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News Writer

## Maternal depression slows child development

A mother's depression often goes undiagnosed until her child is brought in with physical, developmental or behavioral problems, according to a study reported in the November 1993 *Contemporary Pediatrics*.

Depressed mothers may complain of delays in their children's vocalization, self-feeding or motor development. They might say their children are hyperactive, throw tantrums, bite, pinch or kick. Others describe opposite behaviors, saying their children are apathetic and listless. "Hot cube" behavior, wherein an infant tentatively picks up a developmental test cube and drops it suddenly, as if it were hot, was also found to be common among children of depressed mothers.

Beyond the classic depression symptoms that mothers exhibited, a lack of involvement with their children, including not looking at them and/or an inability to control their behavior, were both strong indicators of persistent post-partum blues.

The study recommended "trigger questions" to discover if maternal depression was the cause of a pediatric complaint. Asking the mother how she feels, noting her sadness, if apparent, and following with specific questions about how easy or difficult it is to care for the child and how an average day of child care passes might reveal depression, researchers said. Depressed mothers often cannot remember or relate detailed reports of what their babies do all day. Their answers often are given impersonally without looking at their children.

"Depressed mothers appear to have lost their 'parenting presence' — the ability to provide the guidance, leadership and sense of security that young children need," researchers



David Zwierz

**A study reports that a depressed mother might be left undiagnosed until her child is brought to health care providers with physical or behavioral problems. Mothers also might lack involvement with their children.**

stated. Asking trigger questions and following up with suggested mental health support networks and ongoing pediatric support to mother and child are as important to the child's development as the mother's own eventual recovery, they concluded.

## Help for male infants born with extra X chromosome

The National Institute of Child Health and Human Development (NICHD) has issued a publication illuminating strategies for assisting

normal development among male children born with an extra X chromosome.

*Understanding Klinefelter Syndrome: A Guide for XXY Males and Their Families* outlines the results of an XXY male NICHD study stressing that "Klinefelter syndrome" is no longer a favored term for this most common sex chromosome disorder, since breast enlargement, sparse body and facial hair and small testes are not common characteristics as previously thought. "XXY male" is the preferred terminology.

Language impairment, difficulties in learning to speak, read and write, decreased physical strength and infertility are the most recognizable symptoms of XXY males. The study states that one in 500 to one in 800 males has an additional X chromosome, which often goes undiagnosed. The publication counsels that language disorders and subsequent learning disabilities can be addressed through early childhood special education. Lagging physical strength and agility can be remedied through regular testosterone injections.

The NICHD booklet describes available treatments for the condition, depending on when it is diagnosed. Copies are available, either singly or in bulk, from the NICHD, PO Box 29111, Washington, DC 20040.

## RSV prevention a reality

Prophylactic infusions of high-dose respiratory syncytial virus (RSV) immune globulin (RSVIG) have been

found to significantly reduce the incidence and severity of RSV infection according to a study directed by Jessie Groothuis, M.D., FAAP, of the University of Colorado School of Medicine and The Children's Hospital of Denver. RSV is the single most important respiratory pathogen in infancy and early childhood.

Pronounced a "safe and effective means of preventing severe illness in high-risk children" by Dr. Groothuis and his research team, the treatment uses antibodies drawn from those who have high RSV antibody levels from frequent exposure, such as pediatric nurses. Infants at high risk for RSV were infused for a two-hour period on a monthly basis over one RSV season (November through April). Hospitalizations and inpatient stays among those given higher dosages of RSVIG decreased by 63 percent and total intensive care unit days were reduced by 97 percent, the study reported.

Virtually all children suffer RSV infection by age 2 years. Infections manifest themselves in conditions ranging from a common cold to pneumonia and bronchiolitis.

Some 4,500 deaths a year are attributed to RSV among high-risk children. High-risk infants and young children include preterm infants younger than 6 months, and those with chronic lung, cardiac or immunodeficiency diseases.

Supported by the National Institute of Allergy and Infectious Disease (NIAID), the study results are

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