Section: Obstetrics and Gynecology

Original Research Article

ASSESSMENT OF PREVALENCE AND COMORBIDITY OF POSTPARTUM ANXIETY AND DEPRESSIVE DISORDERS

Sheshank Gangwar[1], Shipi Singh[2]

[1]Department of Psychiatry, Assistant Professor, ASMC, Shahjahanpur, Uttar Pradesh, India.
[2]Assistant Professor, Department of Obstetrics and Gynecology, ASMC, Shahjahanpur, Uttar Pradesh, India.

Received : 12/02/2023
Received in revised form : 19/03/2023
Accepted : 01/04/2023

Keywords:
Anxiety, depressive, postpartum.

Corresponding Author:
Dr. Shipi Singh,
Email: drshilpijnmch@gmail.com

DOI: 10.47009/jamp.2023.5.2.340

Source of Support: Nil,
Conflict of Interest: None declared

Int J Acad Med Pharm
2023; 5 (2); 1622-1624

Abstract

Background: To assess prevalence and comorbidity of postpartum anxiety and depressive disorders. **Materials and Methods:** Eighty- six women were enrolled. Screening for anxiety was assessed using anxiety screening questionnaire (ASQ-15) and screening for depression was carried out using the Patient Health Questionnaire-Depression (PHQ-D) and the Edinburgh Postnatal Depression Scale (EPDS). **Result:** The mean age was 34.2 years in patients with SCID and 33.5 years in patients without SCID. The mean number of children was 2.4 and 2.5 in patients with SCID and in patients without SCID respectively. No education was seen in 10 and 14, primary level in 28 and 25 and secondary level in 5 and 4 in patients with SCID and in patients without SCID respectively. The difference was non- significant (P> 0.05). Total prevalence of panic disorder, agoraphobia, panic and agoraphobia was 12.5%, postpartum onset was 2.4% and previous occurrence of disorder was seen in 3.7%. Total prevalence of specific and social phobia was seen in 1.9%, postpartum onset was seen in 0.53% and previous occurrence of disorder was seen in 2.4%. Total prevalence of acute adjustment disorder with anxiety was 8.1%, postpartum onset was seen in 3.2% and previous occurrence of disorder was seen in 1.8%. Major depression SCID showed total prevalence of 6.3%, postpartum onset of 4.1% and previous occurrence of disorder in 10.5%. Minor depression SCID showed total prevalence of 2.5%, postpartum onset of 2.1% and previous occurrence of disorder in 6.3%. Dysthymia showed total prevalence of 2.6%, postpartum onset of 2.3% and previous occurrence of disorder in 3.8%. **Conclusion:** Our results showed that maximum patients exhibited panic disorder, agoraphobia, panic and agoraphobia anxiety disorders.

INTRODUCTION

Postpartum anxiety disorders (PAD) and postpartum depressive disorders (PDD) are the most frequent maternal psychiatric disorders following delivery.[1] The impact of the mothers' postpartum depression on early interaction experiences and the long-term development of the child are well-established. There is scarcity of data regarding postpartum anxiety and postpartum depression disorders.[2,3]

It is well known fact that depression and anxiety frequently co-occur it is likely that women who report depressive symptoms in the postpartum period also experience clinically significant symptoms of anxiety.[4] Approximately 10% of pregnant women develop a postpartum depression.[5] The prevalence rates of postpartum depression have been shown to vary for women from different cultures, according to the assessment method used to obtain diagnoses and the length of postpartum period under evaluation.[6] Socially disadvantaged populations tend to have notably higher postpartum depression prevalence rates than wealthy western industrial nations.[7,8]

It is also found that anxiety disorders are common in the absence of depression, particularly in women and the mean age of onset of many anxiety disorders is in the early 20s, a time at which many women are contemplating childbirth.[9,10] Thus, it is likely that postpartum anxiety is a common experience in part because of its prevalence among women of childbearing age, and preliminary research suggests that childbirth is a stressor that is related to a higher incidence of anxiety disorders than what would be expected by chance.[11,12] We performed this study to assess prevalence and comorbidity of postpartum anxiety and depressive disorders.

ISSN (O): 2687-5365; ISSN (P): 2753-6556

MATERIALS AND METHODS

In this prospective observational study we selected eighty- six women after considering the utility of the study and obtaining approval from ethical review committee. Patients' consent was obtained before starting the study. Screening for anxiety was assessed using anxiety screening questionnaire (ASQ-15) and screening for depression was carried out using the Patient Health Questionnaire-Depression (PHQ-D) and the Edinburgh Postnatal Depression Scale (EPDS).

Data such as name, age, gender etc. was recorded. Parameters such as education level, number of children, prevalence of anxiety and depressive disorders etc. was recorded. The Anxiety-SCID-Screening is taken from the structured clinical interview for DSM-IV, axis I disorders (SCID-I). It contains five screening questions including panic disorder, agoraphobia, social phobia, specific phobia and generalized anxiety disorder. The results were compiled and subjected for statistical analysis using Mann Whitney U test. P value less than 0.05 was set significant.

RESULTS

The mean age was 34.2 years in patients with SCID and 33.5 years in patients without SCID. The mean number of children was 2.4 and 2.5 in patients with SCID and in patients without SCID respectively. No education was seen in 10 and 14, primary level in 28 and 25 and secondary level in 5 and 4 in patients with SCID and in patients without SCID respectively. The difference was non- significant (P> 0.05) [Table 1].

Table 1: Patients distribution

Parameters	With SCID (43)	Without SCID (43)	P value
Mean age (years)	34.2	33.5	0.85
Mean number of children	2.4	2.5	0.98
No Education	10	14	0.76
Primary	28	25	
Secondary	5	4	

Table 2: Prevalence of anxiety disorders

Anxiety disorders	Variables	Mean
Panic disorder, agoraphobia, panic and agoraphobia	Total prevalence	12.5
	Postpartum onset	2.4
	Previous occurrence of disorder	3.7
Specific and social phobia	Total prevalence	1.9
	Postpartum onset	0.53
	Previous occurrence of disorder	2.4
Acute adjustment disorder with anxiety	Total prevalence	8.1
	Postpartum onset	3.2
	Previous occurrence of disorder	1.8

Total prevalence of panic disorder, agoraphobia, panic and agoraphobia was 12.5%, postpartum onset was 2.4% and previous occurrence of disorder was seen in 3.7%. Total prevalence of specific and social phobia was seen in 1.9%, postpartum onset was seen in 0.53% and previous occurrence of disorder was seen in 2.4%. Total prevalence of acute adjustment disorder with anxiety was 8.1%, postpartum onset was seen in 3.2% and previous occurrence of disorder was seen in 1.8%.

Table 3: Prevalence of depressive disorders

Depressive disorders	Variables	Mean
Major depression SCID	Total prevalence	6.3
	Postpartum onset	4.1
	Previous occurrence of disorder	10.5
Minor depression SCID	Total prevalence	2.5
	Postpartum onset	2.1
	Previous occurrence of disorder	6.3
Dysthymia	Total prevalence	2.6
	Postpartum onset	2.3
	Previous occurrence of disorder	3.8

Major depression SCID showed total prevalence of 6.3%, postpartum onset of 4.1% and previous occurrence of disorder in 10.5%. Minor depression SCID showed total prevalence of 2.5%, postpartum onset of 2.1% and previous occurrence of disorder in 6.3%. Dysthymia showed total prevalence of 2.6%, postpartum onset of 2.3% and previous occurrence of disorder in 3.8%.

DISCUSSION

Comorbid depressive symptoms were particularly common in individuals with sub-syndromal or syndromal instances of generalized anxiety.[13-15] In contrast, there were few instances of women endorsing clinically significant levels of traumatic stress symptoms stemming from childbirth.[16,17] Our

ISSN (O): 2687-5365; ISSN (P): 2753-6556

results showed that the mean age was 34.2 years in patients with SCID and 33.5 years in patients without SCID. The mean number of children was 2.4 and 2.5 in patients with SCID and in patients without SCID respectively. No education was seen in 10 and 14, primary level in 28 and 25 and secondary level in 5 and 4 in patients with SCID and in patients without SCID respectively. Reck et al,[18] in their study the prevalence of postpartum anxiety disorders (PAD) and postpartum depressive disorders (PDD) and their comorbidity in a sample of 1024 postpartum women was assessed. The estimated rates of DSM-IV disorders were 11.1% for PAD and 6.1% for PDD. Comorbidity was found in 2.1%. The rate for PAD with postpartum onset was 2.2% and for PDD 4.6%. Young mothers and mothers with a low education level had a heightened risk of developing depression following delivery

Our results showed that total prevalence of panic disorder, agoraphobia, panic and agoraphobia was 12.5%, postpartum onset was 2.4% and previous occurrence of disorder was seen in 3.7%. Total prevalence of specific and social phobia was seen in 1.9%, postpartum onset was seen in 0.53% and previous occurrence of disorder was seen in 2.4%. Total prevalence of acute adjustment disorder with anxiety was 8.1%, postpartum onset was seen in 3.2% and previous occurrence of disorder was seen in 1.8%. Wenzel et al,[19] in their study, 147 community women completed a diagnostic interview. The rate of generalized anxiety disorder was elevated as compared to the rate in women representative of the general population. It was found that 10-50% of women reporting anxiety symptoms endorsed comorbid depressive symptoms. Different combinations of demographic and vulnerability variables predicted symptoms of somatic anxiety, social anxiety, and depression, although there were no significant predictors of worry symptoms. The number of children, depression, and social anxiety predicted postpartum relationship distress. These results suggest that postpartum anxiety disorders are more common than postpartum depression and worthy of systematic study.

Our results showed that major depression SCID showed total prevalence of 6.3%, postpartum onset of 4.1% and previous occurrence of disorder in 10.5%. Minor depression SCID showed total prevalence of 2.5%, postpartum onset of 2.1% and previous occurrence of disorder in 6.3%. Dysthymia showed total prevalence of 2.6%, postpartum onset of 2.3% and previous occurrence of disorder in 3.8%. Patel et al,[20] in their study found that depressive disorder was detected in 59 (23%) of the mothers at 6-8 weeks after childbirth; 78% of these patients had had clinically substantial psychological morbidity during the antenatal period. More than one-half of the patients remained ill at 6 months after delivery. Economic deprivation and poor marital relationships were important risk factors for the occurrence and chronicity of depression. The gender of the infant was a determinant of postnatal depression; it modified the effect of other risk factors, such as marital violence and hunger. Depressed mothers were more disabled and were more likely to use health services than nondepressed mothers.

CONCLUSION

Our results showed that maximum patients exhibited panic disorder, agoraphobia, panic and agoraphobia anxiety disorders.

REFERENCES

1. Ross LE, Mclean LM. Anxiety disorders during pregnancy and the postpartum period: a systematic review. J Clin Psychiatry 2006;67:1285–1298.
2. Matthey S, Barnett B, Howie P, Kavanagh DJ. Diagnosing postpartum depression in mothers and fathers: whatever happened to anxiety? J Affect Disord 2003;74:139–147.
3. Miller RL, Pallant JF, Negri LM. Anxiety and stress in the postpartum: is there more to postpartum distress than depression? BMC Psychiatry 2006;6:12.
4. Cooper PJ, Murray L. Postpartum depression. Clinical review. Br Med J 1998;316:1884–1886.
5. Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. Obstet Gynecol 2005;106:1071–1083.
6. Ohara MW, Swain AM. Rates and risks of postpartum depression – a meta-analysis. Int Rev Psychiatry 1996;8:37–54.
7. Paulson JF, Dauber S, Leiferman JA. Individual and combined effects of postpartum depression in mothers and fathers on parenting behaviour. Pediatrics 2006;2:659–668.
8. Bugdayci R, Sasmaz CT, Tezcan H. A cross-sectional prevalence study of depression at various times after delivery in Mersin province in Turkey. J Womens Health 2004;13:63– 68.
9. Rahman A, Iqbal Z, Harrington R. Life events, social support and depression in childbirth: perspectives from a rural community in the developing world. Psychol Med 2003;33:1161–1167.
10. Ballestrem CL, Strauß M, Ka¨chele H. Contribution to the epidemiology of postpartum depression in Germany – implications for the utilization of treatment. Arch Womens Ment Health 2005;8:29–35.
11. Patel V, Prince M. Ageing and mental health in a developing country: who cares? Qualitative studies from Goa, India Psychol Med 2001;31:29–38.
12. Wittchen HU, Wunderlich U, Gruschwitz S, Zaudig M. SCID. Structured clinical interview for DSM-IV, axis I. Goettingen: Hogrefe, 1997.
13. Matthey S, Kavanagh DJ, Howie P, Barnett B, Charles M. Prevention of postnatal distress or depression: an evaluation of an intervention at preparation for parenthood classes. J Affect Disord 2004;79:113–126.
14. Dennis CL. Psychosocial and psychological interventions for prevention of postnatal depression. Br Med J 2005;331:15–23.
15. Zlotnick C, Miller IW, Pearlstein T, Howard M, Sweeney P. A preventive intervention for pregnant women on public assistance at risk for postpartum depression. Am J Psychiatry 2006;163:1443–1445.
16. Lavender T, Walkingshaw SA. Can midwifes reduce postpartum psychological morbidity? A randomized trial. Birth 1998;25:215–219.
17. Austin MP, Frilingos M, Lumley J et al. Brief antenatal cognitive behaviour therapy group intervention for the prevention of postnatal depression and anxiety: a randomised controlled trial. J Affect Disord 2007;7:35–44.
18. Reck C, Struben K, Backenstrass M, Stefenelli U, Reinig K, Fuchs T, Sohn C, Mundt C. Prevalence, onset and comorbidity of postpartum anxiety and depressive disorders. Acta Psychiatrica Scandinavica. 2008 Dec;118(6):459-68.
19. Wenzel A, Haugen EN, Jackson LC. Anxiety symptoms and disorders at eight weeks postpartum. J Anxiety Disord 2005;19:295–311.
20. Patel V, Rodrigues M, Desouza N. Gender, poverty, and postpartum depression: a study of mothers in Goa, India. Am J Psychiatry 2002;159:43–47.

ISSN (O): 2687-5365; ISSN (P): 2753-6556