Depressione PostPartum

Un’indagine sulle attitudini, le conoscenze e le pratiche dei Pediatri di Famiglia della Provincia di Reggio Emilia

Annarita Di Buono, Paola Tamburini
(da un progetto di Costantino Panza)

Formazione sulla DPP

Specialità	**4**	
Corsi Asl	**5**	
Convegni – Congressi	**5**	
Monografie	**17**	
Non ho fatto formazione	**40**	**64%**

La prevalenza della depressione postpartum materna è:

2%

5%

8%

13%

La prevalenza della depressione postpartum materna è:

2%	11	53
5%	24	
8%	18	
13%	7	11%

Evidence Report/Technology Assessment
Number 119

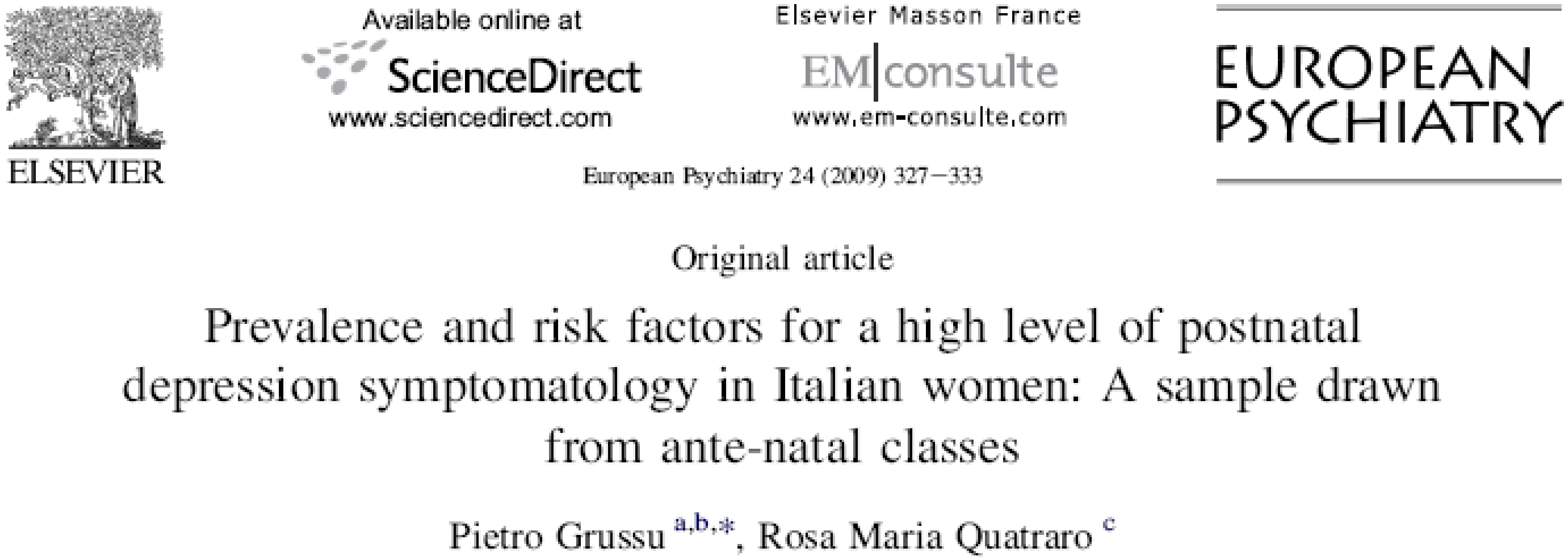
Prevalenza	**12.9%**	**primo anno postpartum**
Incidenza	**14.5%**	**un nuovo episodio nel primo trimestre**

International Review of Psychiatry
1996, Vol. 8, No. 1, Pages 37-54

Rates and risk of postpartum depression—a meta-analysis

Michael W. O'hara [1†] and Annette M. Swain [1]

The average prevalence rate of non-psychotic postpartum depression based on the results of a large number of studies is **13%.**



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EUROPEAN PSYCHIATRY

European Psychiatry 24 (2009) 327–333

Original article

Prevalence and risk factors for a high level of postnatal depression symptomatology in Italian women: A sample drawn from ante-natal classes

Pietro Grussu [a,b,*], Rosa Maria Quatraro [c]

Results. We found that 13% of the women studied showed high postnatal depressive symptomatology

Quante neo-mamme depresse entrano nell'ambulatorio del pediatra in un anno?

3

6

10

24

27

9

14%

Fattori di rischio per una depressione postpartum

Giovane età

Precedenti sintomi depressivi

Immigrata

Assenza del partner

Gravidanza gemellare

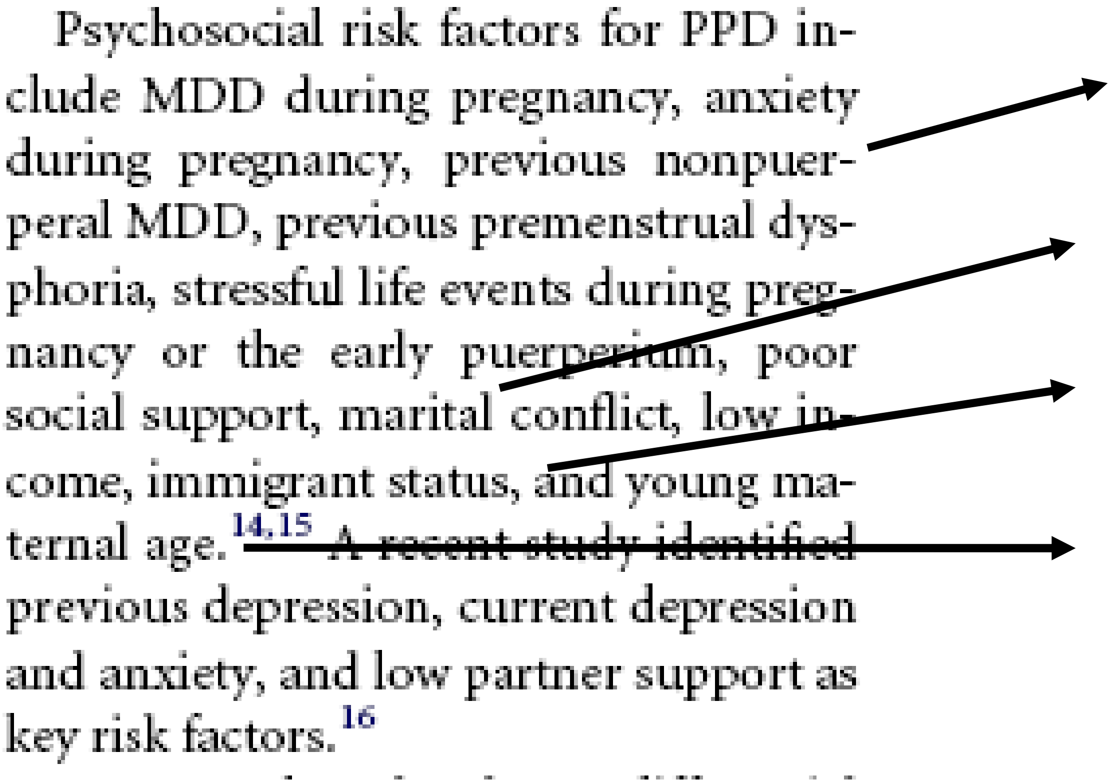
Madre > 37 aa

Fecondazione assistita

Postpartum depression

Teri Pearlstein, MD; Margaret Howard, PhD; Amy Salisbury, PhD; Caron Zlotnick, PhD

APRIL 2009 **American Journal of Obstetrics & Gynecology**



Psychosocial risk factors for PPD include MDD during pregnancy, anxiety during pregnancy, previous nonpuerperal MDD, previous premenstrual dysphoria, stressful life events during pregnancy or the early puerperium, poor social support, marital conflict, low income, immigrant status, and young maternal age.[14,15] A recent study identified previous depression, current depression and anxiety, and low partner support as key risk factors.[16]

Depressione

Marito

Immigrata

Giovane

Fattori di rischio per una depressione postpartum

Giovane età	**25**
Precedenti sintomi depressivi	**58**
Immigrata	**12**
Assenza del partner	**43**
Gravidanza gemellare	**14**
Madre > 37 aa	**14**
Fecondazione assistita	**4**

19%

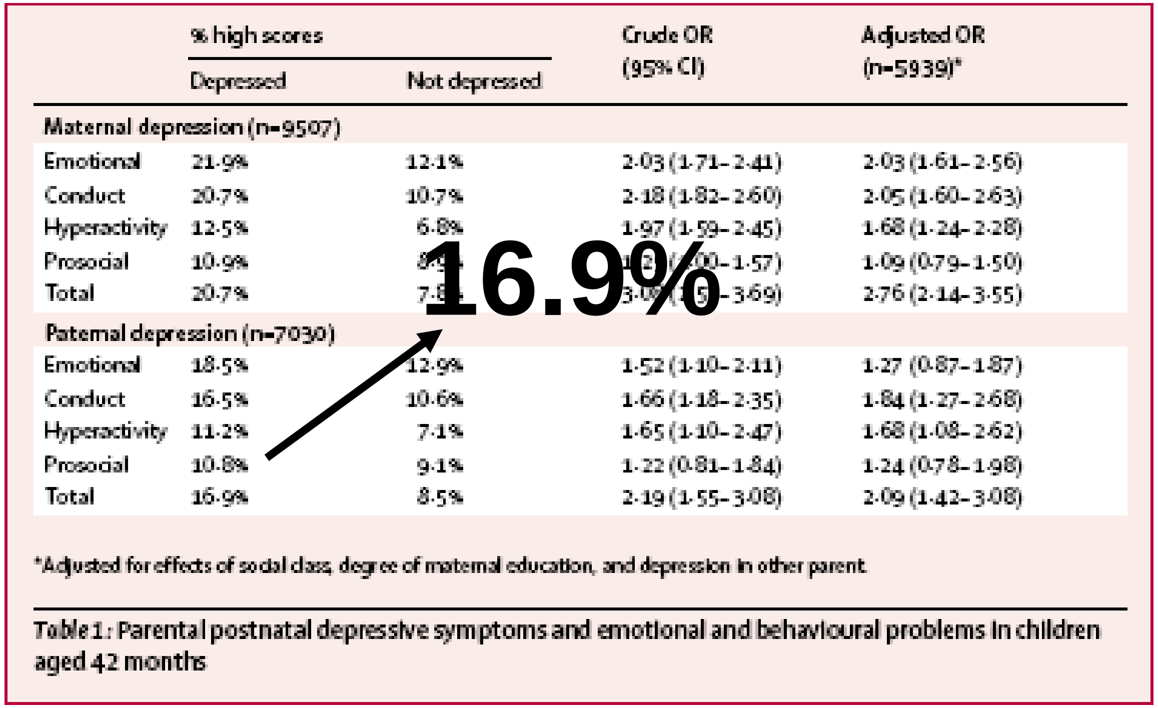
Depressione paterna: prevalenza

2%	42	
4%	12	
10%	2	3 %

Paternal depression in the postnatal period and child development: a prospective population study

Paul Ramchandani, Alan Stein, Jonathan Evans, Thomas G O'Connor, and the ALSPAC study team*

Lancet 2005; 365: 2201–05



	% high scores		Crude OR (95% CI)	Adjusted OR (n=5939)*
	Depressed	Not depressed		
Maternal depression (n=9507)				
Emotional	21·9%	12·1%	2·03 (1·71–2·41)	2·03 (1·61–2·56)
Conduct	20·7%	10·7%	2·18 (1·82–2·60)	2·05 (1·60–2·63)
Hyperactivity	12·5%	6·8%	1·97 (1·59–2·45)	1·68 (1·24–2·28)
Prosocial	10·9%	8·[illegible]	1·[illegible] ([illegible]00–1·57)	1·09 (0·79–1·50)
Total	20·7%	7·8[illegible]	3·0[illegible] ([illegible]5–3·69)	2·76 (2·14–3·55)
Paternal depression (n=7030)				
Emotional	18·5%	12·9%	1·52 (1·10–2·11)	1·27 (0·87–1·87)
Conduct	16·5%	10·6%	1·66 (1·18–2·35)	1·84 (1·27–2·68)
Hyperactivity	11·2%	7·1%	1·65 (1·10–2·47)	1·68 (1·08–2·62)
Prosocial	10·8%	9·1%	1·22 (0·81–1·84)	1·24 (0·78–1·98)
Total	16·9%	8·5%	2·19 (1·55–3·08)	2·09 (1·42–3·08)

*Adjusted for effects of social class, degree of maternal education, and depression in other parent.

Table 1: Parental postnatal depressive symptoms and emotional and behavioural problems in children aged 42 months

16.9%

Individual and Combined Effects of Postpartum Depression in Mothers and Fathers on Parenting Behavior

James F. Paulson, PhD[a], Sarah Dauber, PhD[a], Jenn A. Leiferman, PhD[b]

Pediatrics 2006;118;659-668

In this national sample, 14% of mothers and 10% of fathers exhibited levels of depressive symptoms

Nella definizione di depressione postpartum:

Insorge entro la seconda settimana	**16**
Insorge entro la sesta settimana	**39**
Non si presenta dopo il sesto mese	**5**

ICD-10 *International Classification of Diseases*

F53 – Esordio entro sei settimane dopo il parto

DSM – IV

Diagnostic and Statistical Manual

of Mental Disorders

Esordio nelle quattro settimane dopo un parto

Investighiamo su una sintomatologia depressiva del genitore ?

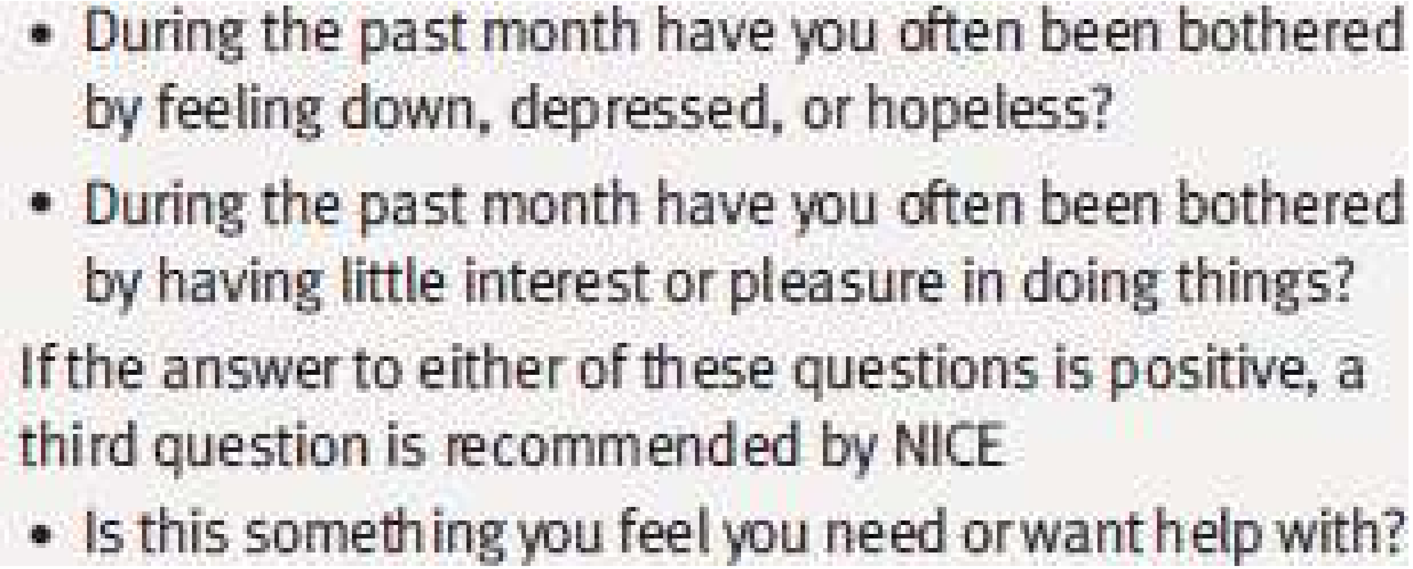
Domande specifiche

SI 16

NO 45 71%

Test di “Screening”

Domande di Whooley – *NICE Guideline*



- During the past month have you often been bothered by feeling down, depressed, or hopeless?
- During the past month have you often been bothered by having little interest or pleasure in doing things?

If the answer to either of these questions is positive, a third question is recommended by NICE

- Is this something you feel you need or want help with?

Durante gli ultimi mesi, Lei è stata spesso disturbata dal sentirsi giù, dal sentirsi depressa, da una specie di disperazione?

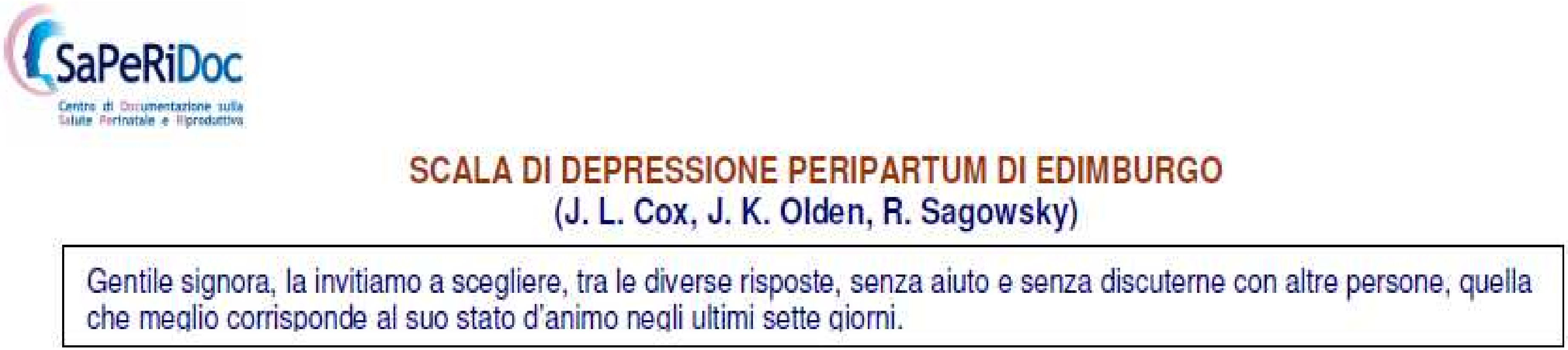
Durante gli ultimi mesi, Lei si è sentita spesso disturbata dal fatto di sentire poco interesse o poco piacere nel fare le cose?

E poi, se la risposta a una di queste domande è positiva:

C'è qualcosa che Lei pensa che possa aiutarla?

Test di “Screening”

Edinburgh Postnatal Depression Scale (EPDS)



SaPeRiDoc
Centro di Documentazione sulla Salute Perinatale e Riproduttiva

SCALA DI DEPRESSIONE PERIPARTUM DI EDIMBURGO
(J. L. Cox, J. K. Olden, R. Sagowsky)

Gentile signora, la invitiamo a scegliere, tra le diverse risposte, senza aiuto e senza discuterne con altre persone, quella che meglio corrisponde al suo stato d'animo negli ultimi sette giorni.

1) Sono stata in grado di ridere e vedere il lato divertente delle cose

2) Mi sono posta in modo positivo verso gli eventi

3) Mi sono sentita colpevole senza motivo quando le cose non andavano bene

4) Sono diventata ansiosa o preoccupata senza motivo

5) Mi sono sentita spaventata o nel panico senza un buon motivo

6) Mi sono sentita sopraffatta dalle cose che accadevano

7) Sono così infelice che ho difficoltà a dormire

8) Mi sono sentita triste o avvilita

9) Sono così infelice che ho pianto

10) Il pensiero di farmi del male mi è venuto in mente

Test di “Screening”

E Lei, signora, come sta?

Qualcuno la aiuta?

Riesce a lasciare il bambino ad altri in qualche momento?

G. Garrone et al. - Medico e Bambino 5/2009

E’ un compito del pediatra?

SI	26		41%
NO	12	36	57%
NON SO	24		

Choosing a Postpartum Depression Screening Instrument for Your Pediatric Practice

Jacqueline D. Rychnovsky, PhD, RN, CPNP, &
Margaret A. Brady, PhD, RN, CPNP

J Pediatr Health Care. (2008). *22*, 64-67

SUMMARY

The question posed to pediatric outpatient practices caring for new mother/infant dyads is no longer “Should we screen?” but “How should we screen?” new mothers for PPD. PPD screening can be quickly integrated into all well-child visits during the first year of life at minimal cost and administrative burden. Providers must be well connected and familiar with referral sources within their institution or community so that mothers with positive screens receive rapid and effective treatment tailored to their individual needs and symptomatology.

Quali ostacoli?

Mancanza di tempo	**34**	**54%**
Non sufficiente conoscenza	41	**65%**
Il genitore non parla	**21**	
Difficoltà di invio	**9**	
Altro	**3**	

Blues materno

Periodo prodromico della DPP	**10**
Umore triste dei primi giorni	**35**
Sinonimo di DPP	**5**
Non risponde	13

Tra i sintomi tipici dello stato depressivo sono presenti

euforia

insonnia

perdita di interesse o piacere nel fare le cose

pensiero di suicidio

allucinazioni

sentimento di colpa o di vergogna

emicrania

Sintomi tipici della DPP

Sentimento di colpa	**42**
Insonnia	**45**
Perdita di interesse e piacere nel fare	**55**
Suicidio	**25**

ICD-10 *International Classification of Diseases*

Group A symptoms

Depressed mood to a degree that is abnormal for the person, present for most of the day, largely uninfluenced by circumstances

Loss of interest or pleasure in activities that are normally pleasurable

Decreased energy or increased fatiguability

ICD-10 *International Classification of Diseases*

Group B symptoms

Loss of confidence or self esteem

Unreasonable feelings of self reproach or excessive and inappropriate guilt

Recurrent thoughts of death or suicide, or any suicidal behaviour

Complaints or evidence of reduced ability to think or concentrate, such as indecisiveness

Change in psychomotor activity, with agitation or retardation

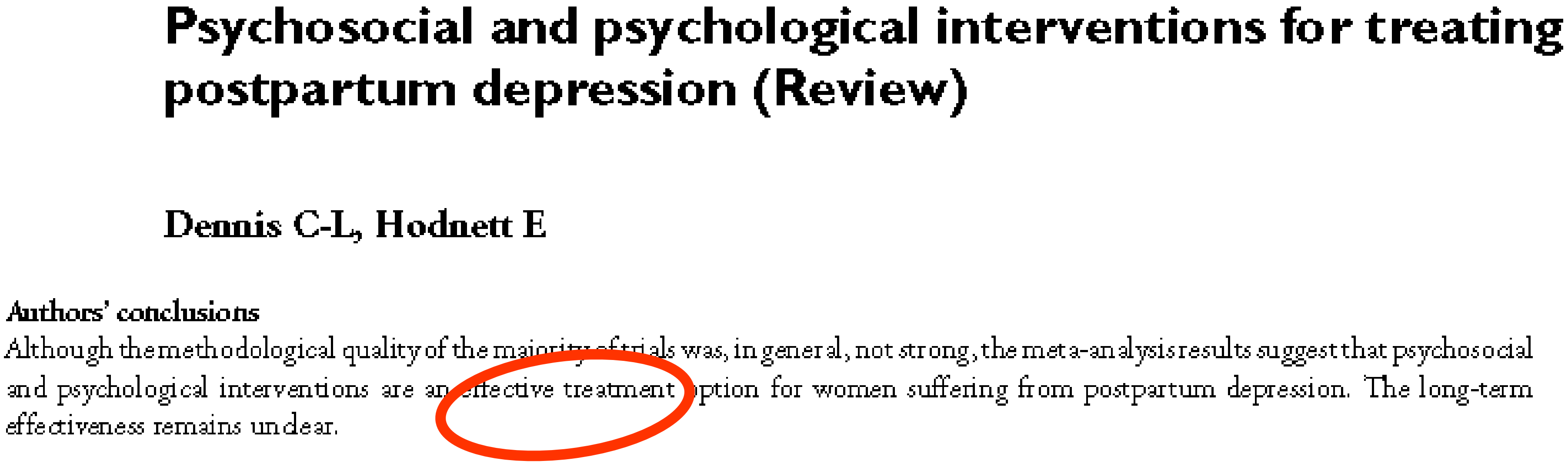
Sleep disturbance of any type

Change in appetite (decrease or increase) with corresponding weight change

Terapie validate EBM

Psicoterapia cognitiva	**24**	
Terapia farmacologica	**24**	
Nessuna	28	**44%**
Altro	**6**	

Terapie validate EBM

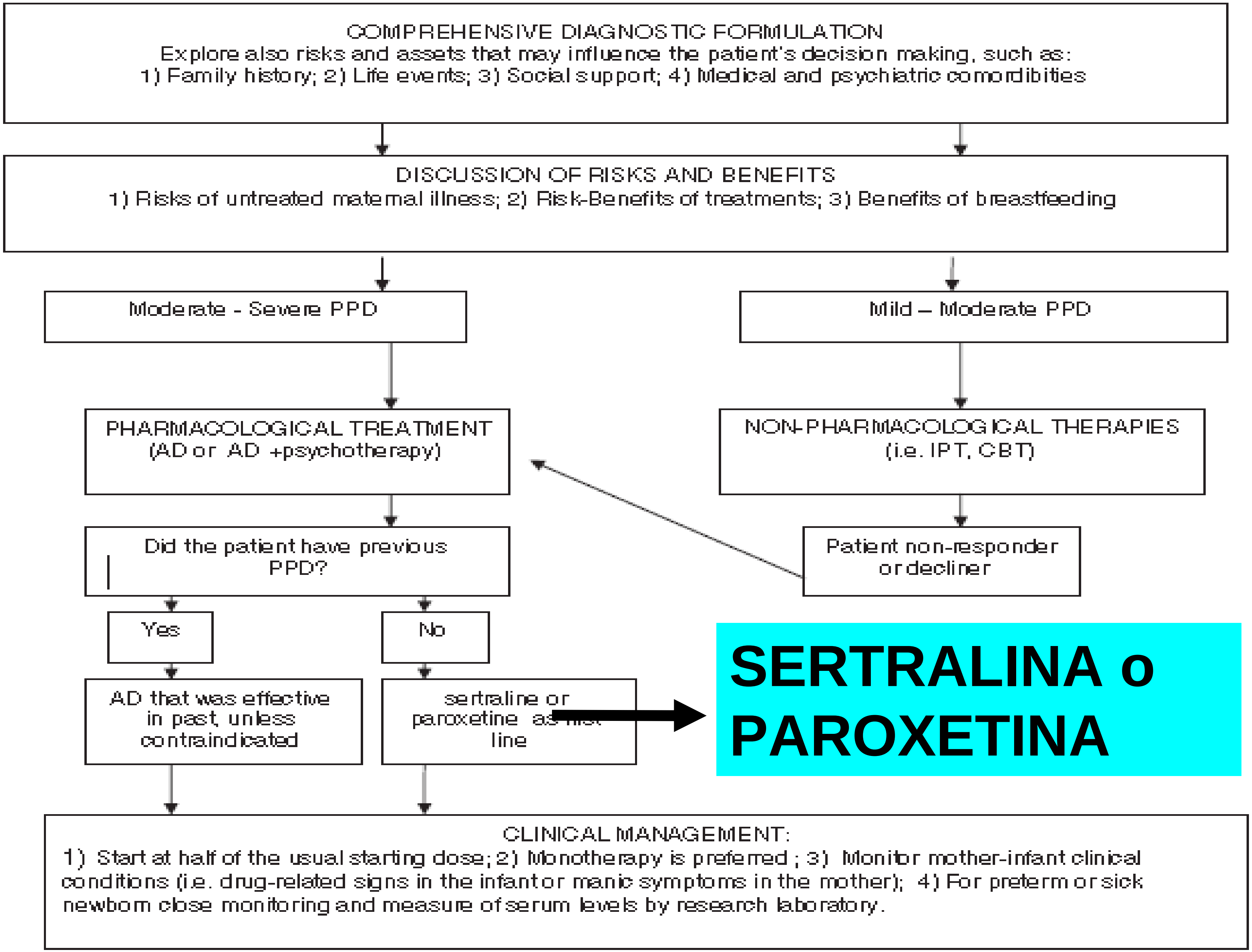


Psychosocial and psychological interventions for treating postpartum depression (Review)

Dennis C-L, Hodnett E

Authors' conclusions

Although the methodological quality of the majority of trials was, in general, not strong, the meta-analysis results suggest that psychosocial and psychological interventions are an effective treatment option for women suffering from postpartum depression. The long-term effectiveness remains unclear.



COMPREHENSIVE DIAGNOSTIC FORMULATION
Explore also risks and assets that may influence the patient's decision making, such as:
1) Family history; 2) Life events; 3) Social support; 4) Medical and psychiatric comordibities

DISCUSSION OF RISKS AND BENEFITS
1) Risks of untreated maternal illness; 2) Risk-Benefits of treatments; 3) Benefits of breastfeeding

Moderate - Severe PPD

Mild – Moderate PPD

PHARMACOLOGICAL TREATMENT
(AD or AD +psychotherapy)

NON-PHARMACOLOGICAL THERAPIES
(i.e. IPT, CBT)

Patient non-responder
or decliner

Did the patient have previous
PPD?

Yes

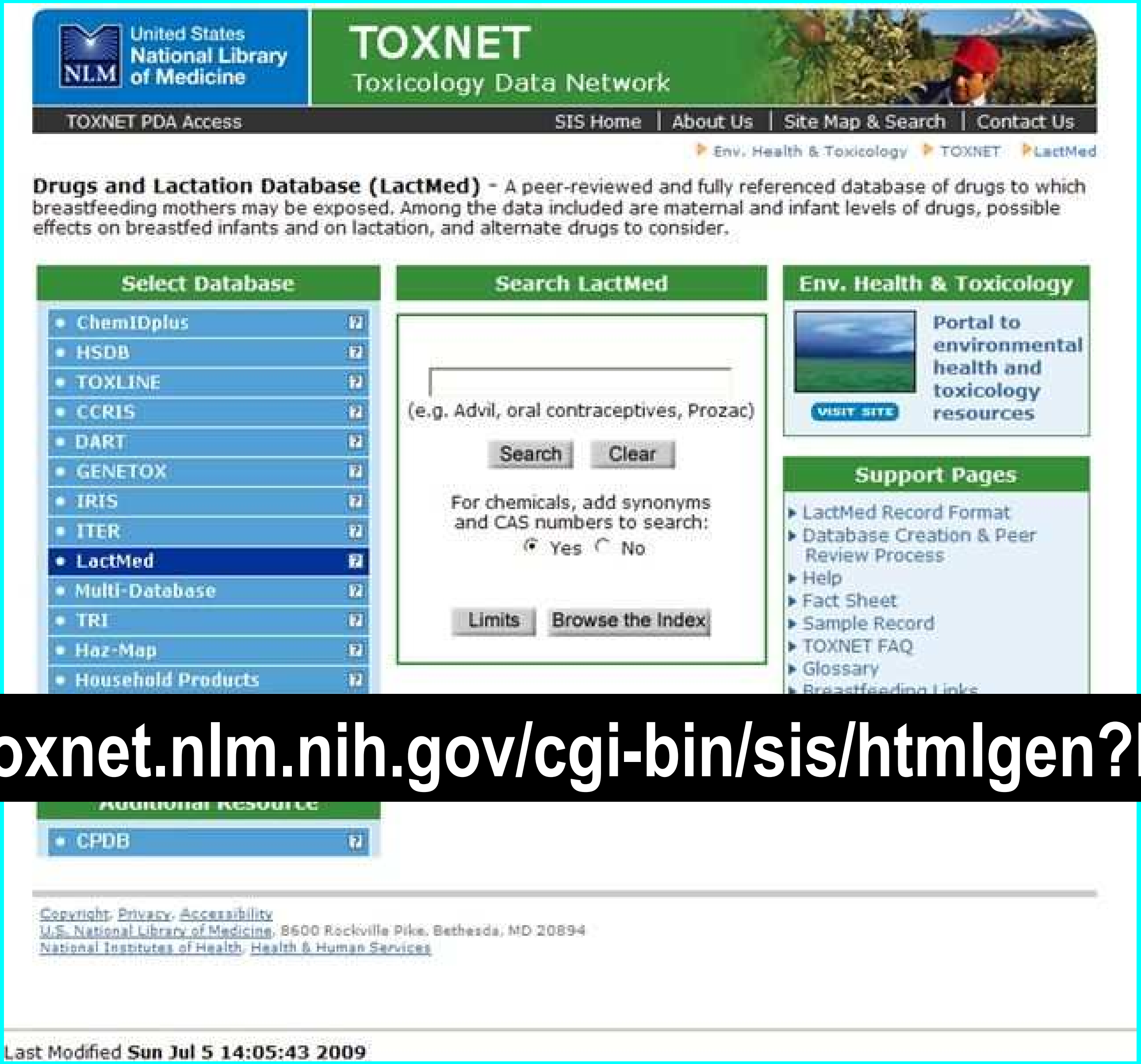
No

AD that was effective
in past, unless
contraindicated

sertraline or
paroxetine as first
line

SERTRALINA o PAROXETINA

CLINICAL MANAGEMENT:
1) Start at half of the usual starting dose; 2) Monotherapy is preferred ; 3) Monitor mother-infant clinical conditions (i.e. drug-related signs in the infant or manic symptoms in the mother); 4) For preterm or sick newborn close monitoring and measure of serum levels by research laboratory.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CPDB
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Search
Clear
Limits
Browse the Index
Env. Health & Toxicology
Portal to environmental health and toxicology resources
VISIT SITE
Support Pages
LactMed Record Format
Database Creation & Peer Review Process
Help
Fact Sheet
Sample Record
TOXNET FAQ
Glossary
Breastfeeding Links

Drugs and Lactation Database (LactMed) - A peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. Among the data included are maternal and infant levels of drugs, possible effects on breastfed infants and on lactation, and alternate drugs to consider.

(e.g. Advil, oral contraceptives, Prozac)

For chemicals, add synonyms and CAS numbers to search:
● Yes ○ No

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Last Modified **Sun Jul 5 14:05:43 2009**

http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT

LactMed

PAROXETINA

Because of the low levels of **paroxetine** in breastmilk, amounts ingested by the infant are small and **paroxetine** has not been detected in the serum of most infants tested. Occasional mild side effects have been reported, especially in the infants of mothers who took **paroxetine** during the third trimester of pregnancy, but the contribution of the drug in breastmilk is not clear. Most authoritative reviewers consider **paroxetine** one of the preferred antidepressants during breastfeeding.[1][2][3][4]

LactMed

SERTRALINA

Because of the low levels of **sertraline** in breastmilk, amounts ingested by the infant are small and is usually not detected in the serum of the infant, although the weakly active metabolite desmethylsertraline is often detectable in low levels in infant serum. Most authoritative reviewers consider **sertraline** one of the preferred antidepressants during breastfeeding.[1][2][3][4]

LactMed

Altri antidepressivi considerati in occasione dell’allattamento al seno

Fluvoxamina, Escitalopram, Fluoxetina, Duloxetina, Citalopram, Maprotilina, Nortryptilina, Phenelzine, Trazodone, Desipramina, Tranylcypromine, Amitriptylina, Imipramina, Doxepin, Trimipramina, Mirtazapine, Nefazodone, Amoxapina, Velafaxina, Clomipramina, Desvenlafaxina, Olanzapina, Droperidol, Protriptyline,…….

Quale percorso utilizzi per indirizzare la mamma con sintomi depressivi

percorso dedicato aziendale (ASL)	8
invio al medico di medicina generale	31
invio diretto ad uno psichiatra di fiducia	4
invio alla NPI	1
non conosco un percorso definito	21
non attivo alcun percorso	
altro	1

49%

33%

Quante mamme hai indirizzato negli ultimi dodici mesi verso un percorso dedicato?

0	41
<2	17
< 4	3
4- 8	0
>= 8	0

67%

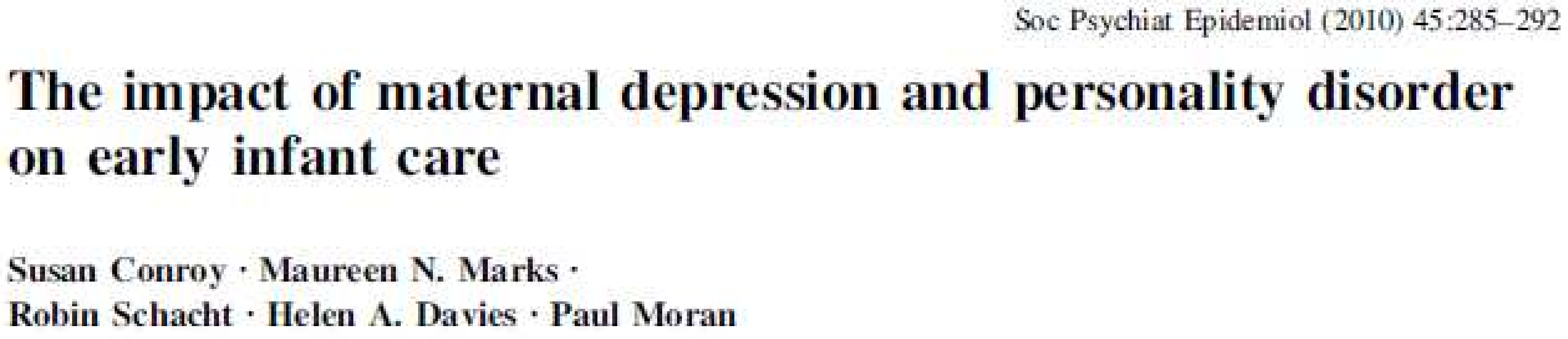
Hai mai individuato bambini con patologie o sintomi derivanti da una patologia depressiva del genitore che hanno avuto necessità di intervento medico

si	24	39%
no	37	61%

Quali, tra questi disturbi dell’età pediatrica, si possono associare alla depressione materna

aggressività	3
deficit cognitivo	1
deficit di attenzione	1
tutte le precedenti	53
nessuna delle precedenti	2

88%

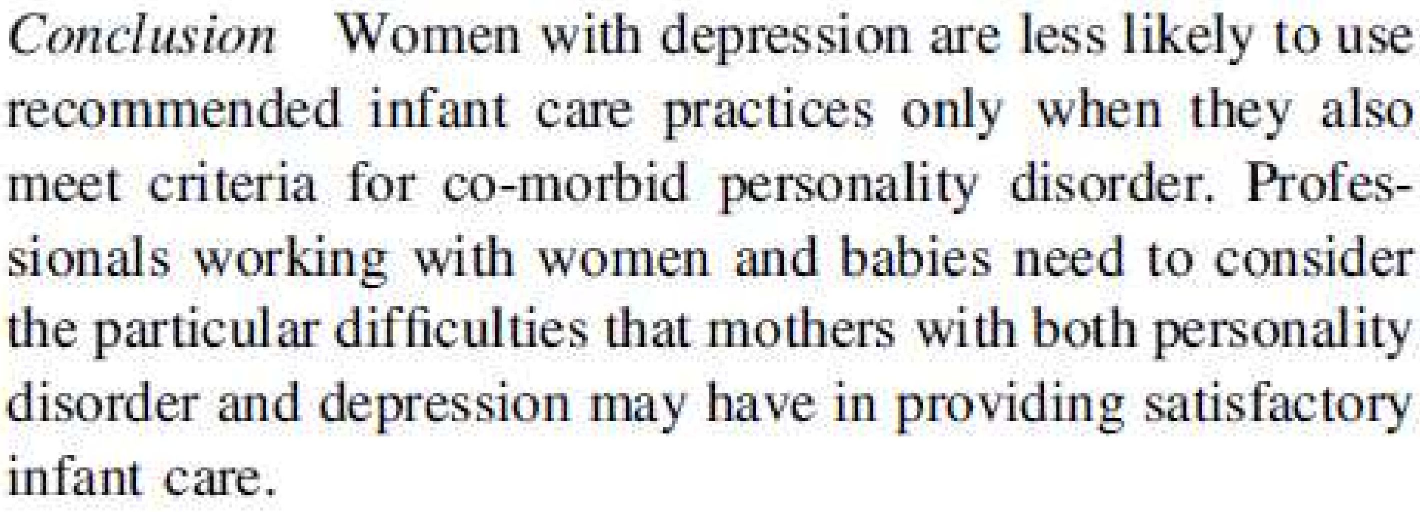


Soc Psychiat Epidemiol (2010) 45:285–292

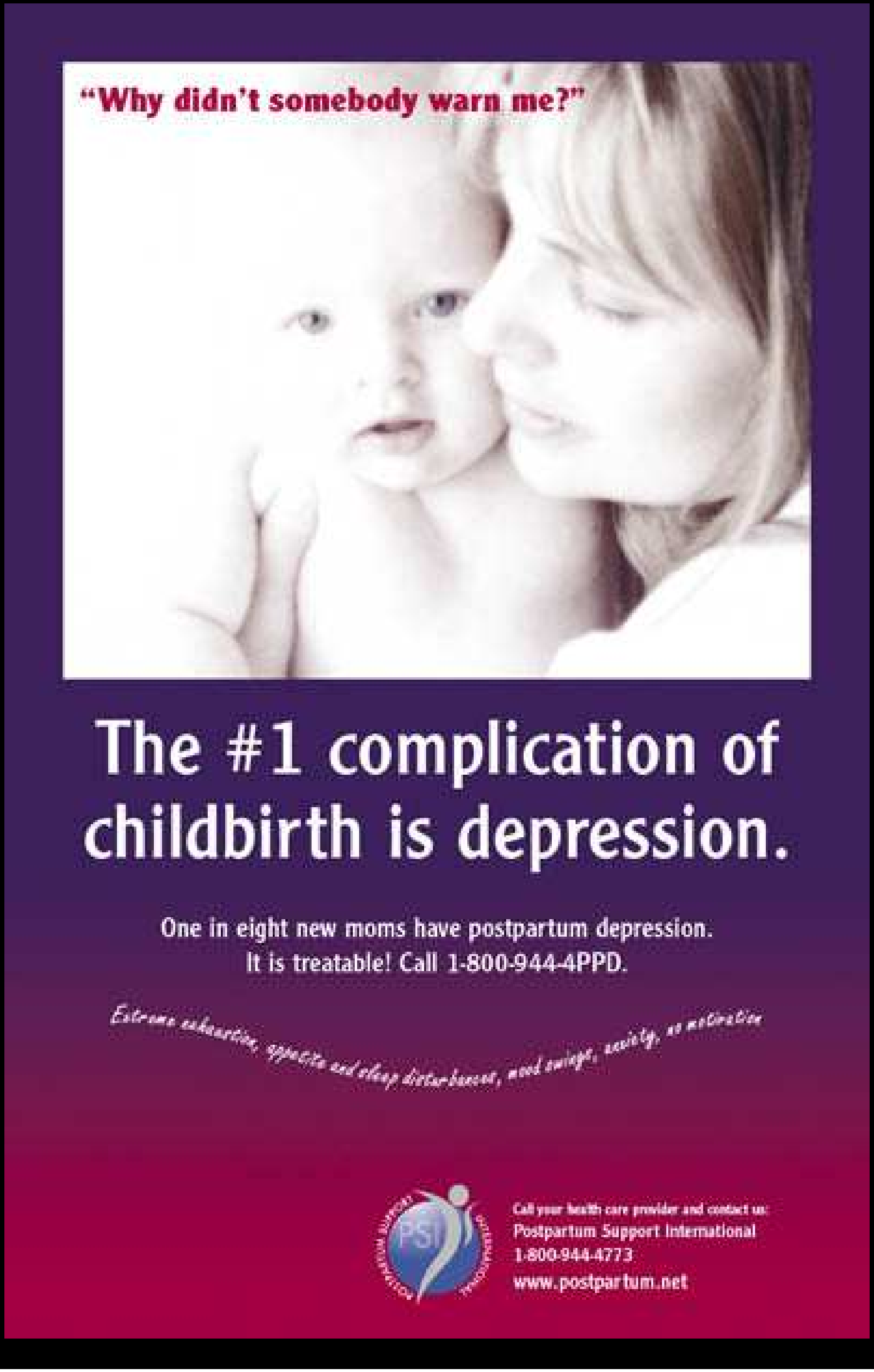
The impact of maternal depression and personality disorder on early infant care

Susan Conroy · Maureen N. Marks ·
Robin Schacht · Helen A. Davies · Paul Moran

Neglect



Conclusion Women with depression are less likely to use recommended infant care practices only when they also meet criteria for co-morbid personality disorder. Professionals working with women and babies need to consider the particular difficulties that mothers with both personality disorder and depression may have in providing satisfactory infant care.



"Why didn't somebody warn me?"

The #1 complication of childbirth is depression.

One in eight new moms have postpartum depression.
It is treatable! Call 1-800-944-4PPD.

Extreme exhaustion, appetite and sleep disturbances, mood swings, anxiety, no motivation

Call your health care provider and contact us:
Postpartum Support International
1-800-944-4773
www.postpartum.net