

POSTPARTUM DEPRESSION

LONG ISLAND UNIVERSITY

Luchena Belizaire, Christina Butigian, Arlinda Kubati, Emily Ramdeholl, Leticia Sanchez

Background



- Postpartum Depression (PPD) is a major depressive episode as defined by DSM-5 criteria with onset during pregnancy or within 1 year after birth.
- · One of the most common complications of child bearing
- · Symptoms: anxiety, irritability, loss of interest and energy

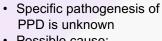
Epidemiology



- · Prevalence varies by state and can be as high as 1 in 5 women.
- Affects women of all racial and ethnic backgrounds
- Highest incidence in American Indian/Alaska natives; Asians and Pacific Islanders at lowest risk



Pathophysiology



- Possible cause:
 - Rapid decline in reproductive hormones following delivery
 - Impairment of the hypothalamus, pituitary, adrenal axis (HPA) associated with stress and age

Hypothalamus **CRH Pituitary ACTH** Adrena Cortex Cort **HPA Axis**

Risk Factors

- Strongest: history of untreated anxiety before or during pregnancy
- Age over 30
- Genetic factors
- Social factors: Low social support. marital difficulties, stressful life events, and unplanned pregnancy
- Psychological, physical or sexual abuse
- Poor physical health/body image
- · Perinatal complications, preterm birth, and infant health conditions

Diagnosis and Screening

- · 10 item Edinbergh Postnatal Depression Scale
- Careful history taking
 - Ask women about social support, substance abuse, violence regarding intimate partner
- · Rule out bipolar disorder because treatment with antidepressants alone may worsen bipolar disorder
- Labs: hemoglobin and TSH levels

The EPDS is a 10-item questionnaire. Women are asked to answer each question in terms of the past seven days.

Yes, some of the time (score of 2)

Not very often (score of 1)

Yes, very often (score of 3)

1. I have been able to As much as I always could (score of 0) laugh and see the Rather less than I used to (score of 1) Definitely not as much as now (score of 2) funny side of things Hardly at all (score of 3)

As much as I ever did (score of 0) forward with Rather less than I used to (score of 1) Definitely less than I used to (score of 2) enjoyment to things Hardly at all (score of 3) 3. I have blamed Yes, most of the time (score of 3

No, never (score of 0) No, not at all (score of 0) or worried for no Hardly ever (score of 1) Yes, sometimes (score of 2)

5. I have felt scared or Yes, quite a lot (score of 3 panicky for no good Yes, sometimes (score of 2) No. not much (score of 1) No, not at all (score of 0)

6. Things have been Yes, most of the time I haven't been able to cope at all (score of 3 Yes, sometimes I haven't been coping as well as usual (score of 2) No, most of the time I have coped quite well (score of 1) No, I have been coping as well as ever (score of 0)

Yes, most of the time (score of 3 unhappy that I have Yes, quite often (score of 2) had difficulty Not very often (score of 1) No, not at all (score of 0) sleeping

Ves. most of the time (score of 3 8. I have felt sad or Yes, quite often (score of 2) Not very often (score of 1) No. not at all (score of 0)

unhappy that I have Yes, quite often (score of 2) been crying Only occasionally (score of 1) No, never (score of 0) 10. The thought of Yes, guite often (score of 3)

occurred to me Hardly ever (score of 1) ever (score of 0) Score: 0-8 Low Probability

 Baby Blues Score: 8-12 sually resolves within 2 weeks · Possible PPD Score: 13+

Yes, most of the time (score of

Treatment

- · Psychosocial strategies if mild: peer support and nondirective counseling
- · Psychological therapy if moderate: Cognitive Behavioral Therapy
- · Pharmacological therapy if severe or refractory to above: SSRI antidepressants are the first line choice

Prevention

Screen for signs of depression before, during, and after pregnancy, as well as at the first few well baby visits

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