



Perinatal Depression Treatment and prevention

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What is postnatal depression?

- Is it truly a unique disorder?
- Are there specific features?
- Is there a higher frequency in the puerperium?
- Are there several disorders? E.g. melancholia, severe depression, mild depression
- Do they have different etiology and associated factors?



What is postnatal depression?

- Are there different forms of clinical course?
- Some episodes have spontaneous remission in a few months
- Other episodes linger for many months or over a year
- Different psychosocial impairment



Perinatal depression

- Often symptoms consist with those of anxiety disorder
- Best predictor of postnatal depression is depression during pregnancy
- Negative effects on fetus (including low weight, prematurity, low fetal activity)
- Negative effects on baby, on spouse



Depression and treatment

- The majority of women with perinatal depression do not seek nor receive treatment (Marcus et al, 2003)
- 3472 pregnant women, attending obstetric clinics
- 20% high scores in depressive scale.
- Gross underdiagnosis and under treatment
- Only 13% any form of mental health treatment
- 50% depressed women had taken antidepressants and stopped when pregnancy discovered



What interventions are acceptable?

- Many more women are identified than those that accept referral to a mental health professional or a psychiatrist (Brockington, 1996)
- Many women fear a diagnosis, a “mental condition” and having children taken away
- They welcome talking to a nurse or other primary health care professional



What is the treatment of depression?

- The majority of women and families are wary of trying medications
- Little information about the effects on the baby in the short and long term
- Preference should be given to alternatives of treatment if possible
- One cannot guarantee that medications are completely “safe”



Medications?

- Suspicions regarding influence of pharmacological companies on:
- Published studies in the literature
- Opinion of experts
- Funding for studies, etc. etc.



Therapies

- Psychosocial support
- “Interpersonal psychotherapy”
- Cognitive Behavioral Therapy
- Other psychotherapies and Alternative therapies
- Do not benefit everyone, and something additional if depression is severe



Interpersonal psychotherapy

- Based on style of interpersonal interactions
- Based on “working models of relationships” of the person or attachment style
- Centered usually on marital issues in postpartum period and
- New role as a mother



Interpersonal psychotherapy

- Several groups have shown efficacy
- (O'Hara et al, 2000) 120 community women with major postpartum depression
- From community. 60 assigned to 12 week IP and 60 to waiting list (randomly)
- Significant improvement in Hamilton and Beck scales on follow up compared with control group (37 and 45% vs 13% in control group)



Cognitive and Behavioral therapy

- Focuses on cognitive distortions during depression e.g.
- Negative, pessimistic attributions to events, people, interactions:
- Instead of time/limited, discrete attributions
- Person engages in global, negative, longstanding attributions of negative quality



Cognitive Behavioral Therapy

- E.g. “nobody likes me” instead of “I had a conflict with x”
- E.g. “Bad stuff always happens to me” instead of “something wrong happened today”
- E.g. “I am stupid” vs. “I made a mistake”



Other therapies

- On most “non biological “ interventions
- There is no certainty as to their efficacy
- Nor about the therapeutic ingredients
- This is due to lack of well designed studies with control groups and random assignment to treatment
- (Dennis, 2004) (review of 31 studies)



Other therapies. Peer support

- Companionship and belonging to a group of peers
- Having someone to rely upon
- Feeling isolated and lack of support
- Not getting support without asking for it.
- Mother to mother support
- Results of outcome are equivocal



Peer support

- Chen et al, 2000
- 941 women in Taiwan.
- 60 women with scores in Beck depression inventory above 12
- Of the depressed women, 30 assigned to support and 30 to control group
- 4 weeks later. 60% in control group depressed, 33% of those in support group



Peer support

- Morgan et al, 1997
- Group sessions facilitated by OT and nurse
- 34 couples. 8 sessions. CBT components
- 66% of women high scores in EPDS at beginning. 22% at the end of the groups
- 0% at follow up 12 months later.



Peer support

- Telephone group support
- Canadian experience (Dennis, 2003)
- 43 women randomly assigned to intervention group or control. Evaluated with EPDS (Edinburgh).
- At follow up period. Only 10% of intervention group depressed, vs. 40% in the control group



Outcome psychological interventions

- ROUTINE INTERVENTION

VS

COGNITIVE
BEHAVIORAL
THERAPY

VS

- NON DIRECTIVE COUNSELING

• VS

- DYNAMIC PSYCHOTHERAPY

- (Murray et al. 2003)



Outcome psychological interventions

- (Murray et al, 2003). 193 women. Random assignment to intervention or control
- All psychological interventions improved maternal report of maternal infant relationship in short term
- All interventions equally improved maternal sensitivity toward infant
- Improved ratings of infant behavior and emotions at 18 months of age
- Are there long term benefits? Short term therapy may be of short term benefit



Other therapies: massage and relaxation therapy

- Massage during pregnancy is a traditional intervention in many societies
- No systematic studies
- A study (Field et al, 1996) looked at 32 pregnant adolescents : relaxation therapy vs. massage therapy
- Greater relief of symptoms of massage therapy.



Other therapies. Light therapy

- Oren et al. 2002.
- Depression during pregnancy
- Morning bright light therapy
- Open trial with 16 pregnant women, Hamilton depression rating scale (score >20), major depression
- 3 to 5 weeks of morning light therapy
- Improvement in depressive scores, mean scores improved by 49%
- No observed side effects



Light therapy

- 10 minutes after awaking
- Exposure 60 minutes
- Daily
- Ultraviolet-screened fluorescent light of 10 000 lux (box) luminosity
- (Day light technologies Inc, Canada)
- A-B-A design was used



Other therapies. Accupuncture



Other therapies. Maternal exercise



Other therapies. St John's wort



Other therapies. Massage Therapy



Other therapies. Vagal stimulation



Medications

- Controversies about whether they are “safe” for the mother
- Controversy about whether they are “safe” for the baby in the short and long term
- Lack of sufficient information
- Caution should be used



Risks of SSRI?

- Metaanalytic study of Wisner et al, 1999
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- Found no increased risk of teratogenicity
- No behavioral risks for the fetus
- No change in duration of pregnancy



Risks of SSRIs?

- Swedish Study (case controls study, 1999. Ericson, karen y Wiholm, 1999)
- Several hundreds of patients. Older women, exposed to SSRI's and other antidepressants
- SSRIs led to a slight risk of reduction in duration of gestation (37 weeks on average)



Prevention?



Prevention of recurrence?

- After major depression, a woman with postpartum depression has a risk of 25% likelihood of developing a second episode.
- Sertraline (Wisner et al, 2004) can prevent a recurrence of episode.

