2018

Treating Peri and Postnatal Depression & Anxiety

Emily M. Stevenson
University of North Dakota

Follow this and additional works at: https://commons.und.edu/pas-grad-posters

Part of the Psychiatric and Mental Health Commons

Recommended Citation
https://commons.und.edu/pas-grad-posters/24

This Poster is brought to you for free and open access by the Department of Physician Studies at UND Scholarly Commons. It has been accepted for inclusion in Physician Assistant Scholarly Project Posters by an authorized administrator of UND Scholarly Commons. For more information, please contact zeinebyousif@library.und.edu.
Treating 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 adverse effects these medications have on the fetus/breastfeeding infant.

Research Questions

1. In the pregnant and breastfeeding population, what is the efficacy of antidepressant medication treatment for patients diagnosed with depression and/or anxiety?
2. In pregnant patients with depression and/or anxiety, what are the factors contributing to use of antidepressants during pregnancy?
3. In breastfeeding patients diagnosed with depression and/or anxiety, are there effects caused from the transfer of antidepressant medication from mother to infant during lactation?
4. In patients diagnosed with depression and/or anxiety during pregnancy and postpartum, what is the effectiveness of treatment options such as cognitive behavioral therapy?

Discussion

The literature review collectively found that both antidepressant treatment and nonpharmacologic therapy 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 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


Acknowledgements

I would like to express my gratitude to our professors, especially Professor Kaufman and Professor Sieg, for offering their input and guidance throughout this time of research and writing. I would also like to thank Marilyn Klug, PhD for her assistance in formatting my research questions and data collection results. Finally, I would like to thank Dr. Megan Miller-Pankratz for her valuable input regarding psychiatric management in perinatal and postpartum care.