

# Disturbi Depressivi in gravidanza e nel puerperio

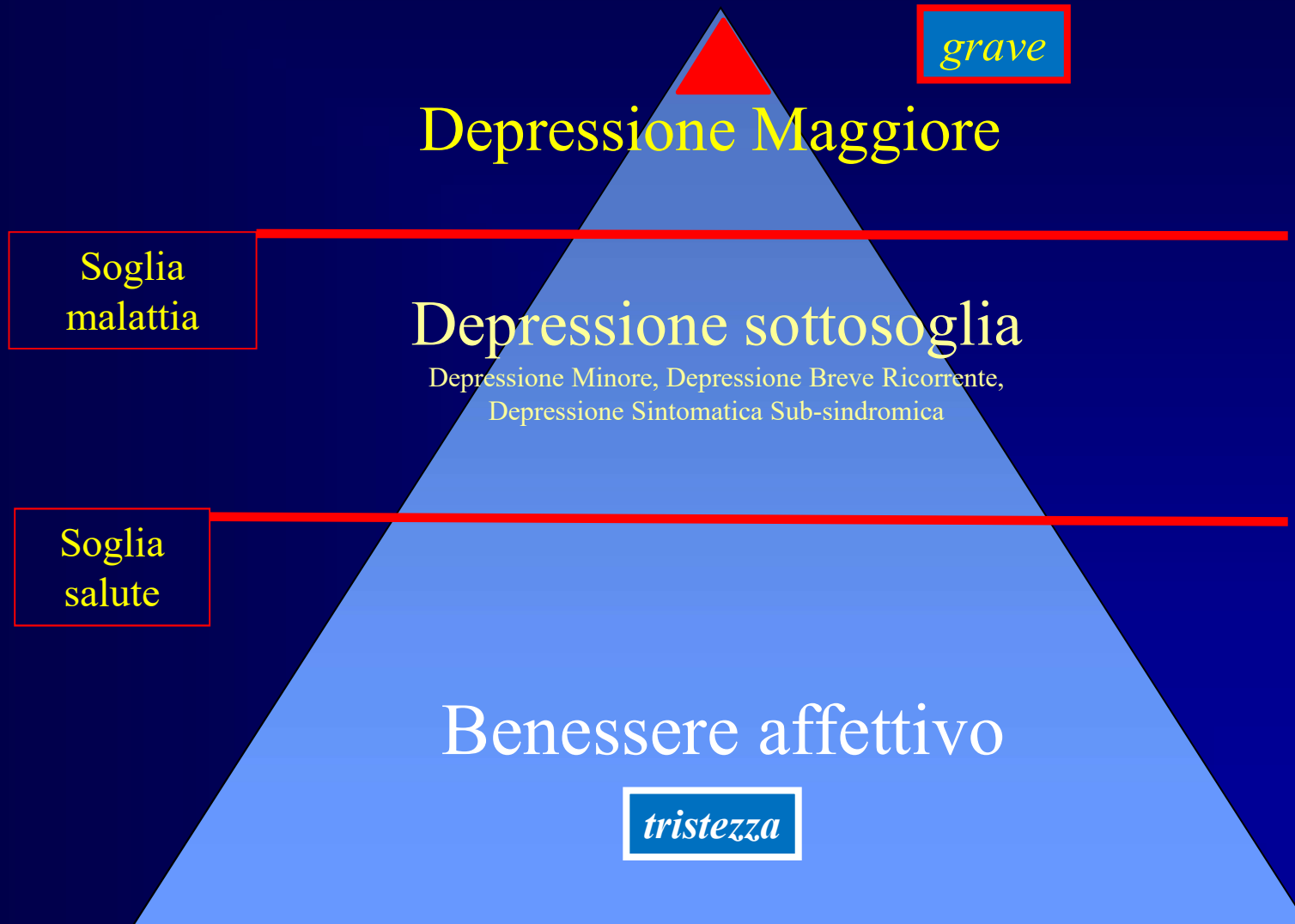
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La gravidanza  
non è una malattia

# Depressione in gravidanza e nel puerperio



# Maternity Blues

- **Prevalenza:** 50-85% donne.
- **Esordio:** entro pochi giorni dal parto (48 ore).
- **Sintomi:** tristezza, tendenza al pianto, sentimenti di insufficienza e di incapacità, irritabilità, ansia, difficoltà di concentrazione e di memoria, disturbi del sonno e dell'appetito, cefalea, astenia.
- **Remissione:** entro 2 settimane. Durata protratta: comparsa di depressione postpartum.

*Burt e Stein, J Clin Psychiatry 2002; 63 (suppl 7): 9-15*  
*Steiner et al. J Affect Disord 2003;74:67-83*

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
- ☒ Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often      Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

- |   |  |
|---|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I always could</li> <li><input type="checkbox"/> Not quite so much now</li> <li><input type="checkbox"/> Definitely not so much now</li> <li><input type="checkbox"/> Not at all</li> </ul> | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</li> <li><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</li> <li><input type="checkbox"/> No, most of the time I have coped quite well</li> <li><input type="checkbox"/> No, I have been coping as well as ever</li> </ul> |
| <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I ever did</li> <li><input type="checkbox"/> Rather less than I used to</li> <li><input type="checkbox"/> Definitely less than I used to</li> <li><input type="checkbox"/> Hardly at all</li> </ul>     | <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, not at all</li> </ul>  |
| <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, some of the time</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, never</li> </ul>                  | <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, not at all</li> </ul>  |
| <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No, not at all</li> <li><input type="checkbox"/> Hardly ever</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Yes, very often</li> </ul>                                      | <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Only occasionally</li> <li><input type="checkbox"/> No, never</li> </ul>  |
| <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, quite a lot</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> No, not much</li> <li><input type="checkbox"/> No, not at all</li> </ul>                               | <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Sometimes</li> <li><input type="checkbox"/> Hardly ever</li> <li><input type="checkbox"/> Never</li> </ul>   |

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

*Am J Obstet Gynecol* 2010; 115:394-95

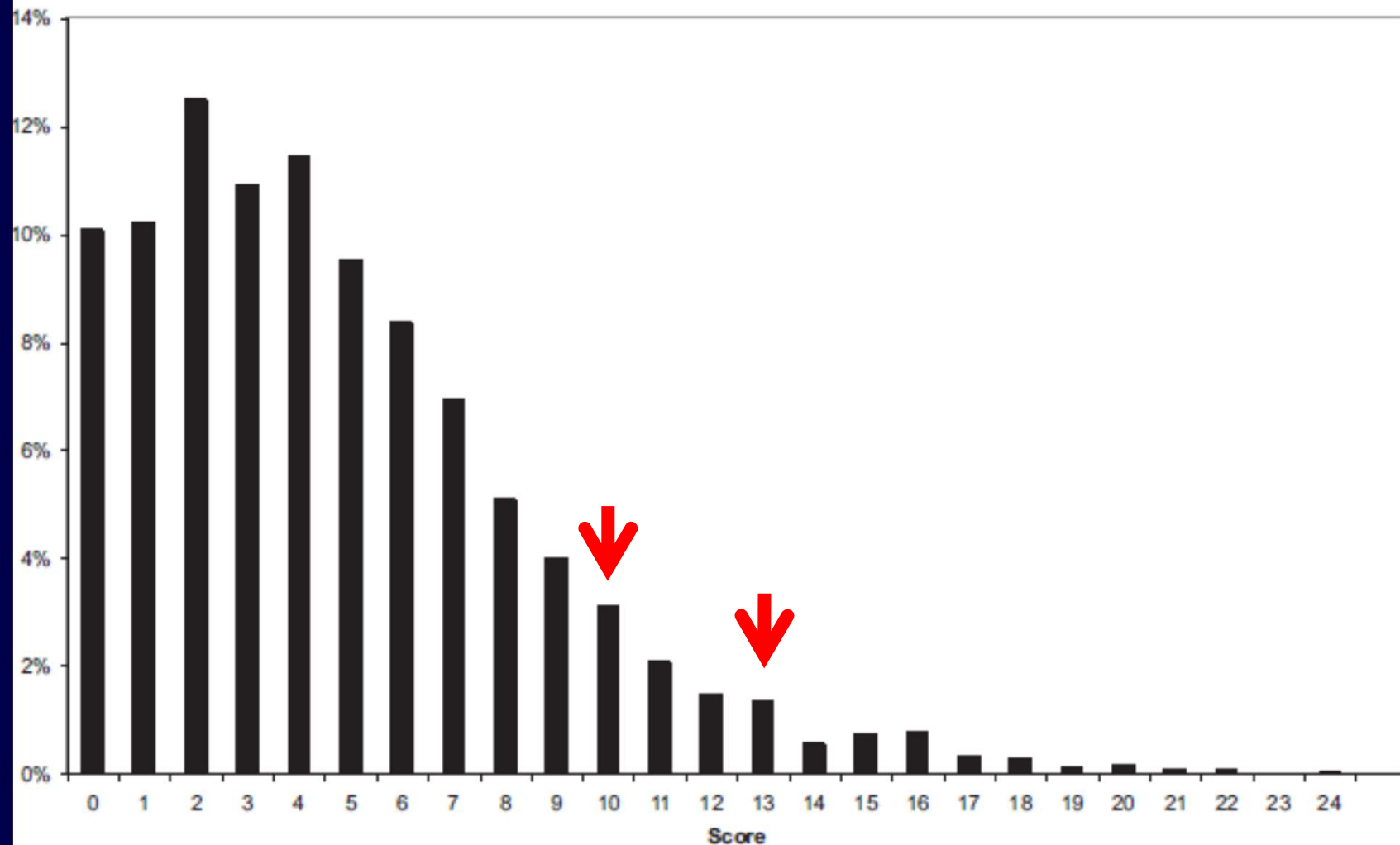
**0-9** : some symptoms of distress.

**10-12** : symptoms of distress that may be discomforting.

**13 +**: the likelihood of depression is high.

**Item 10**: scores 1, 2 or 3 on item 10 requires further evaluation.

## Distribution of antepartum and postpartum Edinburgh Postnatal Depression Scale Scores



Distribution of EPDS scores in the cohort of 1548 women who were screened from 24-28 weeks of gestation and again after delivery (total of 3168 completed screens).

# Heterogeneity in perinatal depression: how far have we come?

## A systematic review

Hudson et al, *Arch Womens Ment Health*. 2017; 20: 11–23

### Heterogeneous nature of this disorder

1. three heterogeneous patterns: low, medium or chronic-high symptom (EPDS) levels
2. social and psychological risk factors were the most common group of predictors related to a higher burden (high sum of score) of depressive symptoms: low education, negative life events, ethnic-minority status, unintended pregnancy, mood or anxiety symptoms during pregnancy, and prior history of psychopathology;
3. poorer health outcomes for children of mothers assigned to high burden symptom

Limited evidence on the specific symptoms and symptom configurations that make up PND heterogeneity

# Major and Minor Depression in Pregnancy

Marchesi et al *Obstet Gynecol* 2009; 113: 1292-8

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

|   | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things  | 0          | 1            | 2                       | 3                |
| 2. Feeling down, depressed, or hopeless   | 0          | 1            | 2                       | 3                |
| 3. Trouble falling or staying asleep, or sleeping too much  | 0          | 1            | 2                       | 3                |
| 4. Feeling tired or having little energy  | 0          | 1            | 2                       | 3                |
| 5. Poor appetite or overeating  | 0          | 1            | 2                       | 3                |
| 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down  | 0          | 1            | 2                       | 3                |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television  | 0          | 1            | 2                       | 3                |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual | 0          | 1            | 2                       | 3                |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way   | 0          | 1            | 2                       | 3                |

add columns: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

TOTAL: \_\_\_\_\_

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

PHQ-9

Spitzer et al, *JAMA* 1994; 272: 1749-56



## Screening for Depression During and After Pregnancy

*Obstet Gynecol 2010; 115:394-95*

| Screening Tool  | Number of Items | Time to Complete | Sensitivity/<br>specificity                    |
|---|-----------------|------------------|--|
| Edinburgh Postnatal Depression Scale (EPDS)               | 10              | Less than 5 min  | Sensitivity: 59–100%<br>Specificity: 49–100%   |
| Postpartum Depression Screening Scale (PDSS)              | 35              | 5–10 min         | Sensitivity: 91–94%<br>Specificity: 72–98%     |
| Patient Health Questionnaire-9 (PHQ-9)                    | 9               | Less than 5 min  | Sensitivity: 75%<br>Specificity: 90%           |
| Beck Depression Inventory (BDI)                           | 21              | 5–10 min         | Sensitivity: 47.6–82%<br>Specificity: 85.9–89% |
| Beck Depression Inventory-II (BDI-II)                     | 21              | 5–10 min         | Sensitivity: 56–57%<br>Specificity: 97–100%    |
| Center for Epidemiologic Studies Depression Scale (CES-D) | 20              | 5–10 min         | Sensitivity: 60%<br>Specificity: 92%           |
| Zung Self-Rating Depression Scale (Zung SDS)              | 20              | 5–10 min         | Sensitivity: 45–89%<br>Specificity: 77–88%     |

# Major and Minor Depression in Pregnancy

Marchesi et al *Obstet Gynecol* 2009; 113: 1292-8

154 women

Major depression was diagnosed in 19 women (12.3%) and minor depression in 28 (18.1%), whereas the remaining 107 women did not show any depressive symptoms (controls). In five women, minor depression symptoms preceded (n=3) or followed (n=2) major depression.

**Table 2. Onset and Duration of Depressive Episodes in Pregnant Women**

|                                 | Major Depression<br>(n=19) | Minor Depression<br>(n=28) |
|---------------------------------|----------------------------|----------------------------|
| Onset of depression (trimester) |                            |                            |
| First*                          | 7 (36.8)                   | 17 (60.7)                  |
| Second                          | 4 (21.1)                   | 7 (25.0)                   |
| Third                           | 8 (42.1)                   | 4 (14.3)                   |
| Duration of depression* (mo)    |                            |                            |
| 1                               | 5 (26.3)                   | 16 (57.1)                  |
| 2                               | 7 (36.8)                   | 7 (25.0)                   |
| 3-4                             | 3 (15.8)                   | 5 (17.9)                   |
| 5 or more                       | 4 (21.1)                   | —                          |



# Depressione Post-partum

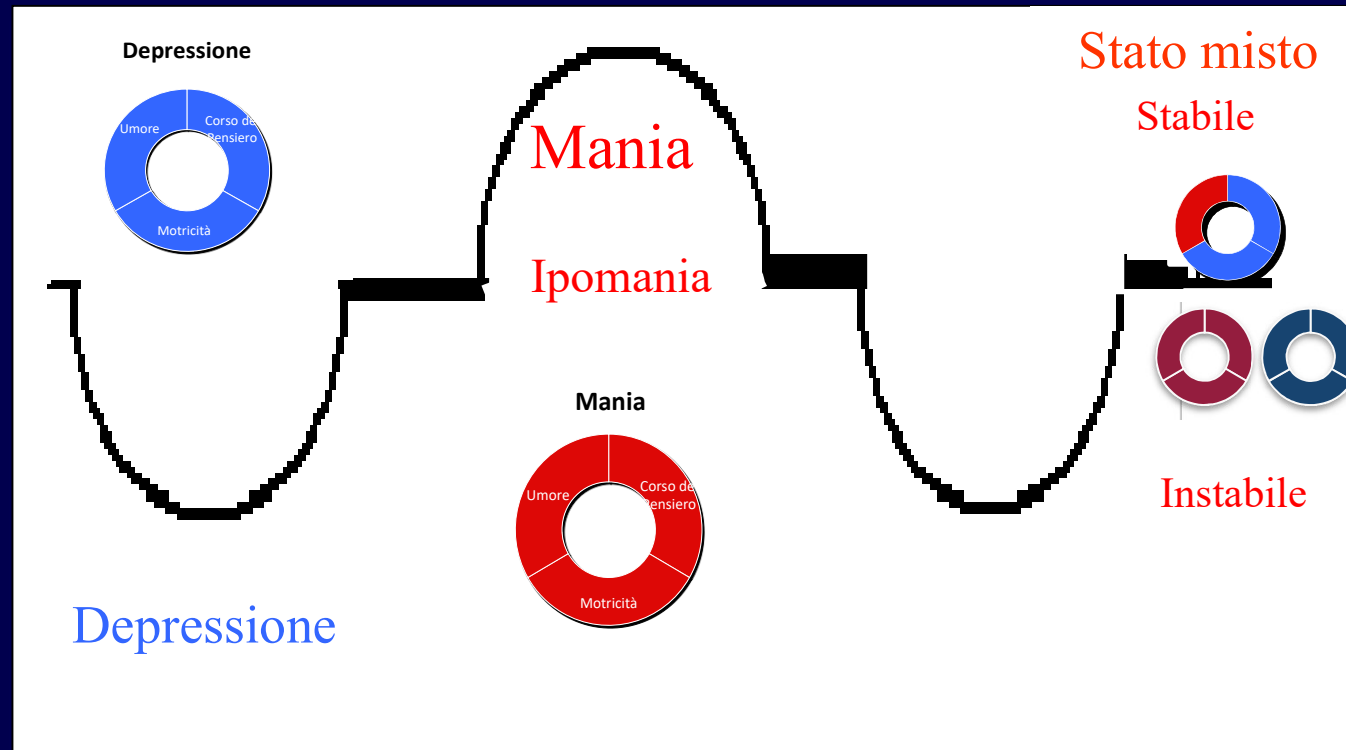
- **Esordio**: primi tre mesi dal parto (primo mese).
- **Prevalenza**: 10-22%
- **Sintomatologia** : sovrapponibile alla Depressione Maggiore
- **Effetti sullo sviluppo psichico del bambino**: attaccamento insicuro e ambivalente, compromissione tono emozionale, sviluppo cognitivo e relazionale, manifestazioni psicopatologiche
- **Prognosi**: remissione entro 6-12 mesi

*Burt e Stein, J Clin Psychiatry 2002; 63 (suppl 7): 9-15*  
*Steiner et al. J Affect Disord 2003;74:67-83*

# Depressione in gravidanza e nel puerperio



# Disturbi dell' Umore



**Disturbo Bipolare** → fasi depressive + fasi ipo/maniacali o miste  
**Depressione Maggiore Ricorrente (Unipolare)** → fasi depressive

# Postpartum depression: a disorder in search of a definition

Arch Womens Ment Health (2010) 13:37–40



## Diagnostic considerations

The diagnostic entities most frequently observed after birth in both the Kendell et al. (1987) and Munk-Olsen et al. (2006) studies were major mood disorders, with a particular risk for bipolar disorder. Munk-Olsen et al observed highly significant relative risks of 23.33 in the first 30 days and 6.30 in the 31–60 days after birth for bipolar disorder. Kendell et al reported an RR of 21.7 for admission with psychosis (primarily bipolar disorder) within 30 days of

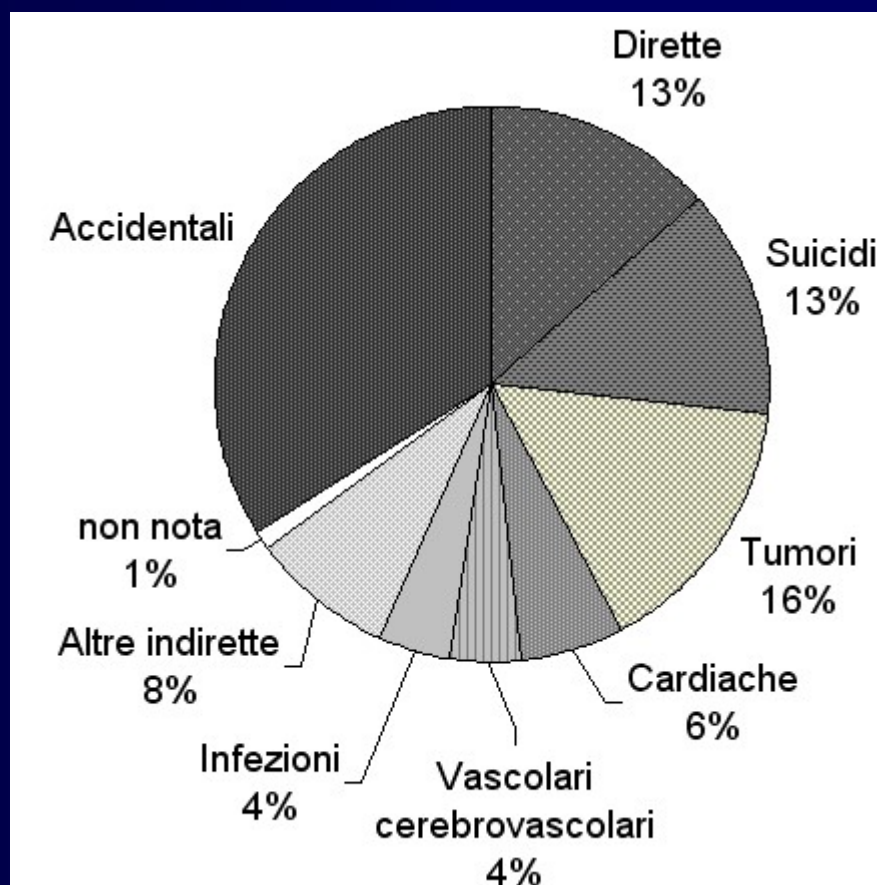
# Psicosi Post-partum

- **Prevalenza:** 0.1-0.3 % di puerpere.
- **Esordio:** prima settimana dopo il parto (48-72 ore).
- **Sintomi:**
  - intense e rapide oscillazioni dello stato di coscienza;
  - allucinazioni visive o uditive a contenuto triste o terrifico;
  - temi deliranti di tipo persecutorio o depressivo e incentrati sulla relazione madre-bambino;
  - ansia, agitazione;
  - rischio di suicidio e di infanticidio.
- **Prognosi:**
  - favorevole con remissione in 6-12 mesi nell' 80% casi;
  - tendenza alla ricorrenza nel postpartum (75-90%);
  - 70% Disturbo Bipolare o Depressione Maggiore (psicotici)



## Mortalità e morbosità materna in Emilia-Romagna. Rapporto 2001-2007

Distribuzione per causa di 97 casi di morti materne



Agli iniziali 13 casi di suicidio,  
5 casi sono stati aggiunti in  
seguito all'analisi della  
documentazione clinica.

Suicidi → 18%

L'età media al decesso: 29,2 anni

Le morti sono avvenute:

- dopo il parto 44%;
- dopo un aborto volontario 33%
- dopo un aborto spontaneo 11%
- in gravidanza 11%



# Prevalence of suicidality during pregnancy and the postpartum

Arch Womens Ment Health (2005) 8: 77–87

## Summary

1

While suicide deaths and attempts are lower during pregnancy and the postpartum than in the general population of women, when deaths do occur, suicides account for up to 20% of postpartum deaths.

a

pregnant women have lower suicide rates, a fact that cannot be accounted for solely by differences in levels of depression. Increased social support, concern for the unborn child, and more contact with health care providers may work together to reduce the risk of suicide.

b

Among the pregnant women who die by suicide, teenagers were reported to be at greater risk

c

as were women in cultures that stigmatize motherhood among unmarried women

# Prevalence of suicidality during pregnancy and the postpartum

Arch Womens Ment Health (2005) 8: 77–87

## Summary

1

While suicide deaths and attempts are lower during pregnancy and the postpartum than in the general population of women, when deaths do occur, suicides account for up to 20% of postpartum deaths.

- a Consistent with lower suicide rates in pregnancy, suicide rates in the postpartum are lower than expected in the general population.
- b suicide rates are considerably elevated among groups at risk including those with psychiatric diagnoses and teenage mothers

# Prevalence of suicidality during pregnancy and the postpartum

Arch Womens Ment Health (2005) 8: 77–87

## Summary

- 2 Self-harm ideation is more common than attempts or deaths, with thoughts of self-harm during pregnancy and the postpartum ranging from 5 to 14%.
- 3 The risk for suicidality is significantly elevated among depressed women during the perinatal period, and suicide has been found to be the second or leading cause of death in this depressed population.

## Mortalità e morbosità materna in Emilia-Romagna. Rapporto 2001-2007

Un **contatto con i servizi psichiatrici** territoriali pre-esistente o attivato durante il percorso assistenziale della gravidanza è stato documentato nel **28% dei casi**,

➔ una percentuale che corrisponde a **metà dei casi con fattori di rischio noti**.

Dal punto di vista clinico è stato possibile identificare alcuni elementi critici del percorso assistenziale:

- ➔
- **carente raccolta di informazioni** su malattia mentale e abuso di sostanze, condizioni in alcuni casi non indagate o sottovalutate dai professionisti;
  - sono stati inoltre riscontrati **difetti di comunicazione** fra i servizi

# Rischio di Depressione in gravidanza e nel puerperio

- se conosci il rischio per quella donna, puoi intervenire precocemente.

# Risk factors for depressive symptoms during pregnancy: a systematic review

*Am J Obstet Gynecol* 2010.

| Factor   | Total no. of studies | Total no. of subjects | Bivariate trend of association <sup>a</sup> | Multivariate trend of association <sup>a</sup> |
|--|----------------------|-----------------------|---|--|
| Anxiety <sup>18-28</sup>   | 11                   | 4696                  | ++++  | <sup>b</sup>                                   |
| Life stress, composite <sup>20,24,29-32,43,47-49,52,55-57,68,69,72,73</sup>        | 18                   | 9973                  | +++   | +++  |
| Life events, total (positive and negative)   | 15                   | 9645                  | +++   | Inconsistent                                   |
| Negative life events   |                      |                       | ++++  | +++  |
| Daily hassles  | 5                    | 1134                  | <sup>c</sup>                                | <sup>b</sup>                                   |
| Personal history of depression <sup>24,32,54,62,69,74</sup>                        | 6                    | 3566                  | +++   | <sup>b</sup>                                   |
| Social support <sup>20,22,24,27,28,30-35,43,48,49,52,53,55-57,60,64,68,69,73</sup> |                      |                       |   |  |
| Lack of social support, any source   | 17                   | 5752                  | +++   | +  |
| Lack of social support, partner  | 9                    | 7139                  | ++++  | ++++   |
| Domestic violence <sup>24,29,30,46,54,57,67</sup>                                  | 7                    | 3738                  | +   | ++   |
| Unintended pregnancy <sup>24,60,61,63,64,68</sup>                                  | 6                    | 11,470                | +++   | <sup>b</sup>                                   |
| Relationships <sup>20,22,24,27,32-38,43,46,48,50,52,59,60,62,64,65,68-73</sup>     |                      |                       |   |  |
| Cohabitation   | 19                   | 12,483                | ++  | Inconsistent                                   |
| Poor relationship quality  | 11                   | 4005                  | +++   | <sup>c</sup>                                   |
| Demographics   |                      |                       |   |  |
| Public insurance/uninsured <sup>29,30,34,50,57,58</sup>                            | 6                    | 2008                  | +++   | <sup>b</sup>                                   |
| Medicaid (US studies only)   |                      |                       | +++   | <sup>b</sup>                                   |
| Socioeconomic status <sup>56,59,64,69,73</sup>                                     | 5                    | 2805                  | <sup>c</sup>                                | <sup>c</sup>                                   |
| Lower income <sup>20,31,32,37-39,46,48,49,56,64</sup>                              | 11                   | 6285                  | +   | <sup>b</sup>                                   |
| Unemployment <sup>20,27,32,35,38,39,47,49,50,64,68,71-73</sup>                     | 14                   | 9417                  | <sup>c</sup>                                | Inconsistent                                   |
| Lower education <sup>20,21,30,32-39,43,49,50,56,62,68,71-73</sup>                  | 20                   | 11,529                | +   | <sup>c</sup>                                   |
| Maternal age <sup>20,22,30,32-39,43,46,48,49,59,62,64,67,68,71,73</sup>            | 22                   | 13,837                | Inconsistent                                | <sup>c</sup>                                   |
| Maternal race/ethnicity <sup>29-42</sup>   | 14                   | 6671                  | Inconsistent                                | <sup>c</sup>                                   |
| Substance abuse  |                      |                       |   |  |
| Smoking <sup>30,32,33,36,38,41,54,56,57,59,71</sup>                                | 11                   | 6641                  | +   | <sup>c</sup>                                   |
| Alcohol use <sup>32,33,36,44,45,54,56,57,66,71</sup>                               | 10                   | 10,621                | Inconsistent                                | <sup>c</sup>                                   |
| Illicit drug use <sup>30,32,33,38,46,49,57,64</sup>                                | 8                    | 3010                  | <sup>c</sup>                                | Inconsistent                                   |
| Nulliparity <sup>22,24,34-37,39,46-48,51,59,62,64,66,68,72,73</sup>                | 18                   | 9786                  | <sup>c</sup>                                | Inconsistent                                   |
| Poor obstetric history <sup>19,24,32,34,39,47,49,59,64,68</sup>                    | 10                   | 6888                  | <sup>c</sup>                                | <sup>c</sup>                                   |

lack of sample size

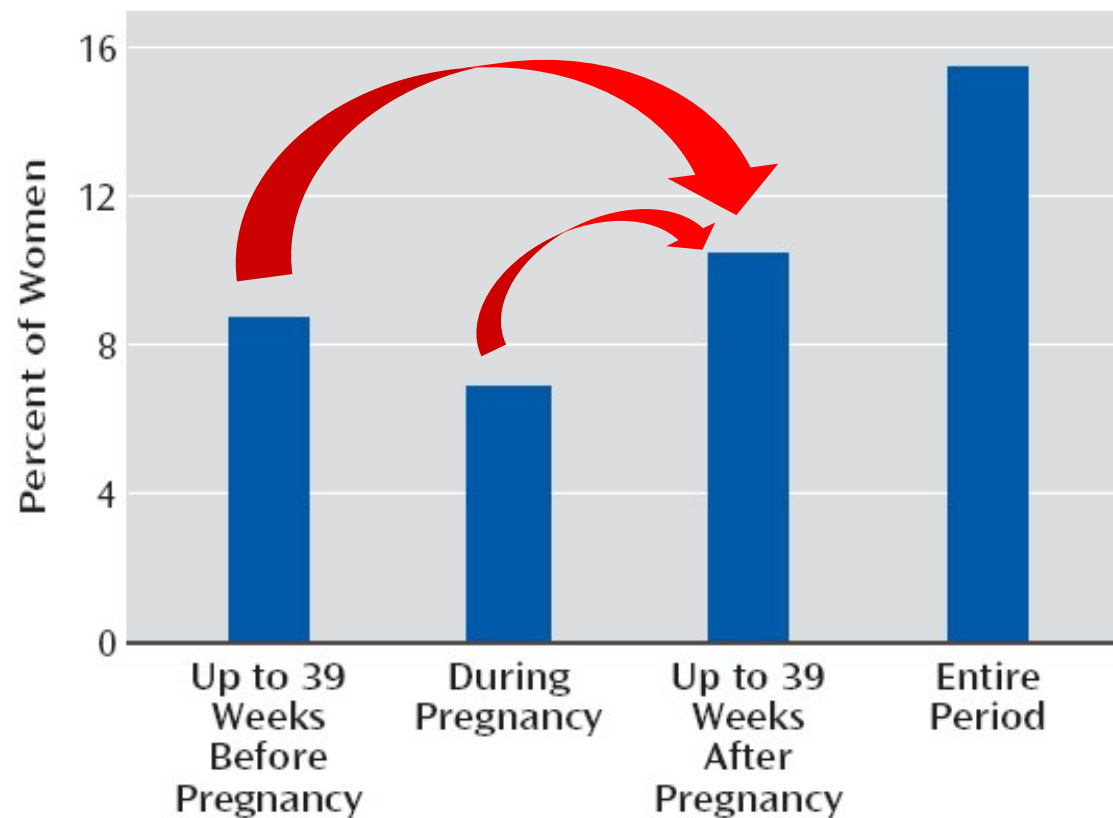
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## Clinically Identified Maternal Depression Before, During, and After Pregnancies Ending in Live Births

*Am J Psychiatry* 2007; 164:1515–1520

FIGURE 1. Percent of Women With Diagnosed Depression Before, During, and After Pregnancy



# Postnatal depression: A global public health perspective

*Perspectives in Public Health* 2009 129: 221

It is recommended that all women should have their mental and emotional health assessed postnatally so that the presence of PND can be ascertained.

?

prenatally



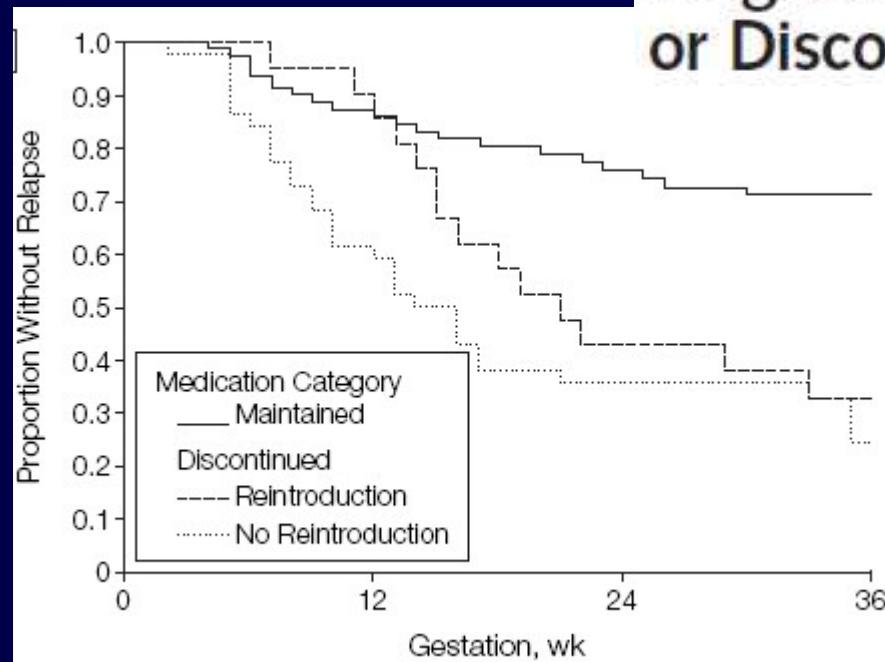
## Mortalità e morbosità materna in Emilia-Romagna. Rapporto 2001-2007

Per i casi in cui è stata possibile una valutazione della qualità del percorso assistenziale, i fattori di **substandard care** rilevati sono stati:

- ➡ - la **mancata** attivazione e **presa in carico** dei servizi territoriali **psichiatrici** alla dimissione di **donne sintomatiche**
- ➡ - e/o la **sospensione inappropriata** della terapia con **psicofarmaci** durante la gravidanza.

# Relapse of Major Depression During Pregnancy in Women Who Maintain or Discontinue Antidepressant Treatment

JAMA. 2006;295:499-507



**Table 3.** Relapse of Major Depression During Pregnancy

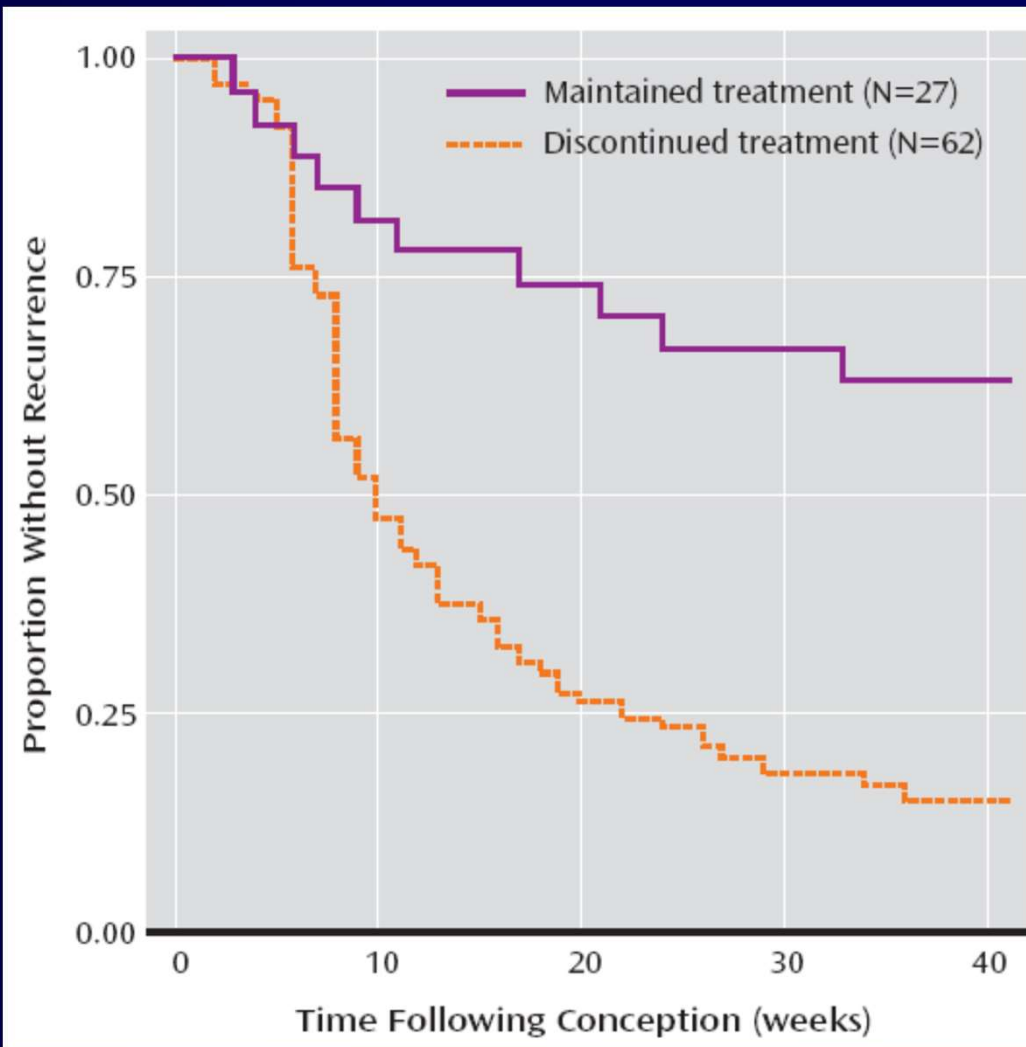
| Relapse Status       | All Women  | Medication Status |           |           |              |
|----------------------|------------|-------------------|-----------|-----------|--------------|
|                      |            | Maintained        | Increased | Decreased | Discontinued |
| No relapse           | 115 (57.2) | 61 (74.4)         | 11 (55.0) | 22 (64.7) | 21 (32.3)    |
| Relapse by trimester |            |                   |           |           |              |
| All                  | 86 (42.8)  | 21 (25.6)         | 9 (45.0)  | 12 (35.3) | 44 (67.7)    |
| First                | 44 (51.2)  | 11 (52.4)         | 7 (77.8)  | 5 (41.7)  | 21 (47.7)    |
| Second               | 31 (36.0)  | 9 (42.9)          | 2 (22.2)  | 3 (25.0)  | 19 (43.2)    |
| Third                | 11 (12.8)  | 1 (4.8)           | 0 (0.0)   | 4 (33.3)  | 4 (9.1)      |

**Table 2.** Clinical Characteristics of Pregnant Women With Histories of Major Depression Across Different Medication Treatment Conditions\*

| Variable   | All<br>(N = 201) | Maintained<br>(n = 82) | Increased<br>(n = 20) | Decreased<br>(n = 34) | Discontinued<br>(n = 65) |
|--|------------------|------------------------|-----------------------|-----------------------|--------------------------|
| Age at onset, y  |                  |                        |                       |                       |                          |
| <14  | 44 (23.2)        | 19 (24.0)              | 3 (16.7)              | 7 (21.9)              | 15 (24.6)                |
| 14-17  | 45 (23.7)        | 19 (24.0)              | 5 (27.8)              | 4 (12.5)              | 17 (27.9)                |
| 18-25  | 50 (26.3)        | 19 (24.0)              | 7 (38.9)              | 11 (34.4)             | 13 (21.3)                |
| >25  | 51 (26.8)        | 22 (28.0)              | 3 (16.7)              | 10 (31.2)             | 16 (26.2)                |
| Duration of illness, y                                   |                  |                        |                       |                       |                          |
| <5   | 24 (12.6)        | 9 (11.4)               | 2 (11.1)              | 4 (12.5)              | 9 (14.8)                 |
| 5-14   | 67 (35.3)        | 27 (34.2)              | 9 (50.0)              | 14 (43.8)             | 17 (27.9)                |
| 15-20  | 61 (32.1)        | 28 (35.4)              | 4 (22.2)              | 10 (31.2)             | 19 (31.2)                |
| >20  | 38 (20.0)        | 15 (19.0)              | 3 (16.7)              | 4 (12.5)              | 16 (26.2)                |
| No. of prior episodes                                    |                  |                        |                       |                       |                          |
| <3   | 46 (23.4)        | 18 (22.2)              | 4 (20.0)              | 8 (23.5)              | 16 (25.8)                |
| 3-4  | 64 (32.5)        | 31 (38.3)              | 5 (25.0)              | 9 (26.5)              | 19 (30.6)                |
| 5-6  | 45 (22.8)        | 16 (19.8)              | 5 (25.0)              | 9 (26.5)              | 15 (24.2)                |
| >6   | 42 (21.3)        | 16 (19.8)              | 6 (30.0)              | 8 (23.5)              | 12 (19.4)                |
| No. of episodes in prior pregnancies                     |                  |                        |                       |                       |                          |
| Never pregnant   | 49 (25.3)        | 20 (25.3)              | 4 (21.0)              | 12 (36.4)             | 13 (20.6)                |
| None   | 96 (49.5)        | 37 (46.8)              | 11 (57.9)             | 11 (33.3)             | 37 (58.7)                |
| >1   | 49 (25.3)        | 22 (27.8)              | 4 (21.0)              | 10 (30.3)             | 13 (20.6)                |
| No. of prior postpartum episodes                         |                  |                        |                       |                       |                          |
| Never pregnant   | 49 (26.1)        | 20 (26.3)              | 4 (22.2)              | 12 (36.4)             | 13 (21.3)                |
| None   | 84 (44.7)        | 38 (50.0)              | 6 (33.3)              | 11 (33.3)             | 29 (47.5)                |
| >1   | 55 (29.3)        | 18 (23.7)              | 8 (44.4)              | 10 (30.3)             | 19 (31.2)                |
| Duration of prior episode, wk                            |                  |                        |                       |                       |                          |
| 1-6  | 43 (23.1)        | 13 (16.9)              | 5 (26.3)              | 9 (29.0)              | 16 (27.1)                |
| 7-12   | 48 (25.8)        | 21 (27.3)              | 4 (21.0)              | 7 (22.6)              | 16 (27.1)                |
| 13-36  | 49 (26.3)        | 22 (28.6)              | 7 (36.8)              | 8 (25.8)              | 12 (20.3)                |
| >36  | 46 (24.7)        | 21 (27.3)              | 3 (15.8)              | 7 (22.6)              | 15 (25.4)                |
| Time since onset of most recent episode, wk              |                  |                        |                       |                       |                          |
| 0-24   | 28 (15.3)        | 10 (13.0)              | 4 (21.0)              | 5 (16.1)              | 9 (16.1)                 |
| 25-72  | 54 (29.5)        | 16 (20.8)              | 9 (47.4)              | 12 (38.7)             | 17 (30.4)                |
| 73-144   | 47 (25.7)        | 19 (24.7)              | 4 (21.0)              | 7 (22.6)              | 17 (30.4)                |
| >144   | 54 (29.5)        | 32 (41.6)              | 2 (10.5)              | 7 (22.6)              | 13 (23.2)                |
| No. of attempts to discontinue antidepressant medication |                  |                        |                       |                       |                          |
| 0  | 49 (26.5)        | 21 (28.0)              | 3 (16.7)              | 13 (40.6)             | 12 (20.0)                |
| 1  | 57 (30.8)        | 23 (30.7)              | 3 (16.7)              | 9 (28.1)              | 22 (36.7)                |
| 2  | 35 (18.9)        | 17 (22.7)              | 5 (27.8)              | 5 (15.6)              | 8 (13.3)                 |
| >2   | 44 (23.8)        | 14 (18.7)              | 7 (38.9)              | 5 (15.6)              | 18 (30.0)                |

## Risk of Recurrence in Women With Bipolar Disorder During Pregnancy: Prospective Study of Mood Stabilizer Discontinuation

Viguera et al, *Am J Psychiatry* 2007; 164: 1817-1824



**Conclusions:** Discontinuation of mood stabilizer, particularly abruptly during pregnancy carries a high risk for new morbidity in women with bipolar disorder, especially for early depressive and dysphoric states. However, this risk is reduced markedly by continued mood stabilizer treatment. Treatment planning for pregnant women with bipolar disorder should consider not only the relative risks of fetal exposure to mood stabilizers but also the high risk of recurrence and morbidity associated with stopping maintenance mood stabilizer treatment.



## Article

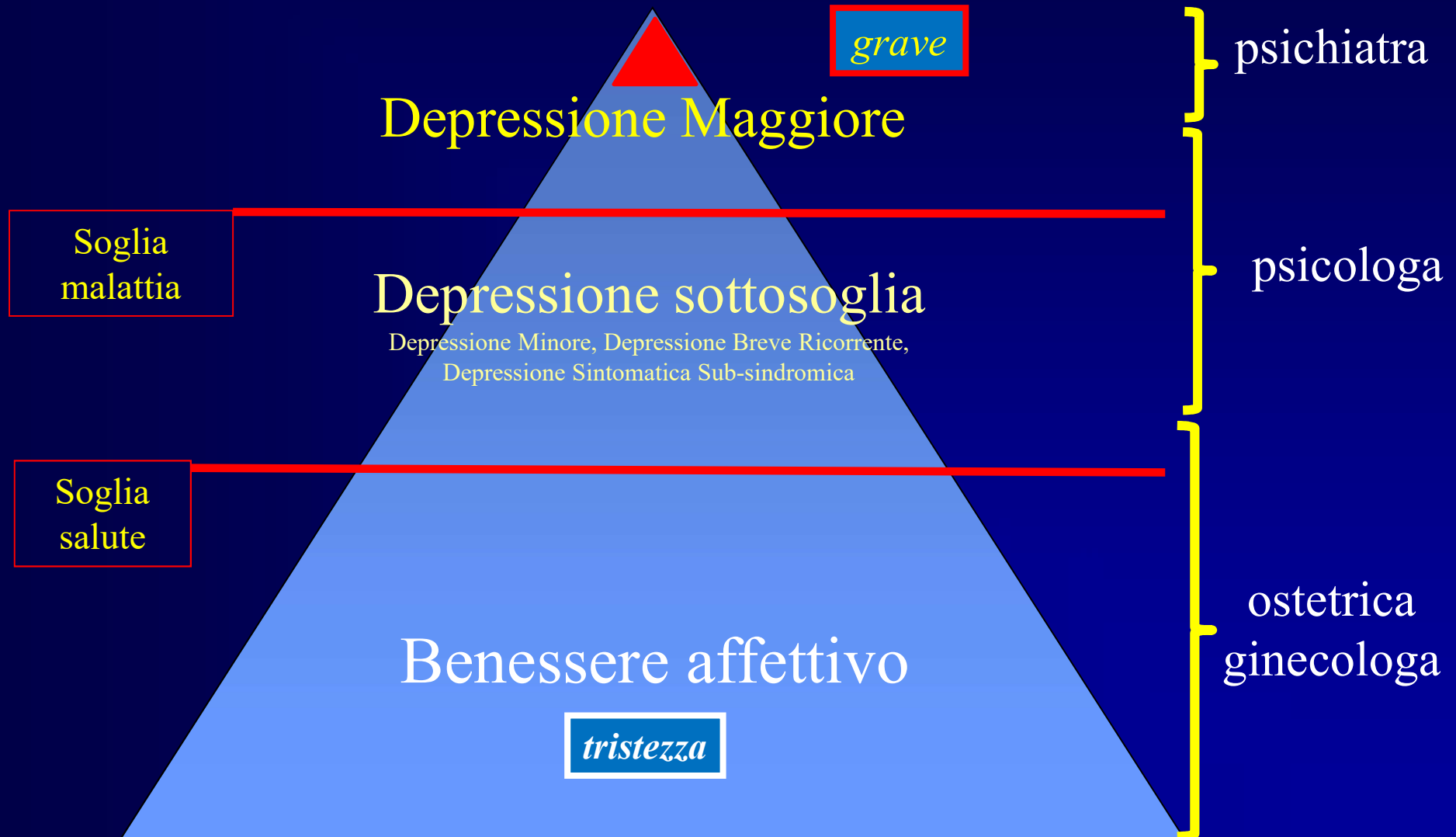
# Risk of Recurrence in Women With Bipolar Disorder During Pregnancy: Prospective Study of Mood Stabilizer Discontinuation

TABLE 2. Morbidity During Pregnancy Versus Treatment Status

| Variable   | All Subjects (N=89) |      | Subjects Who Maintained Treatment (N=27) |      | Subjects Who Discontinued Treatment (N=62) |      |
|--|---------------------|------|--|------|--|------|
|  | N                   | %    | N  | %    | N  | %    |
| Risk of at least one recurrence <sup>a</sup>       | 63/89               | 70.8 | 10/27                                    | 37.0 | 53/62                                      | 85.5 |
| First recurrence risk by trimester                 |                     |      |  |      |  |      |
| First  | 42/89               | 47.2 | 6/27                                     | 22.2 | 36/62                                      | 58.1 |
| Second   | 15/47               | 31.9 | 3/21                                     | 14.3 | 12/26                                      | 46.2 |
| Third  | 6/32                | 18.8 | 1/18                                     | 5.6  | 5/14                                       | 35.7 |
| Recurrence polarity (all recurrences) <sup>b</sup> |                     |      |  |      |  |      |
| Depression   | 34/89               | 38.2 | 5/27                                     | 18.5 | 29/62                                      | 46.8 |
| Mixed state  | 26/89               | 29.2 | 0/27                                     | 0.0  | 26/62                                      | 41.9 |
| Hypomania  | 15/89               | 16.8 | 7/27                                     | 25.9 | 8/62                                       | 12.9 |
| Mania  | 6/89                | 6.7  | 2/27                                     | 7.4  | 4/62                                       | 6.5  |
| Percent of pregnancy weeks ill                     |                     |      |  |      |  |      |
|  | Mean                | SD   | Mean                                     | SD   | Mean                                       | SD   |
| All cases <sup>c</sup>                             | 32.8                | 31.5 | 8.8                                      | 21.3 | 43.3                                       | 29.6 |
|  | N                   | %    | N  | %    | N  | %    |
| Stable subjects (%) <sup>d</sup>                   | 26/89               | 29.2 | 17/27                                    | 63.0 | 9/62                                       | 14.5 |

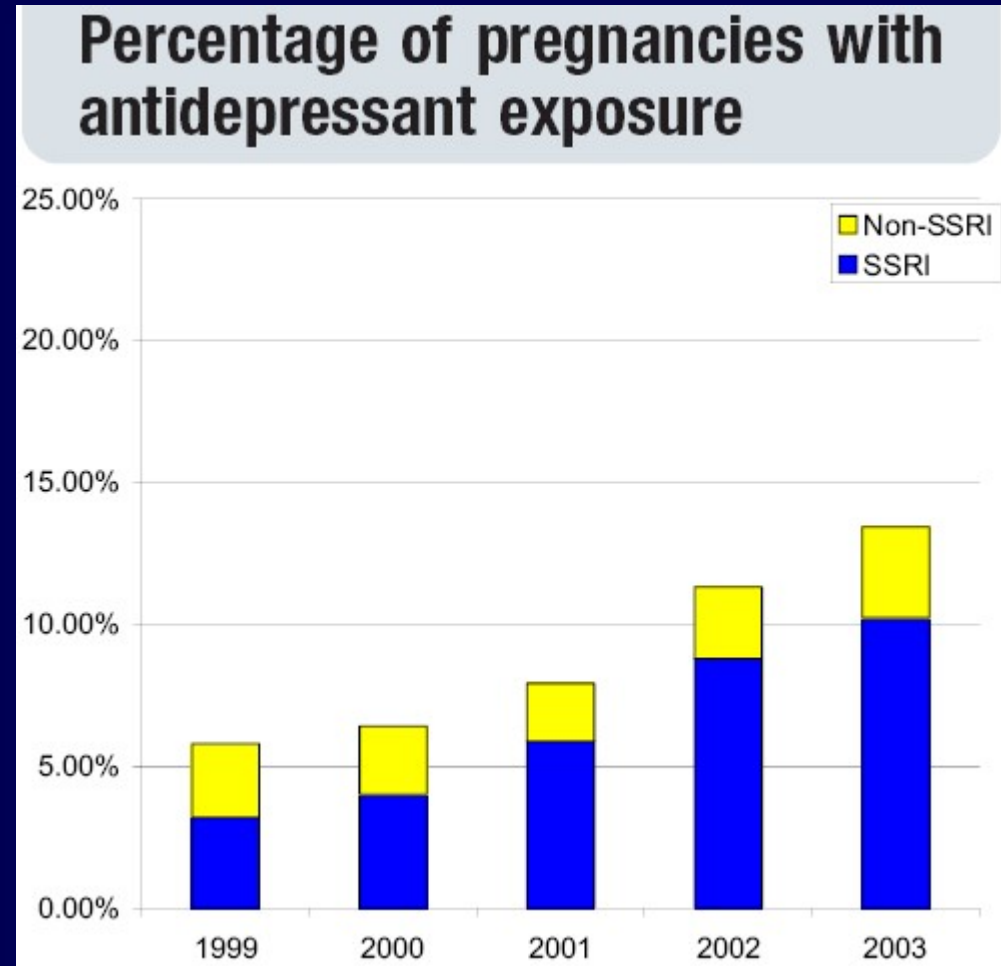
Viguera et al, *Am J Psychiatry* 2007; 164: 1817-1824

# Depressione in gravidanza e nel puerperio



## Increasing use of antidepressants in pregnancy

Am J Obstet Gynecol 2007;196:544.e1-544.e5.



# Delivery outcome after maternal use of antidepressant drugs in pregnancy: an update using Swedish data

**Table 1.** Number of women using specific antidepressant drugs either before the first antenatal visit ('Early') or prescribed the drugs during pregnancy ('Later')

| Drug name                   | ATC code | Early  | Later |
|-----------------------------|----------|--------|-------|
| TCAs                        | N06AA    | 1662   | 784   |
| Imipramine                  | N06AA02  | 10     | 3     |
| Clomipramine                | N06AA04  | 1208   | 592   |
| Lofepramine                 | N06AA07  | 6      | 1     |
| Amitriptyline               | N06AA09  | 379    | 158   |
| Nortriptyline               | N06AA10  | 33     | 23    |
| Protryptiline               | N06AA11  | 1      | 0     |
| Maprotiline                 | N06AA21  | 9      | 1     |
| SSRIs                       | N06AB    | 10 170 | 4809  |
| Fluoxetine                  | N06AB03  | 1522   | 892   |
| Citalopram                  | N06AB04  | 3950   | 1648  |
| Paroxetine                  | N06AB05  | 1208   | 405   |
| Sertraline                  | N06AB06  | 3297   | 1825  |
| Fluvoxamine                 | N06AB08  | 42     | 17    |
| Escitalopram                | N06AB10  | 153    | 56    |
| Unspecified                 | N06AB00  | 86     | 39    |
| MOAIs                       | N06AG    | 37     | 18    |
| Moclobemide                 | N06AG02  | 37     | 18    |
| SNRIs                       | N06AX    | 1351   | 538   |
| Mianserin                   | N06AX03  | 85     | 33    |
| Nefazodone                  | N06AX06  | 44     | 7     |
| Mirtazapine                 | N06AX11  | 277    | 123   |
| Bupropion                   | N06AX12  | 37     | 9     |
| Venlafaxine                 | N06AX16  | 859    | 363   |
| Reboxetine                  | N06AX18  | 28     | 6     |
| Duloxetine                  | N06AX21  | 37     | 4     |
| Unspecified antidepressants | N06A     | 10     | 0     |



# Prevalence of Antidepressant Use during Pregnancy in Denmark, a Nation-Wide Cohort Study

**Table 3.** Number of women exposed to an antidepressant during pregnancy.

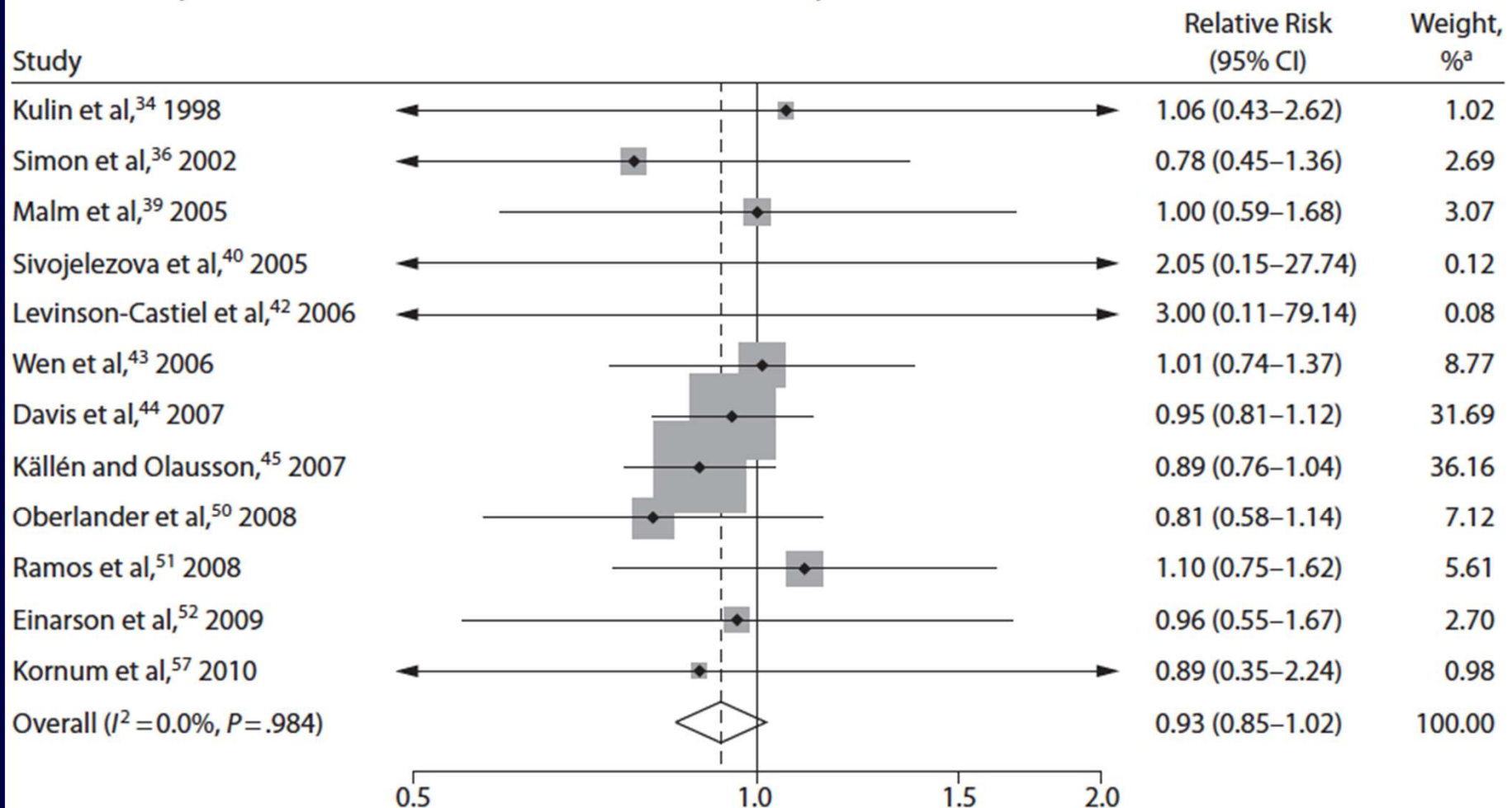
|                    | Trimester     |               |              |
|--------------------|---------------|---------------|--------------|
|                    | First         | Second        | Third        |
| Any antidepressant | 18273         | 13039         | 9721         |
| SSRI               | 15403 (84.29) | 11370 (87.20) | 8641 (88.89) |
| Citalopram         | 6657 (36.43)  | 4306 (33.02)  | 2850 (29.32) |
| Escitalopram       | 1539 (8.42)   | 722 (5.54)    | 344 (3.54)   |
| Fluoxetine         | 3898 (21.33)  | 3618 (27.75)  | 2927 (30.11) |
| Paroxetine         | 1779 (9.74)   | 1164 (8.93)   | 816 (8.39)   |
| Sertraline         | 3059 (16.74)  | 2565 (19.67)  | 2328 (23.95) |
| TCA                | 1101 (6.03)   | 748 (5.74)    | 479 (4.93)   |
| Amitriptyline      | 578 (3.16)    | 292 (2.24)    | 120 (1.23)   |
| Clomipramin        | 125 (0.68)    | 89 (0.68)     | 57 (0.59)    |
| Dosulepin          | 40 (0.22)     | 42 (0.32)     | 36 (0.37)    |
| Imipramin          | 61 (0.33)     | 32 (0.25)     | 15 (0.15)    |
| Nortriptyline      | 327 (1.79)    | 308 (2.36)    | 254 (2.61)   |
| Other              | 3039 (16.63)  | 1655 (12.69)  | 934 (9.61)   |
| Mianserin          | 270 (1.48)    | 113 (0.87)    | 57 (0.59)    |
| Mirtazapine        | 876 (4.79)    | 348 (2.67)    | 142 (1.46)   |
| Venlafaxine        | 1687 (9.23)   | 1109 (8.51)   | 703 (7.23)   |

*Plos One April 2013; 8: e63034*

# Antidepressant Exposure During Pregnancy and Congenital Malformations: Is There an Association? A Systematic Review and Meta-Analysis of the Best Evidence

*J Clin Psychiatry* 2013;74(4):e293–e308

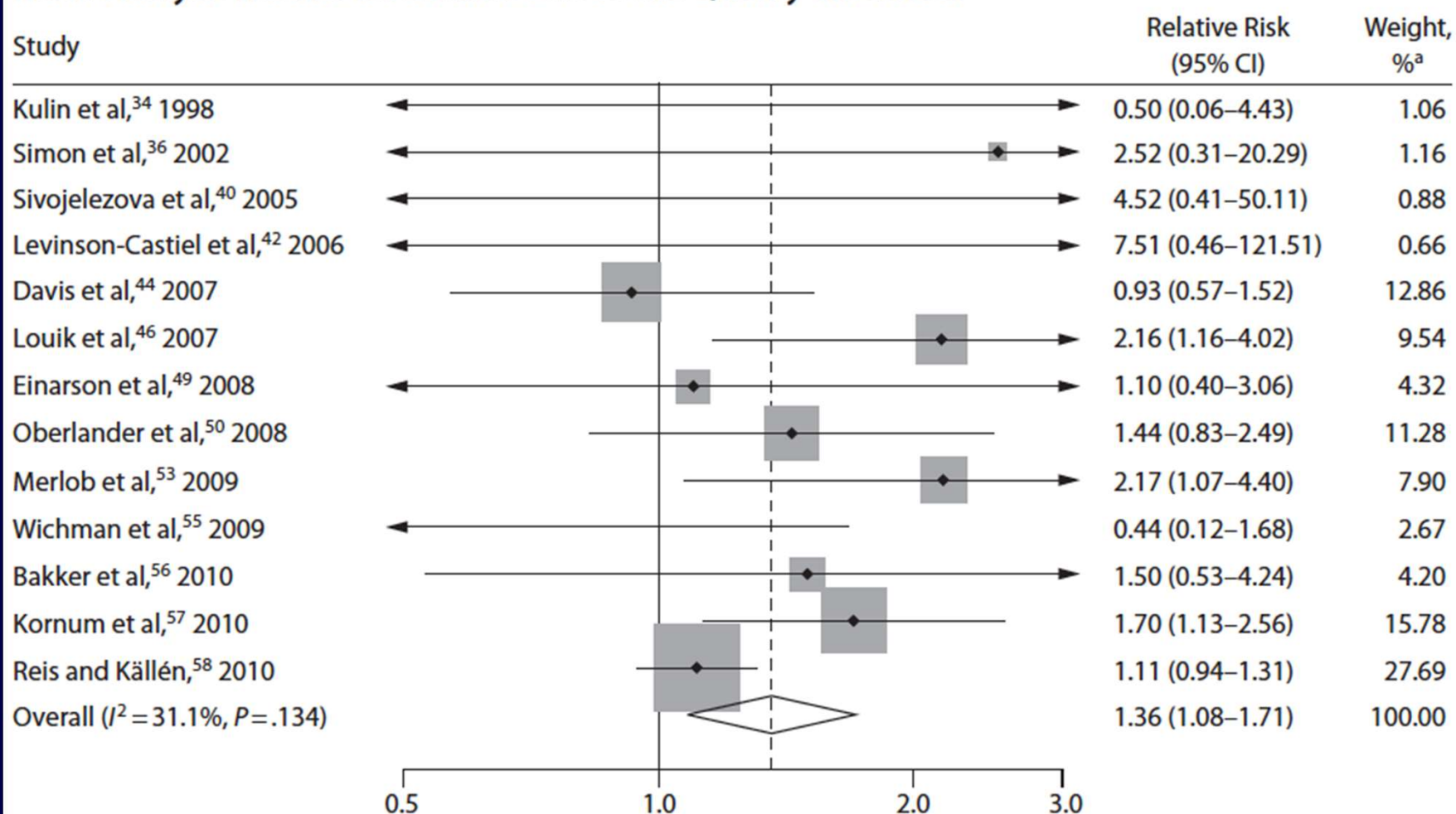
**Figure 2. Exposure to Any Antidepressant and the Risk of Congenital Malformations: Meta-Analysis Results for Studies Above the Quality Threshold**



# Antidepressant Exposure During Pregnancy and Congenital Malformations: Is There an Association? A Systematic Review and Meta-Analysis of the Best Evidence

*J Clin Psychiatry* 2013;74(4):e293–e308

**Figure 3. Exposure to Any Antidepressant and the Risk of Cardiovascular Malformations: Meta-Analysis Results for Studies Above the Quality Threshold**





# Antidepressant Exposure During Pregnancy and Congenital Malformations: Is There an Association? A Systematic Review and Meta-Analysis of the Best Evidence

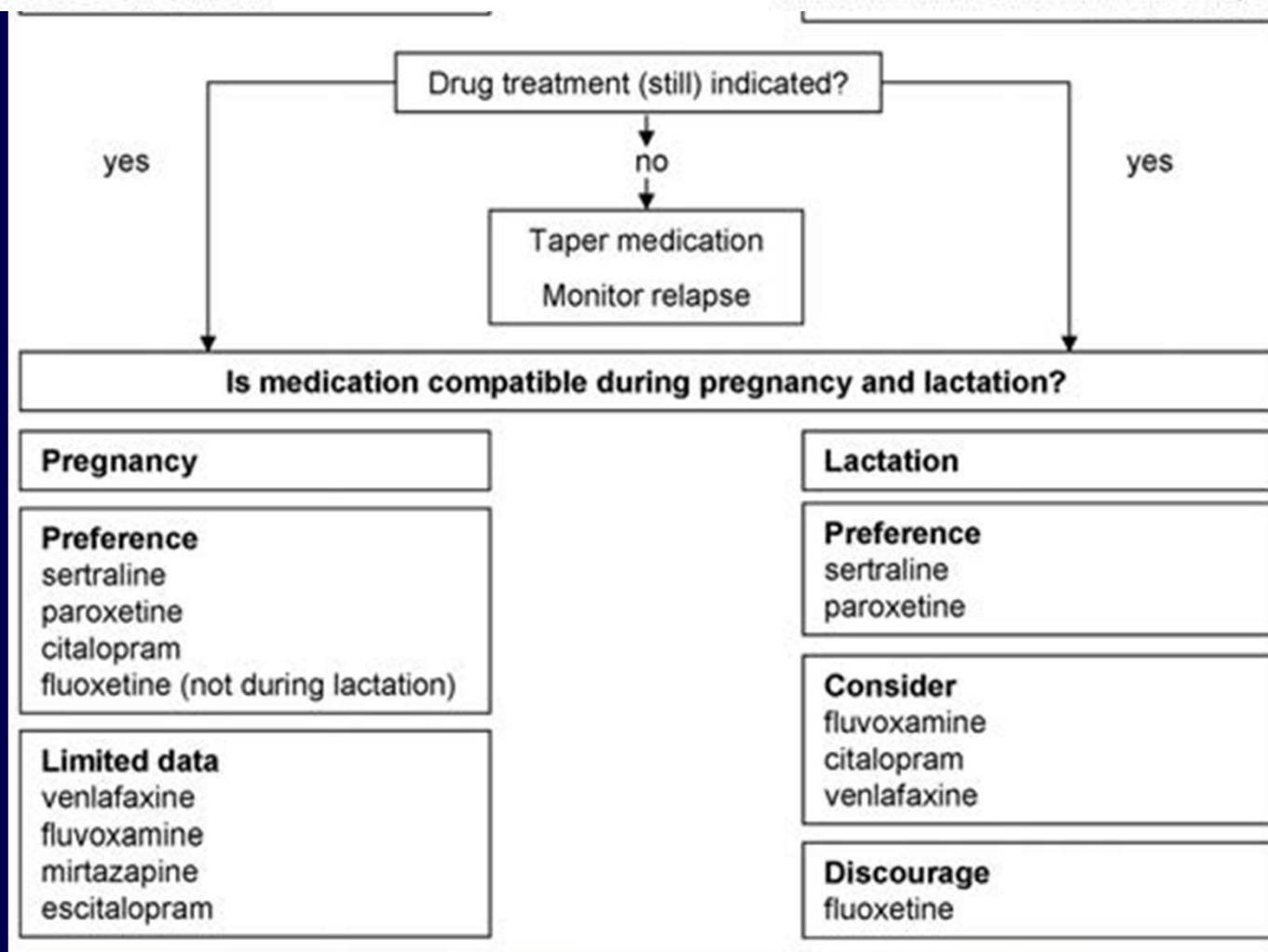
*J Clin Psychiatry* 2013;74(4):e293–e308

**Conclusions:** Overall, antidepressants do not appear to be associated with an increased risk of congenital malformations, but statistical significance was found for cardiovascular malformations. Results were robust in several sensitivity analyses. Given that the RRs are marginal, they may be the result of uncontrolled confounders. Although the RRs were statistically significant, none reached clinically significant levels.

# Maternal use of SSRIs, SNRIs and NaSSAs: practical recommendations during pregnancy and lactation

S D Sie,<sup>1</sup> J M B Wennink,<sup>2</sup> J J van Driel,<sup>2,3</sup> A G W te Winkel,<sup>4</sup> K Boer,<sup>5</sup> G Casteelen,<sup>6</sup>  
M M van Weissenbruch<sup>1</sup>

*Arch Dis Child Fetal Neonatal Ed* 2012;**97**:F472–F476.



# Maternal Medication, Drug Use, and Breastfeeding

$$\text{Relative Infant Dose (RID)} = \frac{\text{Dose.infant} \left( \frac{\text{mg}}{\text{kg day}} \right)}{\text{Dose.mother} \left( \frac{\text{mg}}{\text{kg day}} \right)}$$

Rowe et al, *Child Adolesc Psychiatric Clin N Am* 2015; 24: 1-20

**Table 1**  
Antidepressants and reported levels in breast milk

| Antidepressant                                  | Relative Infant Dose (RID) % | Comments   |
|---|------------------------------|--|
| Selective Serotonin Reuptake Inhibitors (SSRIs) |                              |  |
| Citalopram                                      | 3.6 <sup>90</sup>            | Compatible: SSRIs are recommended first-line agents for depression and anxiety, and are suitable when breastfeeding. There have been 2 cases of excessive somnolence, decreased feeding, and weight loss with citalopram; however, most new data suggest these side effects are rare. <sup>91,92</sup> Fluoxetine has been reported to cause colic, fussiness, and crying <sup>93,94</sup> |
| Escitalopram                                    | 5.3 <sup>95</sup>            |  |
| Fluvoxamine                                     | 1.6 <sup>8</sup>             |  |
| Fluoxetine                                      | 5–9 <sup>93,94</sup>         |  |
| Sertraline                                      | 0.54 <sup>7</sup>            |  |
| Paroxetine                                      | 1.4 <sup>9</sup>             |  |
| Serotonin Norepinephrine Reuptake Inhibitors    |                              |  |
| Venlafaxine                                     | 8.1 <sup>96</sup>            | Compatible: No adverse events reported in breastfed infants with these 3 medications   |
| Desvenlafaxine                                  | 6.8 <sup>97</sup>            |  |
| Duloxetine                                      | 0.1 <sup>98</sup>            |  |

|               |         |
|---------------|---------|
| Ac. valproico | 1.4-1.7 |
| Carbamazepina | 5.9     |
| Litio         | 30.1    |
| Lamotrigina   | 9.2     |

# **Depression in pregnancy: time to stop terrifying pregnant women.**

*J Popul Ther Clin Pharmacol. 2012;19(3):e369-70.*

Recent studies have powerfully demonstrated that women with depression, whether treated with SSRIs or skip treatment, report double risk of cardiovascular malformations.

Yet, physicians and epidemiologists continue to terrify women who are at serious life threatening risks if not treated pharmacologically, with non evidence-based information.

This paper calls for immediate stop of such practice.

La comprensione,  
il supporto,  
l'aiuto sono spesso sufficienti,  
ma in alcuni casi  
il trattamento farmacologico  
è necessario



Non è una colpa avere la depressione

Non avere paura Chiedi aiuto

## Focus on Women's Mental Health

### Perinatal Psychiatry: An Emerging Specialty

1. Has the time come for a recognized specialty in Perinatal Psychiatry ?
2. Or is the information available adequately disseminated and understood to support the treatment of perinatal women more broadly ?

*Marlene Freeman, J Clin Psychiatry 2014; 75: 1087-86*

## Focus on Women's Mental Health

### Is Perinatal Psychiatry a Needed Specialty?

#### 1<sup>a</sup> fase

Several health care providers are involved in recognizing and managing mental disorders in the perinatal period: social workers, nurses, gynecologists, psychologists, pediatricians, general practitioners, and psychiatrists. All of these health care providers should receive adequate training, provided by a specialized multidisciplinary team, that would include acquisition of the growing amount of evidence-based findings on perinatal psychiatry.

## Focus on Women's Mental Health

### Is Perinatal Psychiatry a Needed Specialty?

#### 2<sup>a</sup> fase

Once the available information is adequately disseminated, perinatal mental health care would not require a specialized team for the majority of women, particularly those with mild-to-moderate depressive and anxiety disorders, which seldom need intensive treatment,<sup>3,4</sup> and those with mental distress induced by negative life events, lack of social support, and domestic violence. Since these latter risk factors do not occur only in the perinatal period, they can usually be managed by nonspecialized mental health care providers.

## Focus on Women's Mental Health

### Is Perinatal Psychiatry a Needed Specialty?

#### 2<sup>a</sup> fase

In contrast, a specialized multidisciplinary team should be involved in the management of severe mental disorders occurring in the perinatal period. Therefore, women with disorders other than mild-to-moderate anxiety and depressive disorders should be referred to a multidisciplinary team specialized in perinatal psychiatry. One of the components of this team should be a psychiatrist particularly versed in the pharmacologic treatment of mental disorders in the perinatal period.