

**85** MOTHER-INFANT INTERACTION (MIA) BEFORE ID OF ABUSE (Ab), NEGLECT (Ng), OR NONORGANIC FAILURE-TO-THRIVE (NOFT). Susan M. O'Connor, Wm. A. Altemeier, III (Vanderbilt Univ. Hosp., Dept. Peds.), Patricia S. Gerrity, Howard M. Sandler, Kathy A. Sherrrod (Peabody College, Dept. Psych.)

In a double-blind prospective study 108 mother (M)-infant (I) pairs were observed @ 48 hours (h), 1 & 3 months (m) postpartum. After MIA observation, 11 I's were found Ab, 31 Ng & 23 had NOFT. The other 43 were randomly selected normals (RS). Prenatally groups differed @  $p < .05$  in M's education (Ab/Ng<RS), parenting skills (Ab/Ng/NOFT<RS), & # of children (Ab/Ng/NOFT/RS). MIA data were examined for probability of transition @ 5 sec. intervals between 4 dyadic states of interaction: both (B), infant (I), mother (M), or neither (N) responding. Differences in response transition (RT) probabilities between groups reliable @  $< .10$  or less were found by ANOVA. At 48 h Ab M's more often stopped interacting (B→I) than Ng/NOFT/RS & more often ceased (M→N) than RS. At 1 m NOFT/RS did not differ, but Ab & RS did in that: Ab less often continued (B→B); abrupt RT (B→N, I→M) were more prevalent in Ab; Ab M's more often ceased (M→N); & Ab I's less often joined (M→B). At 3 m Ab less often continued (B→B) than NOFT/RS. Ab/Ng M's more often ceased (M→N) than RS. Ab/NOFT I's less often joined (M→B) than RS. Ab/NOFT/RS M's more often failed to respond (I→I) than RS. Ab more often abruptly stopped (B→N) & Ab M's more often dropped out (B→I) than RS. Ab @ 1 m & NOFT/RS/Ab @ 3 m spent less total time coacting (B) & more time quiescent (N) than RS. MIA prior to maltreatment ID occurs less often & less responsively than normal, especially for Ab.

**86** RESPONSIVITY OF MOTHER-INFANT INTERACTION (MIA) AFTER EXTENDED POSTPARTUM CONTACT (EPP). Susan M. O'Connor, Wm. A. Altemeier III (Vanderbilt Univ., Dept. Peds.), Peter M. Vietze (NICHD), Patricia S. Gerrity, Howard M. Sandler, Kathy A. Sherrrod (Peabody College, Dept. Psych.), Nashville, TN

Mother-infant EPP in other studies enhanced parenting quality. To study how EPP might do this, low-income women were randomly assigned to EPP (n=62) or control (C, n=90) postpartum (pp) beds. EPP pairs averaged 9.3 more hours together during the first 48 than C. MIA observation data collected @ 1,3,6,12 & 18 months (m) pp were examined for probability of transition @ 5 sec. intervals between 4 dyadic states of interaction: both (B), infant (I), mother (M), or neither (N) responding. 14 of 60 comparisons of EPP vs C response transition (RT) probabilities by ANOVA were reliably different @ .05 or less. RT more likely among C were: partner acting in isolation (M→I; 1,12 m), M dropping out (B→I; 3,6,12 m), M not responding (I→I; 3 m), cessation of exchange (B→N; 6,12 m) & M stops signaling (M→N; 6,12,18 m). RT more likely among EPP were continuation & initiation of coacting (B→B, 12 m; M→B, 12,18 m). Two prevalent C RT {B→I (M drops out), M→N (M ceases)} in this study characterized in other research early MIA of nonorganic failure-to-thrive dyads. Of the other RT distinguishing EPP & C dyadic exchange, the 2 (B→B, M→B) more prevalent in the EPP group reflect continuation of or transition into coacting. Conversely, RT more frequent in the C group were: partner acting in isolation (M→I), M failing to respond (I→I), & discontinuation of exchange (B→N). EPP appears to enhance parenting through an intermediary influence upon responsivity of MIA.

**87** LINGUISTIC DEVELOPMENT BETWEEN 12 AND 24 MONTHS: A COGNITIVE PREDICTOR. Frederick B. Palmer, Bruce K. Shapiro, Renee C. Wachtel, Pasquale J. Accardo, Alan Ross, Arnold J. Capute, (Spon. by Mark Batshaw), Johns Hopkins Medical Inst., J.F. Kennedy Inst., Dept. of Peds., Baltimore.

The ages of attainment of expressive language milestones were elicited from parents of 96 middle class children at each well child visit from birth to 24 months. Mean frequency of milestone recall was 83%. Stanford Binet (SB) and Peabody Picture Vocabulary Tests (PPVT) were administered at 36 months of age: IQ scores (mean ± SD) were 114 ± 11 and 112 ± 14, respectively. Pearson product-moment correlation coefficients between each milestone and test are noted in the Table.

Milestone	age (mean ± SD)	Correlation SB	PPVT
2 word vocab	12.5 ± 2.3	-.25	-.30
3 word vocab	13.4 ± 2.2	-.32	-.38
4-6 word vocab	14.9 ± 2.7	-.32	-.44
7-20 word vocab	16.9 ± 3.4	-.37	-.36
50 word vocab	21.1 ± 3.4	-.31	-.23
noun/noun phrase	19.4 ± 3.2	-.24	-.36
2 word sentence	21.2 ± 3.0	-.39	-.40

The ages of attainment of these milestones show a significant inverse correlation,  $p < .05$ , with three-year cognitive and language ability. Similar significant correlations were noted with the Vineland, Griffith and subtests of the McCarthy Scales. Sequential milestones of increasing vocabulary size and phrase complexity under two years can aid in early prediction of intellectual function.

**88** DESMOPRESSIN THERAPY FOR ENURESIS. Ernest M. Post, Robert A. Richman, Piers Blackett, Paul Duncan, and Kenneth Miller (Spon. Frank A. Oski). Departments of Pediatrics, SUNY Upstate Medical Center, Syracuse, New York, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, and Lutheran General Hospital, Park Ridge, Illinois.

To determine the effectiveness of desmopressin (DDAVP, a vasopressin analogue) for treating enuresis, we performed a double-blind crossover study at three medical centers. Subjects (N=43) ranged from 6 to 16 years old, had normal renal function and denied polyuria, polydipsia and daytime incontinence. The study encompassed four consecutive two-week periods: pre-treatment, treatment with placebo or DDAVP (40 mcg intranasally at 8 PM), crossover treatment, and post-treatment. DDAVP did not produce adverse side effects or significantly alter blood pressure, body weight, serum osmolality or urine osmolality. The results were as follows:

# of Wet Nights:	Number of Patients					Total
	0-1	2-3	4-5	6-7	>7	
Pre-treatment						42
Placebo	1	3	2	6	31	43
DDAVP	6	5	2	6	24	43
Post-treatment	1	2	2	2	24	31

Thirteen of 43 children responded to DDAVP (number of wet nights <6). In 6 of the responders, the drug effect persisted into the next study period. Only 2 of 24 children responded to placebo during the first treatment period. In conclusion, DDAVP appears safe for treating enuresis. A child's response to the drug can be determined by a two-week therapeutic trial.

**89** ROLE OF GROWTH HORMONE (GH) IN THE GROWTH RETARDATION PRODUCED BY PERPHENAZINE (PER). Geoffrey P. Redmond and Timothy T. Soncrant (Spon. by L. F. Soyka).

University of Vermont College of Medicine, Departments of Pharmacology and Pediatrics, Burlington. Previous studies have demonstrated that the phenothiazine anti-psychotic drug PER blocks r (rat) GH secretion (Redmond, Neuroendocrinol 30:243, 1980) and retards growth (Redmond and Hirschman, Ped Pharmacol, in press). In order to determine whether the diminished rGH secretion was causally related to the growth retardation, an experiment was performed in which rGH replacement was given with PER. Raw results in male Sprague-Dawley rats were as follows:

Treatment	N	Weight ± SEM	Length ± SEM	Food Consumed as % of PER only
PER only	10	267 ± 9 g	204 ± 2 mm	100
PER + GH	10	251 ± 8	210 ± 1	90
GH only	10	293 ± 6	221 ± 7	93
Saline	10	286 ± 8	218 ± 2	93

When data was transformed using covariate analysis to adjust for food intake, there was significant restoration by rGH of growth in both weight and length of PER treated rats.

Conclusion: Inhibition of rGH secretion is at least one of the mechanisms by which PER impairs growth.

**90** PARENTING ABILITIES IN DRUG DEPENDENT WOMEN: THE NEGATIVE EFFECT OF DEPRESSION. Dianne O. Regan, Martha E. Rudrauff, Loretta P. Finnegan, Thomas Jefferson University Hospital, Department of Pediatrics, Philadelphia, Pa.

Studies of depressed women have shown that acute depressive episodes can markedly impair a woman's capacity to mother. Women who are substance abusers have experienced significant loss in their lives, including placement of children, which contributes to depression; conversely depression, in conjunction with guilt associated with abstinence in the newborn, may impair or distort maternal attachment. Family Center is a comprehensive program providing obstetrical, psychosocial, and addictive services for pregnant drug dependent women and their children. Patients admitted in 1979 and 1980 have been assessed using the Beck Depression Inventory in order to determine whether depression was a factor which contributed to difficulty in parenting among this population. Of 84 multiparous women tested, 75% showed varying levels of depression rated as mild (19%), moderate (37%) or severe (19%). Of these women, 42% had children currently in placement with relatives or foster parents. When compared to women whose children were in their own care it was revealed that there was a significantly higher incidence of moderate or severe depression among the women whose children were in placement,  $\chi^2 = 8.176, p < .05$ . Our observations, in conjunction with these data, suggest that maternal depression compounds the negative effects of drug abuse on parenting abilities. Prenatal intervention to identify depression is essential so that these women and their families can receive guidance in order to promote attachment.