



Recognizing Postpartum Depression

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April 7, 2022

Overview

- Clinical spectrum of postpartum mood disorders
- Symptoms of postpartum depression
- Treatment of postpartum mood disorders
- Risk factors for postpartum mood disorders
- Screening for postpartum depression

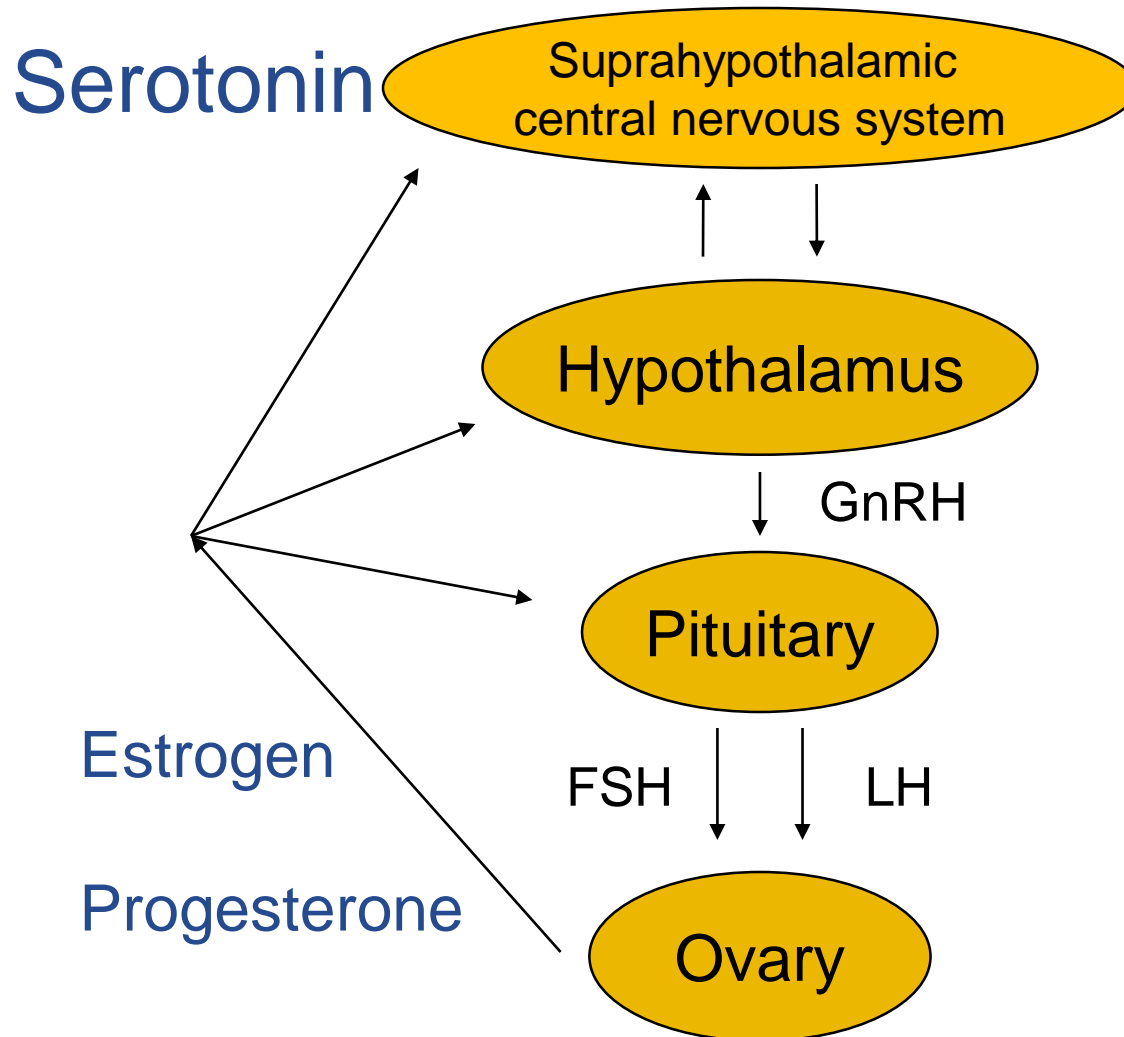
Unlabelled use of medications

- No antidepressants or mood stabilizers have been approved for use during pregnancy or during the postpartum period

Epidemiology of Major Depression

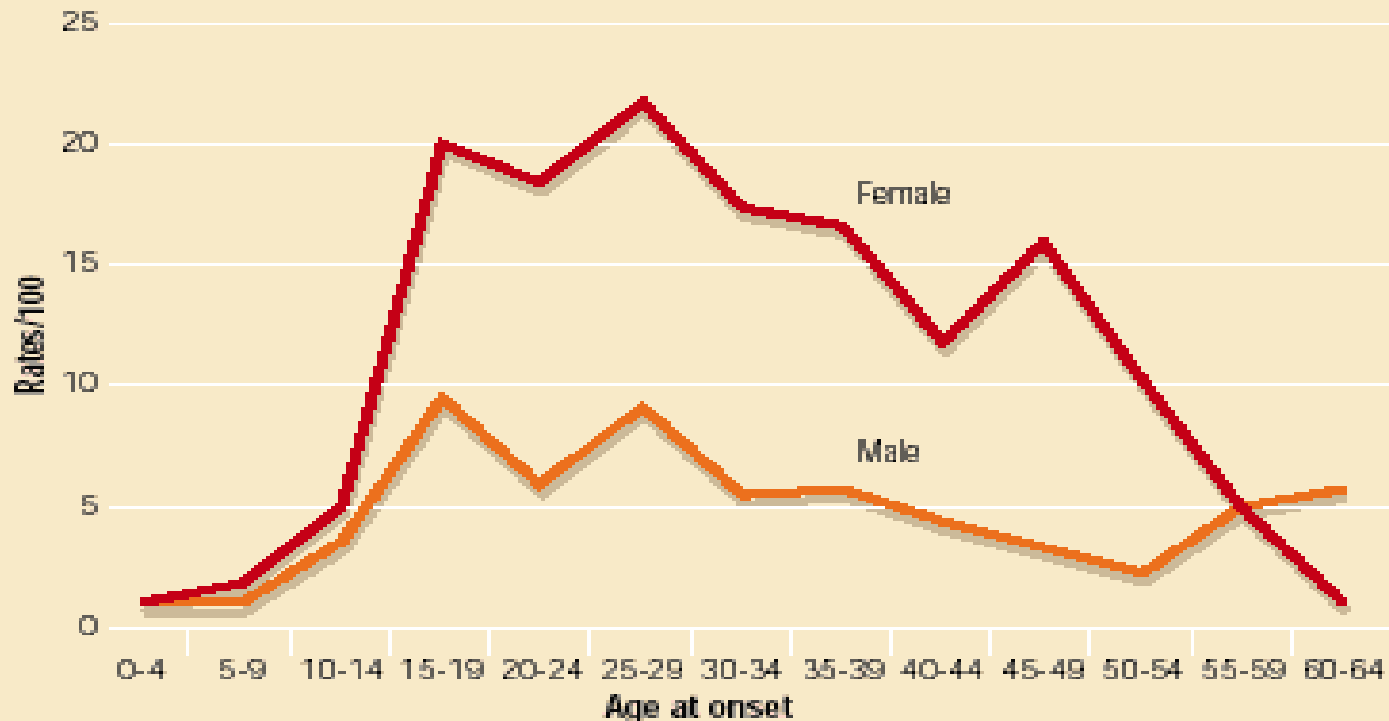
- Lifetime prevalence rates
 - Women 10% – 25%
 - Men 5% – 12%
- Rates equal for pre-pubertal boys and girls
- Rates in women twice those of men following menarche

Hypothalamic-pituitary-ovarian axis



Rates of MDD in Women Double the Rates in Men during the Reproductive Life Cycle

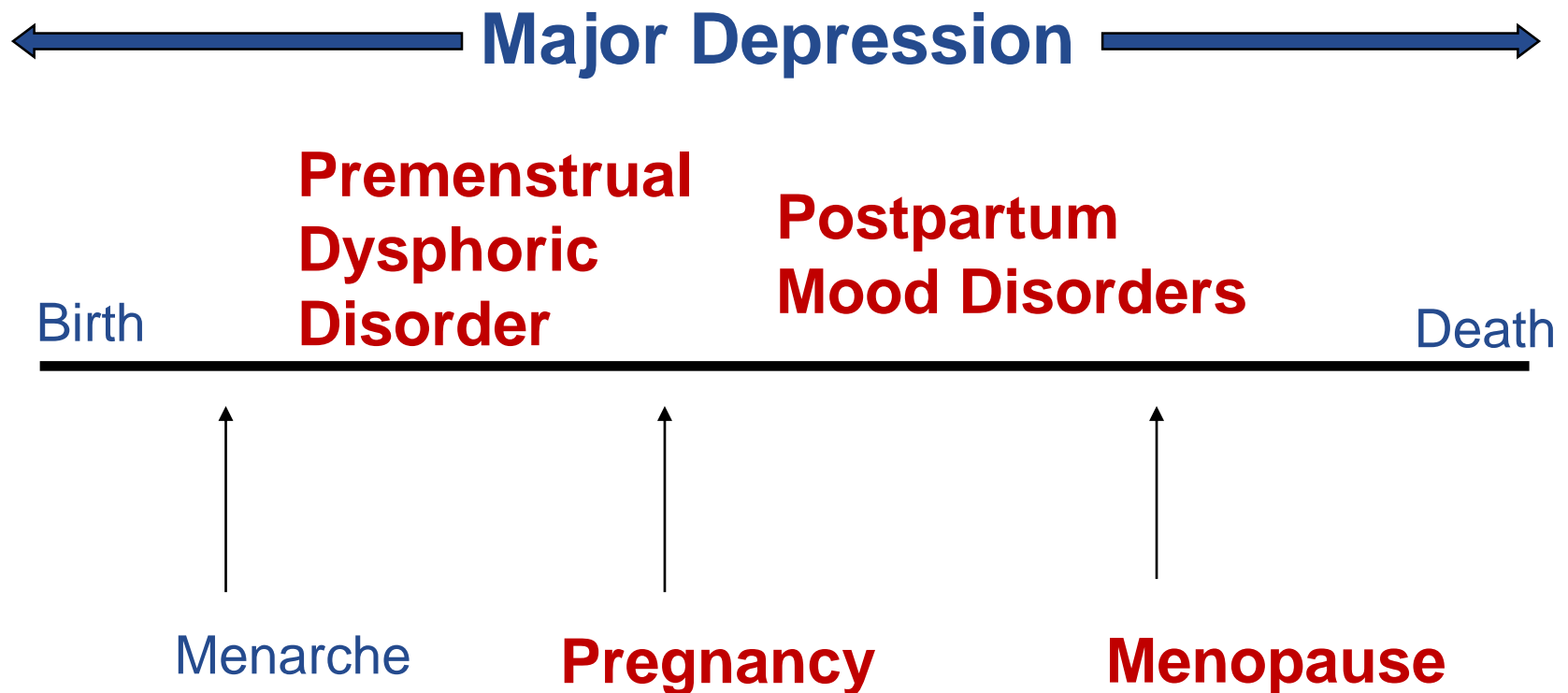
FIGURE 1. Age-specific rates of major depression in the US



Source: Kessler RC, Zhao S, Blazer DG, et al.¹¹

Chart shows the steep rise in risk for major depressive disorder just as females enter the fertile period of their lives.

Episodes of Mood Disorders through a Woman's Lifecycle



Phases of Pregnancy and Birth

- Planning and conception
- Pregnancy – 1st vs 2nd vs 3rd trimester
- Delivery
- **Postpartum**
- Breastfeeding

Treatment of depression during pregnancy



- All medications have potential risks, especially in the first trimester
- The process of discussing the risks of treatment versus the *risks of not treating*
- Risk of relapse of depression during pregnancy if antidepressants discontinued prior to conception

Depression during pregnancy



- No increase in rates of depression during pregnancy
- Diagnosis complicated by physical symptoms of pregnancy (insomnia, decreased energy, decreased concentration)
- Treatment complicated by potential risks to the fetus

Hormones and Postpartum Depression (PPD)

- Comparisons of hormone levels between women who did and did not develop PPD – no consistent relationship
 - Prolactin, progesterone, estradiol, free and total estriol, cortisol and urinary free cortisol
- No consistent relationship between postpartum thyroid dysfunction and PPD
- Progesterone not effective in systematic trials; estrogen may be helpful but limited data

Spectrum of Postpartum Mood Disorders

- **Postpartum blues** – “baby blues”
 - prevalence 30 to 85%
- **Postpartum depression** (nonpsychotic)
 - prevalence 10 to 15%
- **Postpartum psychosis**
 - prevalence 0.1 to 0.2%

Postpartum blues

- Onset of symptoms in the first week
- Typical symptoms:
 - Tearfulness, irritability, mood lability, dysphoria, anxiety and insomnia
- Peak in symptom severity by day 4 or 5
- Spontaneous remission of symptoms typically by day 10 (definitely by day 14)

Treatment of Postpartum blues

- Prenatal education
 - Parenting skills
 - Potential for mood symptoms
- Support and reassurance
- Monitoring for the emergence of postpartum depression

Postpartum Depression

- Onset typically in the first 3 months but can have an insidious onset (> 6 months)
- Comorbid anxiety symptoms are common
- Symptoms nearly identical to Major Depression
- First episode of psychiatric illness in ~ 50%

Symptoms of Major Depression

- Depressed or irritable mood or feeling nothing
- Decreased interest or pleasure in activities (anhedonia)
- Change in appetite or weight
- Sleeping more or less than usual
- Feeling restless or slowed down
- Fatigue or loss of energy
- Decreased concentration
- Feelings of guilt or worthlessness
- Recurrent thoughts of death or suicide

Symptoms specific to Postpartum Depression

- Ambivalent or negative feelings toward the infant
- Self-doubt concerning ability to care for the child
- Suicidal ideation
 - Attempts are relatively rare
 - Having young children is an independent protective factor

Risk factors for Postpartum Depression

- No demographic factors identified
- Marital discord or lack of social supports
- Emergence of depressive symptoms during pregnancy
- History of previous depressive episodes and family history of affective disorders
- First episode of psychiatric illness in ~ 50%

Screening for Postpartum Depression

- Obstetrical and pediatric follow-up appointments
- High frequency of neurovegetative symptoms in non-depressed postpartum mothers – changes in sleep, energy, appetite, libido
- Edinburgh Postnatal Depression Scale (EPDS)
 - 10 items, self-report
 - 5 minutes to complete

Edinburgh Postnatal Depression Scale (EPDS)

In the past 7 days:

1. I have been able to laugh and see the funny side of things
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
2. I have looked forward with enjoyment to things
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
- *3. I have blamed myself unnecessarily when things went wrong**
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never
4. I have been anxious or worried for no good reason
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
- *5 I have felt scared or panicky for no very good reason**
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
- *6. Things have been getting on top of me
 - Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever
- *7 I have been so unhappy that I have had difficulty sleeping
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all
- *8 I have felt sad or miserable**
 - Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all
- *9 I have been so unhappy that I have been crying
 - Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never
- *10 The thought of harming myself has occurred to me
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

Postpartum Relapse of Bipolar Disorder

- Comparison of admission rates
(compared to non-pregnancy related periods)
 - During pregnancy 75% baseline
 - First month postpartum 8x increase
 - 2nd to 12th months postpartum 2x increase
- Bipolar relapse vulnerability high postpartum

Postpartum Psychosis

- Onset typically in first 2 to 4 weeks, but may be in first 48 to 72 hours
- Typical symptoms:
 - Agitation, restlessness, irritability, insomnia, manic and depressive moods, disorientation
 - Delusions – typically focused on the child
 - Auditory hallucinations – command hallucinations to harm self or the child

Treatment of Postpartum Psychosis

- Inpatient Treatment
- Antipsychotic medications plus Lithium or ECT
- Very high risk of suicide and infanticide if untreated

Impact of Postpartum Depression on Cognitive Functioning

- Prospective study of 94 mothers and their first born children
- Follow-up assessment at age 4
- Significant intellectual deficits in children with depressed mothers only if depressed in the 1st year of life

Impact of Maternal Depression on Infant Development

- Maternal depression related to compromised social, emotional and cognitive function in infants
- Worse performance on object tasks
- Insecure attachment – avoidant or ambivalent
- Heightened distress and preoccupation with conflicts of others (especially adults)

Treatment of Mood Disorders

- Medications – antidepressants or mood stabilizers
- Individual psychotherapy
- Education and support
- Family involvement and/or family therapy
- Control of behaviors (substance misuse, eating disorders, or cutting)
- Other treatments
 - Electro-convulsive therapy (ECT), TMS, Ketamine, Bright Light Therapy

Antidepressants

- **Selective Serotonin Reuptake Inhibitors**
 - Prozac, Zoloft, Paxil, Lexapro, Luvox, Celexa
- **Selective Serotonin-Norepinephrine Inhibitors**
 - Effexor, Cymbalta
- **Others**
 - Wellbutrin, Remeron, Nefazodone, Trazodone
- **Tricyclics**
 - Nortriptyline, Desipramine, Imipramine
- **MAO Inhibitors**
 - Parnate, Nardil, Marplan, Eldepryl, Emsam patch

Selective Serotonin Reuptake Inhibitors (SSRIs)

| Medication | Starting dose | Therapeutic dose range |
|--------------|---------------|------------------------|
| Citalopram | 10 – 20 mg | 20 – 40 mg |
| Escitalopram | 5 – 10 mg | 10 – 20 mg |
| Fluoxetine | 10 – 20 mg | 20 – 80 mg |
| Fluvoxamine | 50 mg | 100 – 300 mg |
| Paroxetine | 10 – 20 mg | 20 – 50 mg |
| Sertraline | 25 – 50 mg | 50 – 200 mg |

“Other” Antidepressants

| Medication | Starting dose | Therapeutic dose range |
|-------------------|----------------------|-------------------------------|
| Venlafaxine XR | 37.5 – 75 mg | 75 – 300 mg |
| Bupropion SR | 100 mg | 200 – 400 mg |
| Bupropion XL | 150 mg | 300 – 450 mg |
| Nefazodone | 100 mg bid | 300 – 600 mg |
| Mirtazapine | 7.5 – 15 mg | 15 – 45 mg |

Breastfeeding and Antidepressants

- Benefit of breastfeeding vs. benefit of treating maternal depression
- Risk of exposure to medications in breast milk vs. *risk of not treating* the mother's depression
- Increased risk of affective illness relapse in postpartum period
- Assessment of the risks & benefits of treatment is very individual and should include the child's pediatrician

Conclusions

- Most women experience depressive symptoms postpartum
- Prenatal education and postpartum screening may significantly decrease the impact of postpartum depression
- Untreated postpartum depression has potentially severe consequences for mother and infant