

MOTHER-TODDLER FEEDING INTERACTIONS IN PRETERM AND FULL-TERM DYADS: THE INFLUENCE OF MATERNAL AND INFANT FACTORS

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The literature has highlighted that feeding disorders of infancy and early childhood are associated with the mother-child relationship (Ammaniti et al., 2004, 2006; Chatoor, 1996, 2002, 2009; Satter, 1990; Trombini & Trombini, 2006, 2007; Trombini, 2010). Both the mother's and the child's characteristics may influence the development of feeding issues in the child (Chatoor, 1996; Farrow and Blisset, 2006). Premature children seem exceptionally vulnerable for the development of feeding difficulties, particularly those born with very low birth weight and very low gestational age (Pierrehumbert et al., 2003; Thoyre, 2007). They can experience difficulties in breastfeeding (Zanardo et al., 2011; Torola et al., 2012) and weaning (Mathisen et al., 2000; Burklow et al., 2002), and mismatched interactions with their mothers (Reyna, 2012). However, mother-child feeding interactions have been poorly explored in the preterm population, especially during toddlerhood, which represents a vulnerable time for the onset of feeding disorders connected to the child's emerging autonomy (Lichtenberg, 1989; Lucarelli et al., 2003; Trombini & Trombini 2006, 2007; Trombini, 2010).

Aim of the study was to expand on the literature and to explore, through a longitudinal, transactional and multi-risk model, the quality of mother-child feeding interactions from 18 to 30 months, an important time-frame for the development of the child's self-feeding skills, comparing preterm and full-term dyads. The contribution of maternal affective state (depression, anxiety) and of several child's risk factors associated with prematurity (global level of development, breastfeeding, weaning, and reflux) was considered. A total of 69 mother-child dyads participated in the study: 44 preterm dyads (18 males and 26 females; born with birth weight \leq 1500 grams and gestational age \leq 32 weeks, and without neonatal major cerebral complications or genetic syndromes) and 25 full-term dyads (15 males and 10 females; born with birth weight $>$ 2500 grams and gestational age $>$ 36 weeks, and without neonatal major cerebral complications or genetic syndromes). Most of the mothers were Italian, married or cohabiting with the father of the child,

**AIP Clinical and Dynamic Section
Proceedings POSTER, Long version**

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employed and with middle-high school education. All dyads were assessed at 18, 24 and 30 months (corrected age for preterm children) at the Psychodynamic Laboratory of the Department of Psychology, University of Bologna (Cesena, Italy). During each assessment 20 minutes of mother-child feeding interaction were video recorded during the meal from behind a one-way mirror and later coded by two trained and blind raters through the Scala di Valutazione dell'Interazione Alimentare (SVIA; Ammaniti et al., 2006). The child's global level of development was assessed through the Griffiths scales (Griffith, 1996) and mothers were administered the Beck Depression Inventory-II (BDI-II; Beck & Steer, 1996) and the State-Trait Anxiety Inventory (STAI; Spielberger, 1983) to screen for maternal depressive and anxious symptomatology.

Data on the child's breastfeeding, weaning, and reflux were gathered through an ad hoc questionnaire administered to the mothers. First, Pearson's Chi-Square and Student's t test were run to investigate differences between the preterm and the full-term group in demographic and obstetric variables. Second, the effect of group (prematurity), time of assessment, and their interaction on mother-child feeding interactions were tested through two-levels Linear Mixed Models (LMMs) with random intercept, controlling for maternal affective state (depression and anxiety) and child's factors (development, breastfeeding, weaning, reflux). Last, when necessary, Bonferroni post hoc test was used for multiple comparisons. The two groups resulted homogeneous for what concerns the child's gender and maternal socio-demographic characteristics. Regarding feeding interactions in preterm and full-term dyads, a significant effect of group emerged, with more problematic interactions in the preterm group. In particular, preterm dyads showed greater negative maternal affective state (anger, sadness and distress during the child's meal), greater interactional conflict (maternal high intrusiveness, child's oppositional behavior and food refusal), and less dyadic reciprocity (maternal difficulties in supporting the child's autonomy and child's distress) than full-term dyads during meals.

Moreover, for what concerns the effect of maternal and infant factors, interactional conflict and maternal affective state during meals were negatively influenced by maternal depression, while low dyadic reciprocity was associated with low child's development. Last, poor child's food intake was related to low child's development, lack of breastfeeding, and presence of reflux. For what concerns the effect of time of assessment, the level of interactional conflict during meals decreased significantly from 18 to 30 months, independently of the group, as emerged at Bonferroni post hoc test. However, scores of preterm dyads remained higher, thus indicating greater conflicts during meals, than in full-term dyads. No interaction between group and time of assessment emerged. These findings suggest that attention should be paid to support mother-child feeding interactions

during toddlerhood in the preterm population in order to foster the mother-child relationship and to promote the child's healthy eating behaviour. Moreover, results confirm the importance of monitoring maternal affective state, especially maternal depression, and the child's development when evaluating mother-child feeding interactions.

STRESSFUL LIFE EVENTS AND PSYCHOSOMATIC SYMPTOMS IN FIBROMYALGIA: A CASE-CONTROL STUDY

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Fibromyalgia Syndrome (FM) is a chronic musculoskeletal pain disorder characterized by widespread pain and muscle tenderness. The prevalence of FM is estimated between 2.9% and 4.7% in the general population and it is more common in women than in men. Even if the etiology and the evolution of FM are still unclear, the development and maintenance of the syndrome may be due to a complexity of factors ranging from genetic to psychological factors. What is more, FM is often associated with a heterogeneous group of other symptoms, i.e. fatigue, disrupted or non-restorative sleep, hyperalgesia and allodynia, cognitive disorders, alexithymia, depressive and anxiety disorders and stressful life events.

Objective: The purpose of the study is to evaluate the prevalence of psychological distress, alexithymia, psychosomatic symptoms and stressful life events in a group of patients with FM, compared to a sample of patients with Rheumatoid Arthritis (RA). RA is a chronic, systemic, inflammatory, autoimmune disorder affecting the synovial membrane of multiple and symmetrical joints. The causes are still not completely understood, but complex interactions of genetic susceptibility, immunological and inflammatory processes, as well as environmental factors, contribute to the risk for and course of RA. Since RA is a chronic pain condition, but with minor psychosomatic symptoms, we hypothesized that the psychological components could be more elevated in FM. Sixty-one consecutive female with FM, attending the "*Città della Salute e della Scienza*" Hospital of Turin (Clinical Psychology Unit, Prof. Torta) and 75 consecutive female with a diagnosis of RA (Rheumatology Unit) were enrolled in the study, after giving written informed consent.

Psychological distress was assessed by the Italian version of the Hospital Anxiety and Depression Scale (HADS), a self-reported questionnaire. It is divided into two subscales: anxiety (HADS-A) and depression (HADS-D). Alexithymia was measured using the Italian version of the 20-Item Toronto Alexithymia Scale (TAS-20), the most commonly used measure for this construct. TAS-20