

## POSTNATAL DEPRESSION AN OVERVIEW

SAEED FAROOQ AND HAFIZ MOHAMMAD ILYAS

*Department of Psychiatry,  
Postgraduate Medical Institute,  
Lady Reading Hospital, Peshawar.  
Department of Community Medicine,  
Ayub Medical College, Abbottabad.*

Happy event of child birth is not always a source of joy for a mother. Since the time of Hippocrates the puerperium has been known to be most vulnerable period in a woman's emotional life. He described a woman becoming restless and later delirious following the birth of twins.<sup>1</sup> This condition, described as postpartum psychosis with an incidence of one in 500 deliveries in Western studies, is not much common. Far more common are two other conditions, the maternity blues and postnatal depression. Maternity blues is a transitory and self-limiting condition and is known to occur in more than half of the mothers.<sup>2</sup> Awareness about these condition and their deleterious effect on mother and baby has developed only over the last three decades. In developing countries including our own the psychiatric aspect of puerperium still remains largely neglected. The price in terms of physical and mental health of the baby and the mother is high and we can no longer afford to neglect it.<sup>3</sup> The present review will focus on postnatal depression (PND).

A number of epidemiological studies have consistently shown that around 10% of women experience an episode of depression in the first week after delivery.<sup>4,5,6</sup> The symptom profile of these depressive episodes is similar to depression that occur at other

times in life. Additional features are related to specific event of childbirth. These include anxiety related to the baby's health, the fear of harming baby and being incompetent as mother. Irritability, easy fatigability, variable insomnia, suicidal or infanticidal thoughts are other common symptoms. In our setting such symptoms may be disguised as excessive concern about a physical illness which may be attributed to affliction with "wind" on not observing postpartum rituals. The patient may not admit depressed mood though the facial appearance and behavior appear to be that of a depressed person. The family on the other hand may be excessively concerned about the increased irritability and rather casual attitude towards the baby.<sup>1</sup>

Several studies have shown that postnatal depression (PND) has serious effects on child-mother interactions and may adversely affect the development of the newborn.<sup>7,8,9</sup> Wrate et al<sup>1</sup> found that children of such depressed mother may show behaviour disturbances at a later age. Similarly Cogill et al.<sup>9</sup> demonstrated that these children show cognitive defect at 4 years of age when compared with the children of normal controls. In addition other symptoms of depression e.g. increased irritability, loss of interest in family and sex can also adversely affect marital relation-

ship. In Western studies infanticide has been reported in upto 4% of cases.<sup>10</sup> In our setting, lack of maternal care resulting in diseases like gastroenteritis may be a more serious risk than the actual infanticidal thoughts or threats.

The aetiological factors of postnatal depression are same as those found to be associated with the onset of depression at other times in a woman's life. For example marital discord, previous history of depression and the occurrence of adverse life events<sup>10</sup> are as important in aetiology of postnatal depression as in any other form of depression. Sex of the newborn baby is not an important aetiological factor.

Of particular interest are the biological causes, as puerperium is period of tremendous hormonal and physiological changes. However despite extensive research into steroid hormones, no firm evidence has emerged linking these hormones to the development of postnatal depression.<sup>12</sup> Thyroid gland dysfunctions have also been extensively studied.<sup>13,14</sup> Harris (1993)<sup>11</sup> reviewed the evidence related to thyroid abnormalities and mood disorders and concluded that upto 1% of all postpartum women would show major mood disorder associated with autoimmune thyroid disease occurring in the thyroid antibody positive women. He claimed that this proportion increases upto 4% if less severe depressive states are also included.<sup>12</sup> However, he also pointed that thyroid dysfunction could be secondary to immunological changes brought about by stress as it has been shown that there is an association between stressful life events and onset of thyroid disease.<sup>15</sup> In a developing country like Pakistan, anaemia particularly, magaloblastic is quite common<sup>16</sup> and may be an important aetiological factor as it has been recognised as a possible causative factor in depression at other times in life.<sup>17</sup>

Early treatment and prevention of postnatal depression is as important as is

that of physical complication of puerperium because mother is now the primary environment of the newborn and the abnormal mental state may have adverse effects on the newborn, as we discussed earlier. Prevention of the PND requires early detection of high risk cases and starting treatment earlier. At present following risk factors can be identified:<sup>18</sup>

1. A past history of a psychiatric disorder.
2. Severe postnatal blues just after delivery.
3. Poor marital relationship and undesirable life events in preceding year.
4. A previous history of bipolar affective disorder
5. A family history of bipolar mental illness.

Similarly a mother is highly predisposed to PND in first pregnancy compared to the subsequent pregnancies. Interestingly enough obstetric complications, with a possible exception of caesarian section, seem to have little influence on the risk of developing either puerperal psychoses or PND.

Based on these risk factors, preventive measures can be instituted both at primary and secondary levels for high risk mothers. As PND occurs following a clearly recognizable life event when the patient is under close medical surveillance, it is considered as a psychiatric disorder which is most amenable to primary prevention.

Prophylactic medication such lithium and antidepressants can be started for high risk group. Stewart et al.<sup>19</sup> demonstrated that risk of manic depressive disorders can be reduced by more than 50% in a group with multiple risk factors by starting lithium prophylactically just before the delivery. Screening for PND is now possible to identify high risk cases by using self report

scales such as Edinburgh Postnatal Depression Scale.<sup>20</sup> These scales, however, will have to be translated, standardized and validated for our population. In case of severe postnatal depression in multipara mother, recurrence rate can be substantially brought down by persuading the mother to seek the family planning advice.

Diagnosis of PND is not difficult provided the condition is kept in mind and the core symptoms of depression are elicited carefully. Recognition of the condition is in itself therapeutic for the mother, as she is relieved to know that this is not her personal inadequacy but a treatable emotional disorder. Husband and relatives need reassurance and explanation about the condition otherwise irreparable damage in relationships can occur. Antidepressants are needed in therapeutic doses depending upon severity of the condition, breast feeding is not a contraindication. Attention to the underlying social and psychological factors is a must. This does not always require a psychotherapist. All that is needed is to listen to the patients symptoms in a unhurried setting, to recognise the role of social factors in depression, share the patients concerns where appropriate and provide simple counselling about the nature of illness and ensure that husband and relatives support the patient in facing routine house-hold tasks. In severe cases electro convulsive therapy (ECT) will provide quick relief. The physical problems during puerperium eg. anaemia may be further complicated by depression due to poor nutritional intake and need particular attention. It is interesting to note that except few reports of successful treatment and prophylaxis with estrogen and progesterone, investigation into hormonal basis of PND remain largely inconclusive to provide rational basis for such a therapy.<sup>20</sup>

The successful treatment of a patient suffering from PND can help the patient to

enjoy the most joyful event in her life, the birth of a baby. Above all, it can save families from breaking down. Treating PND is, therefore, most rewarding experience and it is not difficult at all.

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