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Treatting 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 with 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 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 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.

Relevant Literature

Baseline Depression and Global Functioning of Women With or Without Exposure to SSRI, SNRI, and TCA Antidepressants During Pregnancy

- A Wilcoxon test is the nonparametric equivalent of the t-test when comparing two groups. The Mann–Whitney U test is the nonparametric equivalent of the t-test when comparing two independent groups.

Baseline Depression and Global Functioning of Women With or Without Exposure to SSRI, SNRI, and TCA Antidepressants During Pregnancy

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Discussion

The literature review collectively found that both antidepressant treatment and nonpharmacotherapy such as CBT are beneficial in women suffering from depression and anxiety in the perinatal 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 does 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 medications.

- 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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