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Prevalence and associated risk factors for intimate partner violence (IPV) in the Himalayan mountain villages of Pakistan

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Introduction: Intimate partner Violence (IPV) against women includes all actions that violate one's sense of self, physical body and sense of trust and involves episodes of violence of physical, psychological (emotional), or sexual nature, perpetrated by a current or former intimate partner.
Objectives: We estimated the prevalence of and risk factors for intimate partner violence (IPV) in the Himalayan mountain villages of Gilgit Baltistan in Pakistan.
Methods: We employed a cross-sectional study to randomly select ever married women (n=789) aged 18-49, in Pakistan. We used an adapted World Health Organization screening instrument to assess women's experience of IPV in the previous 12 months. We used an indigenous validated instrument assess self-reported symptoms of major depression according to the DSM IV. Multivariable logistic regression analysis was used to identify significant predictors of IPV using adjusted odds ratio (AOR) with 95% confidence intervals (CI).
Results: The overall prevalence of IPV was 22.8% (95% CI: 20.0-25.9). Women exposed to IPV were less likely to have husbands educated at a college or a higher (AOR: 0.40; 95%CI: 0.22-0.70), household income in the middle or the highest tertile (AOR: 0.44; 95%CI: 0.29-0.68), and were more likely to have poor or very poor relationship with their mother in law (AOR=2.85; 95% CI: 1.90-4.28), to have a poor quality of health (AOR: 2.74; 95% CI: 1.92-3.92) poor quality of life (AOR= 3.54; 95%CI: 1.90-6.58), and higher odds of experiencing depressive symptoms (AOR=1.97; 95%CI:1.39-2.77).
Conclusions: IPV is a substantial public health burden in Himalayan mountain villages and merits serious attention.

Disclosure: No significant relationships.
Keywords: Intimate Partner Violence; married women; Ghizar; Pakistan; Depression

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Further validation of the European and Brazilian Portuguese short version of the Postpartum Depression Screening Scale-7

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Introduction: We have recently validated the Portuguese shortest version of the Perinatal Depression Screening Scale-PDSS-7 (items selected from the PDSS-21; each one representing a dimension evaluated by the PDSS-35), for the assessment of depression severity in pregnancy, both in Portugal and Brazil.
Objectives: To analyze the validity and reliability of the PDSS-7 Portuguese version to evaluate postpartum women both from Portugal and Brazil.
Methods: The Portuguese sample was composed of 304 women between the 2nd-6th postpartum months (Mean=20.09±7.21 weeks postpartum). These participants were not the same who participated in the psychometric study that led to the selection of the seven items. The Brazilian sample was composed of 121 women (Mean=10.51±4.53 weeks postpartum). All the participants completed the European/Brazilian Portuguese versions of PDSS-21, which was composed of the same items and included the seven items of PDSS-7. Participants also filled in the validated versions of Perinatal Anxiety Screening Scale and Profile of Mood States.
Results: Confirmatory Factor Analysis revealed that the unidimensional model of PDSS-7 presented acceptable/good fit indexes in both samples (Portuguese/Brazilian: χ^2/d.f.=2.6598/1.7897; RMSEA=.0740/.0807, CFI=.8289/.7934, TLI=.7901/.8434, GFI=.9298/.9496; p<.001). The PDSS-7 Cronbach's alphas were of .841/.856 and all the items contributed to the internal consistency. Pearson correlations with postpartum anxiety (.646/.763) and negative affect (.666/.676) were significantly (p<.01) high. PDSS-7 mean scores were higher in the Brazilian sample (16.06±7.39 versus 11.37±4.37, p<.01).
Conclusions: PDSS-7 presented validity (construct and convergent), reliability and utility in clinical and research settings, including in transcultural studies, in Portugal and Brazil, namely in the postpartum.

Disclosure: No significant relationships.
Keywords: perinatal mental health; PDSS; Postpartum

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Depression in men with testosterone deficiency (Preliminary results of the study)

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Introduction: Clinical practice in psychiatry is shifting toward personalized approach. In other words, clinicians aim to help patients based on their individual characteristics. It's known that testosterone play a crucial role in the regulation of the emotions specially in men. The problems of hypogonadism and its possible role as an etiological factor in the development of depression in men are available in detail. But there is no solid date about the features of depression in men with testosteron defficiency and theraputic approach including testosterone replacement therapy and antidepressants.