plotted, 204 (39.1%) members were currently taking teriparatide, 71 (32.8%) completed therapy, 133 (25.5%) discontinued, and 14 (2.7%) did not indicate teriparatide use status. No differences in the age or gender of completers versus discontinuers were noted. Factors associated with an increased likelihood of discontinuance were having contact with the subjects' own doctors, using continuous care, or a shorter duration of treatment. A logistic regression with random intercept to test time might influence the postpartum depression. Random intercepts for mother, and random slopes for the duration after the childbirth were not influencing to postpartum depression until fourth week showed not different significantly (p = 0.420). A generalized linear mixed model was used to analyze association between satisfaction (score 0–100) and various factors. The average fatigue score at study onset was 11.89 (SD: 5.8) On the 3rdday of the score was 9.06 (SD: 5). Improvement was therefore statistically significant (P = 0.001). On the 7thday the score was 6.43 (SD: 4.3), on the 14thday it was 4 (SD: 4). The average score upon inclusion did not vary according to whether the subjects had been physically active or not. However, the reduction in fatigue score at Day 3 and on other days was greater for patients who had been physically active compared to those who had not. There was significant improvement in fatigue as measured on the Pictor scale of 8 multiple choice questions with 4 possible answers: "not at all-a little-some-a lot-extremely". To describe the impact of taking a tonic, comprised of 5 amino acids (magnesium aspartate-L-leucine,L-lysine chlorhydrate-L-phenylalanine and L-valine), a mineral and, ascorbic acid.

OBJECTIVES: Fatigue is a normal, benign sensation which occurs after sustained or unusual exertion. It manifests itself as a reduction of physical and/or mental ability. People suffering from fatigue feel restricted compared to their usual self, and are unable to carry out daily activities. They therefore show lower productivity at work, and are unable to embed the use of conventional medicine as daily routines. METHODS: This study was carried out at the nationwide general and local hospitals from July to September 2010 at the time of childbirth and one month after birth. A socio-demographic characteristics and the Korean version of Edinburgh Postnatal Depression Scale (EPDS) were administered to 30 vulnerable mothers and 444 general mothers. We used independent t-test to compare postpartum depression difference between vulnerable mother and general mother, and generalized linear mixed model with random intercept to test time might influence the postpartum depression. RESULTS: At the first week after the childbirth, the mean postpartum depression of vulnerable mother was 7.60±4.76 and that of ordinary mother was 11.80±6.00 showing significantly different (p = 0.001). The mean postpartum depression of vulnerable mother was 9.00±5.25 and that of ordinary mother was 9.83±5.59 at fourth week . There was not different significantly (p = 0.420). A generalized linear mixed model with a random intercept for postpartum depression revealed that the postpartum depression was significantly higher in vulnerable mother (p = 0.001) but the duration after the childbirth was not influencing to postpartum depression up to four weeks (p = 0.437). A significant interaction between follow-up and vulnerability was detected (p = 0.017). CONCLUSIONS: Postpartum depression could be impaired association between child and mother and influence development of child. Therefore postpartum depression care and policy for vulnerable group should be continued.