

The Effect of Treatment of GAD During the Perinatal Window on Postpartum Depression

Background

- Generalized anxiety disorder (GAD) consists of two classic, generalized symptom clusters, excessive worry and being too hard to control.
- Psychiatric disorders occur in 20-40% of the general population, occurring more in women than men, and when untreated can lead to significant distress and impairment. 30% of women experience an anxiety disorder during their lifetime.
- The perinatal window for mental illness extends from pregnancy to one year after birth with possible negative outcomes to the child including cognitive, emotional and behavioral impairment.

PICO Question

In women, what is the effect of treatment (therapy and/or medication) on GAD compared with non-treatment during the perinatal window on the development of postpartum depression?

Search Strategy

Search Databases: Google Scholar, PubMed [NCBI], CINAHL [via EBSCO]
Key Words: anxiety, perinatal, pharmacologic, non-pharmacologic, post-partum depression

Results

- Women who were given prophylactic treatment 3 days postnatal with SSRI experienced reduction of depressive and anxious symptoms. (LOE: II)
- 17-week trial of Sertraline immediately following birth reduced the rate of recurrence of postpartum depression and increased the time of recurrence. (LOE: I)
- Women who were given probiotic, *Lactobacillus rhamnosus* (HN001), which is not contraindicated in pregnancy, during pregnancy until 6 months postpartum reported lower depression and anxiety score. (LOE: I)
- 8 weeks of partner-delivered chair massage helped improve perinatal moods and anxiety. (LOE: II)
- Mindfulness-integrated cognitive behavioral therapy showed to help alleviate anxiety and depression in pregnant women. (LOE: I)
- Women who suffered from anxiety disorders during pregnancy are more likely to have “intense postnatal depressive symptoms”. (LOE: II)
- Discontinuation of antidepressants treatment during pregnancy increased the risk of depression (LOE: III)
- There are no consistent differences in risk level for birth weight outcomes, spontaneous abortion and preterm birth associated with the use of antidepressants during pregnancy in mothers with depression. (LOE: I)
- There is evidence to suggest the correlation between prenatal anxiety and depression with preterm birth and low birth weight. (LOE: I)



Summary

- Both pharmacological and non-pharmacological interventions such as cognitive behavioral therapy and other alternative treatments are effective at reducing perinatal anxiety and depression.
- There is no significant risk for preterm birth or low birth weight in women who use antidepressant drugs during gestation
- There appears to be greater fetal risks associated with not treating depression and anxiety in pregnant women compared to treating depression.

Conclusions/Further Study

- The need for a definition of GAD in DSM criteria
- An increased need in screening for perinatal anxiety and depression
- Further researches for birth outcomes and the use of perinatal antidepressant treatment.
- Further researches on perinatal itself instead of anxiety and depression as a group.

References

Misri, S., Abizadeh, J., Sanders, S., & Swift, E. (2015). Perinatal Generalized Anxiety Disorder: Assessment and Treatment. *Journal of Women's Health, 24*(9), 762-772. DOI: 10.1089/jwh.2014.5150.

Slykerman, R. F., Hood, F., Wickens, K., Thompson, J., Murphy, R., Kang, J., . . . Mitchell, E. A. (2017). Effect of *Lactobacillus rhamnosus* HN001 in Pregnancy on Postpartum Symptoms of Depression and Anxiety: A Randomised Double-blind Placebo-controlled Trial. *EBioMedicine, 24*, 159-165. DOI: <https://doi.org/10.1016/j.ebiom.2017.09.013>.

Thomas R. B. (2019). A Pilot Study of Partner Chair Massage Effects on Perinatal Mood, Anxiety, and Pain. *International Journal of Therapeutic Massage & Bodywork, 12*(2), 3-11.

Uguz, F., Subasi, E., Dalboy, F., & Ak, M. (2019). Pharmacological prophylaxis of postpartum exacerbation in depressive and anxiety symptoms: a retrospective study. *Journal of Maternal-Fetal and Neonatal Medicine, 32*(16), 2774-2775. DOI: 10.1080/14767058.2018.1447559.

Uguz, F., Yakut, E., Aydoğan, S., Byman, M. G., & Gezginc, K. (2019). Prevalence of mood and anxiety disorders during pregnancy: A case-control study with a large sample size. *Psychiatry Research, 272*, 316-318. DOI: <https://doi.org/10.1016/j.psychres.2018.12.129>.

Wisner, K. L., Perel, J. M., Peindl, K. S., Hanusa, B. H., Piontek, C. M., & Findling, R. L. (2004). Prevention of Postpartum Depression: A Pilot Randomized Clinical Trial. *American Journal of Psychiatry, 161*, 1290-1292. DOI: <https://doi.org/10.1176/appi.ajp.161.7.1290>.