

Long term course and prognosis of postpartum depression

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Introduction

Postpartum depression (PPD) refers to a major depressive episode (MDE) with an onset during pregnancy or up to 4 weeks following delivery.

It has been suggested that women with an onset of PPD as their first ever depressive episode show a unique picture regarding further depression episodes during their lifetime and a better prognosis.

There is very limited long-term research data on illness trajectory, risk factors and prognosis of PPD.

Research objectives

1. **Characterization** of demographic and clinical parameters of women who develop PPD
2. Assessment of the **clinical course of illness** of women who suffer from PPD
3. Examination of the **prognosis and extent of recovery** of women after experiencing a PPD episode

Methods

Participants:

Women who participated in clinical trials in the past, with:

1. A history of **postpartum depression (hPPD)** as their first MDE (n=65), with an average age of 41.65 (SD=4.97) during assessment
2. **Control** group of women without a history of PPD (nhPPD) (n=35), with an average age of 36.94 (SD=6.2) during assessment

Study design:

A cohort longitudinal study- retrospective and prospective, which followed women with **PPD** for an average of **8.31** (SD=2.70) years, and **nhPPD** women for an average of **6.42** (SD=2.25) years.

Women were assessed by a psychiatrist, using a structured clinical interview, to inquire about their **psychiatric history** before and subsequent to their documented index episode (IE) until the present assessment.

Another goal was to determine their **current mental state**.

Research tools:

1. **Structured Clinical Interview** for DSM Disorders (SCID)
2. Self-administrated questionnaires

Results

Demographics:

- There was a slight age difference between the groups as the study group was older than the control group
- The duration of follow-up was longer in the study group than in the control group
- **hPPD women had lower income then nhPPD women**

Depressive episodes subsequent to the IE

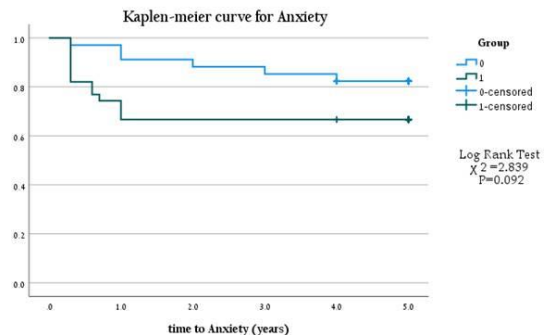
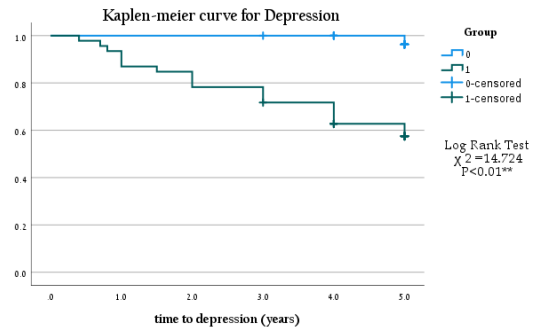
- In the study group, 43 women had one or more subsequent pregnancies
- Out of these women, 16 (**37.2%**) developed PPD after their IE
- 11 (**25.6%**) of these women developed PPD after **every childbirth**

First PPD/IE N=43	Second pregnancy N=43	Third pregnancy N=17	Fourth pregnancy N=2	PPD in all subsequent births
100%	32.5% (14)	23.5% (4)	50% (1)	25.6% (11)

Results

Development of depression and anxiety over a 5 year span

- hPPD women had a significantly higher incidence of depression during the 5 year period following the IE
- hPPD women had increased, albeit insignificant, incidence of anxiety during the 5 year period following the IE
- In nhPPD women, the probability to develop anxiety increased after the IE as well

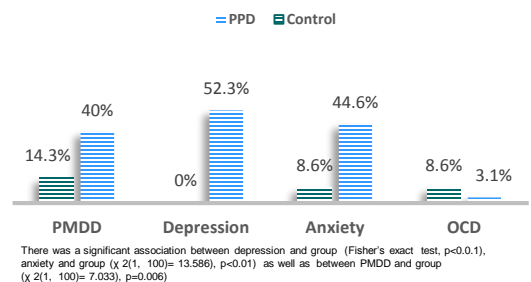


Women with a history of depression or anxiety before the IE were not included in the survival functions. 3 month time point refers to the immediate appearance of the disorder.

Current psychiatric comorbidity

- hPPD women show **greater psychiatric comorbidity** today ($\chi^2(1, 100) = 21.36, p < 0.01$)
- hPPD women exhibit greater rates of premenstrual dysphoric disorder (**PMDD**), **depression** and **anxiety** than nhPPD women
- **38.8%** of PPD women in the study report that they are **currently feeling depressed** ($\chi^2(1, 100) = 12.42, p < 0.01$)
- **47.7%** of PPD women in the study are currently undergoing **psychiatric treatment** while none of the nhPPD women are ($\chi^2(1, 100) = 24.19, p < 0.01$)

COMORBIDITY TODAY



Conclusions

37.2% of the women with a history of PPD tend to develop other episodes of PPD in subsequent pregnancies. **25.6%** of the women in the study group developed PPD in **all** the subsequent births after the IE. Women with a history of PPD are at a very high risk for subsequent psychiatric illness and need for treatment- **78.5%** of the women in the study group are presently with a **psychiatric diagnosis**. In conclusion, this study highlights a poor long term prognosis for women whose first episode of depression was postpartum.