Implications of Treatment for Perinatal Generalized Anxiety Disorder on Postpartum Depression

Background
- Generalized anxiety disorder (GAD) consists of two classic, generalized symptom clusters: excessive worry and uncontrollable anxiety.
- Perinatal depressive and anxiety disorders are common with at least 8% experiencing GAD during pregnancy.
- Untreated GAD has damaging effects on both mother and infant including cognitive and behavioral impairment.
- As the use of pharmacological interventions in pregnancy are controversial, there appears to be uncertainty regarding the most appropriate interventions for management of perinatal anxiety. Since a potential link between interventions for management of perinatal behavioral impairment. Women suffering from anxiety disorders during pregnancy are more likely to have “intense postnatal depressive symptoms”. (LOE: II)

PICO Question
In women, what is the effect of treatment (therapy and/or medication) on GAD compared with non-treatment during the perinatal window on the development of postpartum depression?

Search Strategy
Search Databases: Google Scholar, PubMed [NCBI], CINAHL [via EBSCO]
Key Words: anxiety, perinatal, pharmacologic, non-pharmacologic, postpartum depression

Results
- Women who were given prophylactic treatment 3 days postnatal with SSRIs experienced reduction of depressive and anxious symptoms. (LOE: II)
- 17-week trial of Sertraline immediately following birth reduced the rate of recurrence of postpartum depression and increased the time of recurrence. (LOE: I)
- Women who were given probiotic, Lactobacillus rhamnosus (HN001), which is not contraindicated periortally, during pregnancy until 6 months postpartum reported significantly lower depression and anxiety scores. (LOE: I)
- 8 weeks of partner-delivered chair massage helped improve perinatal moods and anxiety. (LOE: II)
- Mindfulness-integrated cognitive behavioral therapy showed to help alleviate anxiety and depression in pregnant women. (LOE: I)
- Women who suffered from anxiety disorders during pregnancy are more likely to have “intense postnatal depressive symptoms”. (LOE: II)
- Discontinuation of antidepressant treatment during pregnancy increased the risk of depression (LOE: III)
- There are no consistent differences in risk level for birth weight outcomes, spontaneous abortion and preterm birth associated with the use of antidepressants during pregnancy in mothers with depression. (LOE: I)
- There is evidence to suggest a correlation between perinatal anxiety and depression with preterm birth and low birth weight. (LOE: I)

Summary
- Both pharmacological and non-pharmacological interventions such as cognitive behavioral therapy and other alternative treatments are effective at reducing perinatal anxiety and depression.
- There is no significant risk for preterm birth or low birth weight in women who use antidepressant drugs during gestation
- There appears to be greater fetal risks associated with not treating depression and anxiety in pregnant women compared to treating depression.

Conclusions/Further Study
- The need for a definition of perinatal GAD in DSM criteria
- An increased need for screening for perinatal anxiety and depression in at-risk patients
- Further research for perinatal anxiety specifically, the birth outcomes associated with use of perinatal antidepressant treatment, and the correlation between perinatal anxiety and onset of PPD

References