-7476; 1234, ISBN: 91-554-5567-0

This study investigated a consecutive cohort of 88 youngsters with onset of a psychotic disorder at age 15.7 (standard deviation, s 1.5) years and followed-up 10.6 (s 3.6) years after first admission at the age of 26.5 (s 3.7) years. A subsample of 15 subjects were assessed with the Five Minute Speech Sample for measuring Expressed Emotion and subsequent recording of relapses during a 2-year period.

A diagnostic split between schizophrenia spectrum psychosis and affective psychotic disorder was usually stable over time. The main diagnostic shift was an influx to schizophrenia spectrum disorder of subjects with a better premorbid function and less insidious onset, compared to those with a stable schizophrenia diagnosis.

Early-onset schizophrenia spectrum disorder usually had a poor functional outcome. Most subjects needed support in the form of a disability pension. Early-onset affective psychotic disorder usually had a good functional outcome. Most subjects worked and enjoyed regular friendships. The functional level before onset of illness was the best predictor of future functional level in psychotic disorders. A family history of non-affective psychosis predicted a worse function in schizophrenia. Frequent episodes and low intelligence predicted a worse function in affective disorders.

Four men (4.5% of the sample) committed suicide. The risk of suicide was increased about 30 times. Almost a third of subjects attempted suicide. Females made more attempts. Suicide attempts were related to more depressive symptoms but fewer negative symptoms at first episode, to readmissions and to dependence on nicotine.

Subjects with schizophrenia spectrum psychoses were less satisfied with life than those with affective psychotic disorder. Subjective satisfaction in schizophrenia was strongly associated to depressive mood while in affective disorders it was associated to degree of employment.

Adolescents with psychosis in families rated high or borderline high in Expressed Emotion either during first episode or after discharge had an increased risk of relapse.

Postpartum depression—epidemiological and biological aspects

Ann Josefsson

Doctoral dissertation, Division of Obstetrics and Gynecology, Department of Molecular and Clinical Medicine, Division of Psychiatry, Department of Neuroscience and Locomotion, Faculty of Health, Linköping University, Linköping, Sweden, 2003. ISBN 91-7373-537-X, ISSN 0345-0082

Postpartum depression is by definition a major depression with an onset during the first weeks after delivery. In practice, however, the term postpartum depression is used to characterize all kinds of depressive symptoms after childbirth. The aims of this thesis were to investigate the prevalence of depressive symptoms during late pregnancy, in the puerperium and 4 years after delivery, and to analyse the mothers’ estimation of...
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**

**Morten Kildal**

Doctoral Dissertation, Department of Surgical Sciences, Plastic Surgery, Uppsala University, Sweden, 2003. ISSN 0282-7476; 1247, ISBN: 91-554-5590-5

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 (BSHS-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**

**Book reviews**

**Perceived physical and psychological outcome after severe burn injury**

**Morten Kildal**

Doctoral Dissertation, Department of Surgical Sciences, Plastic Surgery, Uppsala University, Sweden, 2003. ISSN 0282-7476; 1247, ISBN: 91-554-5590-5

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 (BSHS-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.