Medicine for Managers

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Postnatal Depression (PND)

About ten percent of women develop postnatal depression after childbirth. It can start anytime between two weeks and one year after delivery. It may be very mild and might even go unnoticed, or it might be associated with depression, inability to cope, feelings of hopelessness and low self-esteem and insomnia. The symptoms are sometimes called, rather dismissively, baby blues.

Postnatal (formerly called postpartum) depression has long been recognised and is estimated to affect up to about twenty percent of women. It is a form of clinical depression and may present with wide-ranging symptoms.

Mothers may struggle with lack of energy, persistent sadness, irritability and reduced interest in any sort of physical intimacy (often leading to marked difficulties in the relationship with the father) unexpected and repeated crying episodes and disturbances in daily activities such as eating and sleeping. Other feelings may be emptiness, guilt, feeling overwhelmed, frustrated or inadequate.

Postnatal depression may also affect fathers and it may be that up to about one in eight men suffer feelings of low mood and other symptoms comparable to those suffered by women.

Rarely women may suffer the much more severe and serious *postnatal (puerperal) depression (psychosis)* which is thought to affect one in one thousand women. Such women may suffer delusions (having irrational beliefs) and hallucinations (seeing or hearing things that are not there).

The disorder is associated with acute bi-polar symptoms of swinging elation and deep depression. This is a medical emergency and the baby, the partner and others may be at risk. It requires rapid psychiatric intervention.

Other women may suffer a form of *obsessive-compulsive disorder*. The features involve repeated compulsive actions such as hand washing, repeatedly checking the baby or experiencing repeated feelings of visions resulting in anxiety. Postnatal OCD is managed by medication or behavioural therapy.

A number of factors predispose to postnatal depression and include a previous history of PND, pre-natal depression, a previous stillbirth, not breastfeeding, smoking, difficulties with the relationship with the father and a 'difficult' baby.

Diagnosis is frequently delayed, particularly in circumstances where the symptoms are concealed by the mother for fear of giving the impression that she is an inadequate mother. Family and medical professionals may be alerted to the problem by identifying features such as being overwhelmed, lacking energy or enthusiasm, feelings of inadequacy associated with taking care of the baby, lack of enjoyment of activities and exhaustion. Two screening questions help to make a diagnosis and are (a) have you been feeling down, depressed or hopeless during the last month, and (b) have you had little or no pleasure in doing things you would normally enjoy in the last month. There is a formalised tool called the Edinburgh Postnatal Depression Scale (EPDS) which, like other mental health assessment tools, can be used to assess the degree of severity of the depression and also, during the treatment phase, review the degree to which the symptoms have declined. During the examination of a patient in which PND is suspected, a physical examination, including routine investigations to exclude simple physical causes such as anaemia, diabetes or thyroid abnormalities.

Support for patients and families can be obtained from PANDAS (Pre- and Post Natal Depression Advice and Support) by contacting 08432 898401. The website is www.pandasfoundation.org.uk

Treatment of post-natal depression includes psychological support and cognitive behavioural therapy which may be self-guided or used in conjunction with a mental health worker over a number of sessions. Anti-depressant medication may also provide valuable treatment in managing the symptoms, especially if the PND is moderate or severe, and over three quarters of sufferers show signs of recovery within six weeks. Some anti-depressants are best avoided in those women who are breastfeeding. In addition personal care is helpful, eating a healthy diet, avoiding alcohol and taking regular exercise. It is also very helpful to involve the partner in managing the symptoms and encouraging the woman to share her fears and anxieties with her partner or other trusted family members or friends.

In those women with a past history of PND following previous pregnancies it may be necessary to initiate antidepressant antidepressant therapy shortly after delivery.

With appropriate treatment, recovery can usually be complete.

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