Perinatal Mood and Anxiety Disorders

It's more than post partum depression.

A passage by Brook Shields from *Down Came the Rain*

- "I started to experience e a sick sensation in my stomach; it was as if a vise were tightening around my chest. Instead of the nervous anxiety that often accompanies panic, a feeling of devastation overcame me. I hardly move. Sitting on my bed, I let out a deep, slow, guttural wail. I wasn't simply emotional or weepy, like I had been told I might be. This was something quite different. This was something quite different. This was sadness of a shockingly different magnitude. It felt as if it would never go away."

Overview of presentation

- Types of perinatal mood and anxiety disorders (PMAD)
- Why we should care
- Prevalence of PMADS
- Consequences of unidentified PMADS
- Universal screening recommendations

A variety of PMADS

- Depression
- Anxiety and Panic Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Psychosis
- Bipolar

The perinatal period occurs between pregnancy through age one of the child.

Why we should care

- #1 medical complication related to childbearing
- Illness is detectable
- Opportunity to help women with prior undiagnosed mental illness or those at risk for continued mental illness.

Why we should care

- Tragic Consequences Affecting Society:
  - -Marital problems/divorce
  - -Disability/Unemployment
  - -Child neglect & abuse
  - -Developmental delays/behavioral problems
  - -Infanticide/Homicide/Suicide

(P. Boyce, University of Sydney, Pepean Hospital, Penith NSW Australia)

Why we should care

- Journal of Pediatrics wrote in 2010:

Every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most under diagnosed obstetric complication in America. Post partum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development.

Prevalence

- Depression/Anxiety in Pregnancy: 15-20% experience moderate to severe symptoms

- Postpartum depression/anxiety: 15%

- If left untreated, depressive symptoms persist.
  - -16.1% depressed at 2-4 months
  - -15.5% depressed at 30-33 months (Phelan et al. Inj Prev 2007)

Consequences of undiagnosed or untreated PMADS in prentatal period

- Increased preterm births
- Impaired fetal growth resulting in low birth weights
- Pre-eclampsia
- Placental abruption
- Gestational Diabetes
- Maternal bereavement increased stillbirth risk by 18%

Consequences of undiagnosed or untreated PMADS in postpartum period

- Risk of impaired bonding and attachment
- Lower levels of dopamine and serotonin in newborn
- Increased infant crying
- Delayed fetal heart rate responsivity
- 50% increased risk for developmental delay at 18 months of age (Deave, T. et al. BJOG 2008)

Consequences of undiagnosed or untreated PMADS in postpartum period

- Depressed mothers lead to decreased **SAFETY** precautions
  - -Improper car seat use
  - -Less use of safety latches
  - -Less likely to reduce water temperature on hot water heater
  - -Less likely to put baby to sleep on its back

Consequences of undiagnosed or untreated PMADS in postpartum period

- **Developmental promotion activities decreased:**

  -Decreased duration of breastfeeding

  -For 2 to 4 month old, parent played less and was less nurturing, less likely to sing and read

  -At 30 to 33 months, parent spoke less to child, less able to limit TV, unable to follow 2 or more routines, less nurturing, less reading and positive interactions

Consequences of undiagnosed or untreated PMADS in postpartum period

- Parenting styles of depressed mothers:
- Withdrawn:
  - -Disengaged
  - -Distant
  - -Unresponsive/flat affect
  - -Do little to encourage or support their child's activites
- Intrusive:
  - -used harsher discipline (>2x odds of face slapping or spanking with an object)
  - -rough handling
  - -angry/hostile
  - -actively interfere with their infants' activities

Consequences of undiagnosed or untreated PMADS in mothers on Infants

- Abnormal EEG (changes remained for 3 years)
- Less vocalizing
- More irritable (gaze aversion, sad/angry expressions)
- Less exploration
- More than twice as likely to experience depression and anxiety

Consequences of undiagnosed or untreated PMADS in mothers on Toddlers

- Insecure attachment with mother, inhibition and fear, clinginess
- Less social interaction with peers
- Inappropriate interactions, less pleasure
- Lower self esteem
- More behavior problems, aggression
- Motor delays with chronic maternal depression

Consequences of undiagnosed or untreated PMADS in mothers on Preschoolers

- Greater anxiety and aggression
- Behavioral problems and conduct disorders
- Deficits in cognitive development

Consequences of undiagnosed or untreated PMADS in mothers on older children

- Increased peer conflicts, aggression
- Poor cognitive processing
- Poor school work and test scores, lower IQs
- ADHD, anxiety, impulsivity
- Sexual activity
- Stealing
- Psychiatric symptoms: psychosomatic complaints, anhedonia, sleeping problems, eating problems, depression and anxiety

Screening

- Does the prevalence and outcomes of Perinatal Mood and Anxiety disorders warrant a screening?

- YES! Other risk factors in pregnancy are routinely screened for.
  - By comparison:

    -4.8% of pregnant women develop gestational diabetes

    -5% of pregnant women have hypertension in pregnancy

Screening

- <25% of OB/Gyn patients had their psychiatric diagnoses recognized (Spitzer et al. 2000)
- <20% of pregnant women with psychiatric diagnoses were treated (Kelly et al. 2001)
- >50% of pregnant women on antidepressants were symptomatic due to suboptimal treatment (Markus et. Al 2005)

Screening

- Results of Using Screening Instruments:
  - Detection of hidden symptoms
    -With screening, the rate of detection was 35.4%
    -With out screening, spontaneously detected rate was 6.3%
    (Evins, Theofrastous JP, Galvin SL., 2000)

Screening

- Routine screening:
  - Critical for early detection, resulting in a reduction of duration and severity of symptoms
  - Provides opportunities for discussion, resource and referral
  - Reduces the stigma

Screening

- All health care providers that have contact with pregnant or postpartum women should be screening for PMADS
- Suggested tool:
  - Edinburgh Postnatal Depression Scale

    -Can be used in pregnancy

    -Most thoroughly validated tool

    -Cross cultural

    -Free

Screening

- Responsible screening times:
  - Preconception
  - First postnatal contact
  - Every trimester
  - Well baby visits

Screening

- If there is a concern:

- Intervene early
- Refer rapidly
- Follow up
- Mobilize support: family, community, professional

Resources

- Perinatal Support International

"It is the vision of PSI that every woman and family worldwide will have the access to information, social support, and informed professional care to deal with mental health issues related to childbearing. PSI promotes this vision through advocacy and collaboration, and by educating and training the professional community and the public."

www.postpartum.net