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Editorial: Major depressive disorder: Post-Partum Depression

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Editoral

Depression is a leading cause of disability worldwide, with postpartum depression affecting mothers, their children and partners worldwide as a long-standing public health concern. While women with mood disorders are effectively treated with pharmacotherapy or psychotherapy, psychotherapy is three times more common than medication. Many postpartum depression women remain untreated, with less than 20 percent seeking care. Therefore, to increase equal access and results, new approaches to care delivery are required, including the use of non-specialist health professionals, such as nurses, who can be qualified to provide appropriate psychotherapy in mental health services [1].

Post-Partum Depression is a major depressive episode, but outside the perinatal period, its underlying pathophysiology is thought to share certain characteristics with major depressive episodes. For example, acute, chronic, and even past stress is strongly linked to the development of major depressive disorder (MDD), and MDD is associated with the activation of stress pathways, including the HPA axis. While certain parallels between the disease mechanisms of PPD and MDD, due to the physiology associated with pregnancy and childbirth, both types of depression remain radically different from each other. A blunting of the stress-induced activation of the HPA axis is usually associated with pregnancy [2].

At least one of the first two following symptoms and at least five symptoms overall over a single two-week period are needed to diagnose a major depressive episode: depressed mood, lack of interest or enjoyment in all/almost all activities, weight loss, insomnia or hypersomnia, psychomotor agitation or retardation, tiredness, feelings of worthlessness or remorse, decreased ability to think/concentrate.

Women experiencing postpartum depression need services that are timely, appropriate and available. This is the first large RCT for the treatment of postpartum depression to test nurse-provided telephone IPT. Within a year, about half of untreated people diagnosed with major depression will undergo spontaneous remission [3]. While the usage of the health service and the use of antidepressants is comparable across groups, the degree to which women in the control group received or were on health care waiting lists is unknown. Importantly, the long duration of depression is unremitting. Since untreated PPD leaves women and their children vulnerable to numerous short-term and long-term negative consequences, increased knowledge of risk factors for PPD helps increase maternal and child outcomes and minimize the harm done by the motherhood-stealing thief.

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