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Perspective

A Short Note on Affective Instability in Pregnant and Post-Partum Women

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DESCRIPTION

The transition to maternity often represents a time when women are more likely to develop mood-related disorders such as anxiety, depression and Affective Instability (AI). The hormonal fluctuations that occur during this period are known as the main cause of mood-related symptoms and anxiety. Over the last few decades, pregnancy and postpartum depression and anxiety have been extensively studied for their potential adverse effects on mothers and the physical and mental health of their offspring. For example, during the perinatal period, women with depression and/or anxiety may experience somatic and withdrawal symptoms, use substances, and are more likely to experience complications during labor or childbirth. You are less likely to attend the perinatal class and regular inspections that protect a nutritious diet. In addition, prenatal depression and anxiety are associated with adverse neonatal outcomes such as underweight, Small for Gestational Age (SGA), preterm birth, and decreased APGAR scores. A significant association between postpartum depression and child internalization and externalization psychopathology was documented in a meta-analysis study, but prenatal depression is associated with increased difficulty in externalization and decreased cognitive function in children. Prenatal anxiety is positively associated with behavioral and emotional problems in the child, and postpartum anxiety adversely affects the child's temperament, sleep, and cognitive development [1]. However, despite the fact that mood swings are a hallmark of pregnant and postpartum women so AI has been largely ignored. Mood instability is defined as a sudden and extreme change in a person's mood over time. Due to lack of definition agreement, AI is sometimes used interchangeably with mood dysregulations, affective instability, affective dysregulations, and mood swings. As a cross-diagnostic concept of mental health, the prevalence of AI in the adult population is estimated to be 13.9 in the UK Psychiatric Prevalence Survey. Psychological function studies show that emotional experiences, including negative emotions and neurosis, are associated with AI, but the literature is a clinical sample of AI including the general population, anxiety and depression. It supports the notion of correlating with the psychopathology of AI and also it has been identified as an independent predictor in explaining suicidal ideation in censuses.

Descriptive statistics

Descriptive statistical analysis was performed to summarize the characteristics of the participants. We calculated the percentage of women above the Affective Liability Scale-18 (ALS18) average, above the DASS21 subscale thresholds for depression, anxiety, and stress, and above the MSPPS average. Group-specific descriptive statistical analysis was also performed to account for AI levels in all pregnant and postpartum women. Cronbach's α was calculated to assess the internal reliability of all measurements [2].

Co-relation of perinatal AI with anxiety and depression

To investigate the association between AI and depression, and between AI and anxiety, we use binary logistic regression analysis to social population such as depression, anxiety, marital status, ethnicity, education level, and family finances. Generated univariate odds ratios associated with each independent variable, including statistical variables from the situations like history of depression, history of anxiety, family history of mental illness, stress, social support, pregnancy or work/childbirth during complications like premature birth, and overall health of the baby. In univariate analysis, multinomial logistic regression was used for the variable $p \leq 0.25$. ALS18 is based on three aspects: anxiety/depression changes, depression/uplifting changes, and anger [3]. A linear regression analysis was performed to investigate the relationship between each dimension of ALS18 and current depression or anxiety.

Analysis

The first major finding in this study was that perinatal AI was strongly and independently associated with depression and anxiety. Our results reproduce previous studies in the general and clinical populations and fill the study gap between AI and anxiety and the relationship between anxiety and AI medical history during perinatal period. Find out the relationship

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between AI and depression in pregnant and postpartum women. This is the first known study to investigate the relationship between AI in perinatal women and depression and anxiety using validated equipment. Previous studies found that the history of depression or anxiety was identified as the strongest predictor of current depression or anxiety in both the perinatal and non-perinatal populations, respectively. Current depression and anxiety were significantly associated with the ALS18 factor depression/anxiety shift and depression/enthusiasm shift. This association can be explained by a high comorbidity of depression and anxiety, mild manicure as a core symptom of depression, AI, and a strong genetic correlation between depression and anxiety [4]. The results are also consistent with the results of previous studies suggesting that the emotional experience of perinatal women may be presented in an unstable manner. In addition, this study supports the idea that depression is associated with the anger of the ALS18 factor, which is a hallmark of depression and plays an essential role in the development of depression.

CONCLUSION

During the perinatal period social support should be given to the mother to prevent the risk of the development of mood and anxiety symptoms or to prevent the alleviation of the symptoms. Furthermore, interpersonal violence during the perinatal period and its negative impact on maternal mental health should be taken to notice to reduce the impact. There are not adequate studies on relationship between interpersonal violence and Affective Instability in pregnant and postpartum women. Further studies required to explore the relation between perinatal AI and interpersonal violence. There are several limitations in this, including possible misrepresentations of online recruitment methods, and the composition of participants. As a characteristic of AI, temporarily indicates that the AI experience can change throughout the day, so the cross-sectional design of current research may not accurately capture the AI experience. The results of this recent study show a strong independent association between perinatal AI and depression, and between perinatal AI and anxiety, a way in which the emotional experience of perinatal women is unstable. Therefore, in order to improve the mental health of the mother, AI should be included in perinatal emotional experience research and clinical practice. Further research is needed in this little-explored area.

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