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Treating Peri & Postnatal Depression & Anxiety
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Abstract

The objective of this research is to evaluate the commonly prescribed treatment methods for prenatal and postnatal depression, focusing on the efficacy of antidepressant medications and nonpharmacologic treatments while evaluating the effects these medications have on the fetus/breastfeeding infant.

The method of research included 15 studies completed within the past ten years on women who were pregnant or who had delivered a baby within the past 12 months. Each study evaluated long-term effects on offspring, which included a participant number of 3,342 children who were exposed to antidepressants during pregnancy. The total number of participants in the studies was 8,069 women.

Limitations within the data are due to small sample sizes in several of the studies and few available studies that directly evaluate this population of women and children.

Data results suggest that while a cognitive group therapy does provide depression symptom improvement in prenatal and postnatal depression and anxiety, antidepressant medications tend to have a positive effect earlier in treatment. Unfortunately, many of these antidepressant medications have also been proven to have both short and long term effects on the offspring exposed to pharmacologic treatment.

Introduction

First line treatment for severe or chronic major depression disorder in adults: a referral to behavioral health in combination with antidepressant treatment (National Guideline Clearinghouse, 2012).

Medication classes include: selective serotonin reuptake inhibitor (SSRI), tricyclic antidepressants (TCA), serotonin-norepinephrine reuptake inhibitor (SNRI), norepinephrine reuptake inhibitor (NRI), and dopamine agonists (DA).

Prevalence of Prenatal Depression: 6-13% (Chardlon et al., 2014).

Prevalence of Postpartum Depression: up to 20% (Van Liesthout et al., 2017).

Statement of the Problem

One difficult area in the treatment of both depression and anxiety is in the prenatal and breastfeeding patient population. Providers and patients must work together to determine the best path of action for this unique situation of caring for both the pregnant patient’s mental health and her unborn child.

Research Questions

In the pregnant and breastfeeding population, what is the efficacy of antidepressant medication treatment for patients diagnosed with depression and/or anxiety?

In pregnant patients diagnosed with depression and/or anxiety, what are the fatal effects resulting from use of antidepressants during pregnancy?

In breastfeeding patients diagnosed with depression and/or anxiety, are there effects caused from the transfer of antidepressant medications from mother to infant during lactation?

In patients diagnosed with depression and/or anxiety during pregnancy and postpartum, what is the effectiveness of treatment options such as cognitive behavioral therapy?

Literature Review

Depression symptoms are thought to be caused by a deficiency of synaptic neurotransmitters such as serotonin, norepinephrine, and dopamine (Ballard et al., 2011).

Goals of antidepressant medication: improve the patient’s mood by altering the neurotransmitter receptors and transporters to increase the availability of the neurotransmitters within the synaptic cleft.

Antidepressant Medication Efficacy

Sharp et al. (2010) found that 45% of women receiving SSRI treatment responded in 4 weeks compared to therapy sessions in which only 20% improved after 4 weeks. At 18 weeks of treatment, both medications and psychosocial responses were similar.

Antidepressant Medication Effects on the Fetus

Klieger-Grossman et al. (2012) found that infants exposed to escitalopram (SSRI) had an increased risk of low birth weight (9.9%) compared to other antidepressants (3.6%). Spontaneous abortions were almost two times as common in antidepressant medications (16%) when compared to controls (8.5%).

Rai et al. (2017) found that 4.1% of children exposed to antidepressants were diagnosed with autism, compared to 2.9% of children not exposed to medications.

Antidepressant Medication Effects on the Breastfeeding Infant

Weissman et al. (2004) found that fluoxetine had the highest serum levels in breastfeeding infants (22%) compared to paroxetine, nortriptyline, and sertraline.

Non-pharmacotherapy treatment effectiveness

Van Liesthout et al. (2017) found that group cognitive behavioral therapy (CBT) showed statistical improvement of depressive symptoms in 80% of women receiving treatment over weeks.

A Cochrane Review found that interpersonal psychotherapy had increased improvement rates when compared to parenting education programs (Dennis et al., 2007).

Discussion

The literature review collectively found that both antidepressant treatment and non-pharmacotherapy such as CBT are beneficial in women suffering from depression and anxiety in the perinatal or postpartum time. However, pharmaceutical therapy methods tend to have a positive effect in a shorter amount of time when compared to psychosocial therapies. Unfortunately, these antidepressant medications have been shown to have a potentially negative impact on the fetus during pregnancy. For the breastfeeding infant, fluoxetine has been shown to be present in the serum of exposed infants.

Applicability to Clinical Practice

The standard practice guidelines for treatment and management of adult depression and anxiety include both cognitive behavioral therapy (CBT) and antidepressant medications.

The research gathered in this literature review do suggest that antidepressant medications tend to have a quicker response rate for improvement of symptoms, when compared to psychosocial therapies. CBT does show symptom improvement as well, but tends to take more sessions to reach the same improvement rate as medication therapy.

Unfortunately, there continues to research be showing that the commonly-used antidepressant medications have effects on offspring. During pregnancy, spontaneous abortions are more common across all antidepressant medication classes. Smaller birth weight and earlier delivery rates are associated with women who have taken antidepressant medications.

Although not studied thoroughly, antidepressant metabolites have been shown to appear in the serum of lactating infants exposed to antidepressants.

References


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