

experienced mental health problems. For couples in which both spouses reported mental health problems, rates of marital disruption reflected the additive combination of each spouse's separate risk. These couples did not have disproportionately higher rates of divorce or separation.

**Conclusions:** Spouse similarity for mental disorders does not seem to increase couples' risk of marital dissolution.

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## A comparison of the neuropsychological and neurological correlates of childhood, adolescent and adult bipolar disorders

**C Cahill**

School of Psychiatry, University of New South Wales, Sydney, Australia

**Background:** There is a growing interest in the area of child and adolescent bipolar disorder. Researchers and clinicians are not agreed on whether the phenomenology of the disorder in younger populations is the same as in the adult version of the disorder. To better describe the presentation of the disorder in young people, more specific neuropsychological testing and more sensitive imaging parameters are required. We are seeking to clarify what specific neuropsychological and neuroanatomical aspects of the disorder are the same as in adult onset bipolar and which are different.

**Methods:** Adults with bipolar disorder were investigated using imaging paradigms sensitive to affective regulation and completed neuropsychological testing. An adolescent sample will also be recruited and complete the same paradigms and neuropsychological battery.

**Results:** Preliminary neuroimaging results from adult samples indicate that subcortical structures may be recruited as compensation for a co-occurring lack of signal in the prefrontal cortex. The neuropsychological deficits include difficulties with selective attention, sustained attention and executive functioning.

**Conclusions:** These findings are discussed in light of difficulties with diagnostic specificity, comorbidity, heritability and cut offs for age and disorder. Preliminary findings in studies of young people with bipolar disorder suggest they experience similar neuropsychological symptoms to those found in adults; however, the findings from neuroimaging of young people with bipolar disorder are inconsistent. Suggestions for future research directions will be discussed.

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## Screening and treatment for depression during pregnancy: a cautionary note

**F Carter<sup>1</sup>, J Carter<sup>2</sup>, S Luty<sup>1</sup>, D Wilson<sup>3</sup>, C Frampton<sup>4</sup>**

<sup>1</sup>Department of Psych Med, Otago University, New Zealand; <sup>2</sup>Psychology Department, Canterbury University, Christchurch, New Zealand; <sup>3</sup>Mothers' and Babies Service, Princess Margaret Hospital, Christchurch, New Zealand; and <sup>4</sup>Christchurch School of Medicine, Christchurch, New Zealand

**Background:** The aim of this study was to evaluate the recruitment of depressed pregnant women.

**Methods:** Consecutive pregnant women presenting for routine ultrasound scan were asked to complete the Edinburgh Postnatal Depression Scale (EPDS). Women who scored greater than 12 on the EPDS and who agreed to contact were invited to attend an initial assessment to determine eligibility for the trial. Consenting, eligible women were randomized to either cognitive behaviour therapy (CBT) or routine clinical care (RCC). Follow-up assessments were conducted at mid (6 weeks following initial assessment), end (approximately 36 weeks gestation) and postpartum (approximately 4 months postdelivery) for all participants.

**Results:** Four hundred women were offered the EPDS, and 93% completed the questionnaire. Thirteen per cent of these women scored greater than 12, although only a minority of these women agreed to be contacted. Of those who agreed to be contacted, less than half attended initial interview. Upon interview, all women, except for one, were eligible and consenting. Three women were randomized to CBT and three to RCC. Only one woman randomized to CBT chose to commence treatment, and only one woman randomized to RCC was offered treatment for her low mood by her lead maternity provider.

**Conclusions:** Although the vast majority of pregnant women were willing to complete a depression screening questionnaire, most did not agree to additional contact or assessment, and either were not offered treatment or did not accept treatment. This was not an effective recruitment strategy for a randomized controlled psychotherapy trial.

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## Patient predictors of response to interpersonal psychotherapy and cognitive behaviour therapy

**J Carter<sup>1</sup>, C Frampton<sup>2</sup>, J McKenzie<sup>2</sup>, R Mulder<sup>2</sup>, S Luty<sup>2</sup>, P Joyce<sup>2</sup>**

<sup>1</sup>Department of Psychology, University of Canterbury; and <sup>2</sup>University of Otago, New Zealand

**Aim:** The aim of this study was to identify patient factors associated with response to cognitive behaviour