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Emily M. Stevenson
University of North Dakota

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Treatyng Peri & Postnatal Depression & Anxiety
Emily Stevenson, PA-S
Department of Physician Assistant Studies, University of North Dakota School of Medicine & Health Sciences
Grand Forks, ND 58202-9037

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 did evaluate 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 these studies were 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 group cognitive 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 therapy (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% (Charlton et al., 2014).

Prevalence of Postpartum Depression: up to 20% (Van Lieshout 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 diagnoses with depression and/or anxiety, what are the fetal 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 anxiety during pregnancy and postpartum, what is the effectiveness of treatment options such as cognitive behavioral health therapy?

Literature Review
Depression symptoms are thought to be caused by a deficiency of synaptic neurotransmitters such as serotonin, norepinephrine, and dopamine (Bardal 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 antidepressant 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 twice 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 Lieshout et al. (2017) found that group cognitive behavioral therapy (CBT) showed statistical improvement of depressive symptoms in 80% of women receiving treatment over 9 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 prenatal or postpartum time. However, pharmacotherapy 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 be research 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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