restraint (dieting) actually leads to leads to an excessive intake of food.

Objectives: The present study sought to investigate the relationship between dieting, eating behaviours (uncontrolled eating, emotional eating, cognitive restraint) and rumination (repetitive negative thinking). The second objective was to determine whether rumination mediates the relationship between dieting and both uncontrolled eating and emotional eating.

Methods: The sample was composed of 188 women (M_{age} = 29.46 ± 8.94; M_{BMI} = 23.16 ± 4.04). The Eating Attitudes Test, the Three-Factor Eating Questionnaire and the Perseverative Thinking Questionnaire were used in the present study.

Results: Dieting for weight control (intentional weight loss) was associated with higher levels of uncontrolled eating, emotional eating, cognitive restraint and repetitive negative thinking. Mediation analyses showed that the relationship between dieting and inappropriate eating behaviours was mediated by rumination. The direct effect of dieting on both uncontrolled eating and emotional eating was significant, suggesting partial mediation.

Conclusions: Our findings support the relevance of rumination in linking dieting and eating behaviours among women. The current study may have clinical applications such as the potential integration of rumination for the prevention and changes in inappropriate eating behaviours.

Disclosure: No significant relationships.
Keywords: dieting; uncontrolled eating; emotional eating; restraint theory

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Infant exposure to lithium through breast milk

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Introduction: Women who take lithium during pregnancy and continue after delivery may opt to breastfeed, formula feed, or mix these options.

Objectives: To evaluate the neonatal lithium plasma concentrations and nursing infant outcomes based on these three feeding trajectories.

Methods: We followed 24 women with bipolar disorder on lithium monotherapy during late pregnancy and postpartum (8 per trajectory). Lithium serum concentrations were determined by an AVL 9180 electrolyte analyser with a 0.10 mEq/L detection limit and a 0.20 mEq/L limit of quantification (LoQ).

Results: The mean ratio of lithium concentration in the umbilical cord to maternal serum being 1.12 (0.17). We used the Turnbull estimator for interval-censored data to estimate the probability that the LoQ was reached as a function of time. The median times to LoQ was 6–8, 7–8, and 53–60 days for formula, mixed, and breastfeeding, respectively. Generalised log-rank testing indicated that the median times to LoQ differed by feeding trajectory (p = 0.037). Multivariate analysis confirmed that the differences remained after adjusting for serum lithium concentrations at birth (formula, p = 0.015; mixed, p = 0.012). We did not found any acute observable growth or developmental delays in any of the neonates/infants.

Conclusions: Lithium did not accumulate in the infant under either exclusive or mixed-breastfeeding. Lithium concentrations declined in all trayectories. The time needed to reach the LoQ was much longer for those breastfeeding exclusively. Lithium transfer via breastmilk is much less than via the placenta. We did not found any acute observable growth or developmental delays in any infant during follow-up.

Disclosure: No significant relationships.
Keywords: lithium; Maternal breastfeeding; Formula feeding; Placental transfer

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Antepartum depressive and anxious symptoms: Association with physiological parameters of the newborn

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Introduction: The Perinatal period is a time of vulnerability for developing psychiatric disorders of higher prevalence in the female gender - depression and anxiety[1]. Numerous authors have proposed that maternal psychological factors could influence pregnancy course and the well-being of mother and newborn[2].

Objectives: To explore the relationship between perinatal psychological disorder and physiological parameters evaluated at birth, such as the Apgar Index (AI; 1, 5 and 10 minutes), head circumference, weight, length and age.

Methods: 533 women answered, in the second trimester of pregnancy (16.98±4.83 weeks of gestation), several questions about psychosocial variables, the Perinatal Depression Screening Scale[3] and the Perinatal Anxiety Screening Scale[4]. Of these, 208 (39.0%) women were interviewed with the Diagnostic Interview for Psychological Distress[5]. Newborn physiological parameters were obtained from electronic health records.

Results: AI was significantly (p<.01) and moderately (r≈.25) correlated with maternal anxious symptomatology, and with the experience of a stressful event in the last year (only AI 1 minute).