

POSTPARTUM DEPRESSION

Dear Dr. K.,

My sister had a baby about nine months ago and then became pretty depressed. We all initially thought that this was the 'baby blues.' But she has continued to be depressed. Should we be doing something? Is this normal?

M.J.

Dear M.J.,

I am assuming that your sister's depression is affecting her daily life and that is why you and your family are so concerned. To continue to be depressed for several months is not normal whether a person has delivered a baby or not. What you sister is experiencing sounds more like postpartum depression than what we normally think of as the 'baby blues.'

We usually think of the baby blues as occurring right after delivery and lasting a few days to a week or two. The baby blues occur very frequently (in seven out of ten new mothers) and often happen on the third or fourth day after delivery. This emotional letdown generally does not interfere with daily functioning. A woman can experience crying for no reason, irritability, restlessness and anxiety, but the symptoms should not be too intense or last for any long period. The symptoms can be further worsened as the new mother feels guilty about feeling this way during what should be one of the happiest times in her life.

Both the baby blues and postpartum depression are caused by the profoundly rapid and intense changes in the female hormones (estrogen and progesterone) plus thyroid hormone after delivery. It appears that some women are more sensitive to these abrupt physical changes (along with the bodily stress and exhaustion that comes after labor) and have a more severe episode of the 'blues' which is postpartum depression. Postpartum depression can run in families with women who have severe premenstrual syndrome more likely to have it.

About one out of ten new mothers experience postpartum depression to some degree. If a woman has had postpartum depression in the past, it increases the likelihood that it will recur. Mostly, the symptoms occur early after delivery, but they can happen several months later.

The symptoms, which can be mild to severe) include:

- Sluggishness
- Fatigue
- Exhaustion
- Feelings of hopelessness or depression
- Disturbances of appetite and sleep
- Confusion

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- Uncontrollable crying
- Lack of interest in the baby
- Fear of harming the baby or oneself
- Mood swings---highs and lows

Very frequently, since the woman, despite her feeling of love, has a lessened interest in her child and feels guilty and ashamed.

Women who have had other types of anxiety problems such as panic disorder or obsessive-compulsive disorder (OCD) might have a resurgence of the symptoms associated with these problems. I have had some patients who have had OCD and kept having recurrent thoughts about hurting her child. As you can imagine, this caused her great distress with her OCD symptoms being the main focus of treatment as well as supporting her.

The worst situation by far is the woman who becomes not only depressed but also psychotic. In this situation, a new mother can hear voices in her head. These hallucinations could exhort the woman to harm or even kill her child with the tragedy of infanticide occurring.

The risk of postpartum episodes with these severe symptoms is particularly increased for women with prior postpartum mood episodes but especially elevated for those with a history of mood problems like recurring depression or manic-depression (bipolar disorder).

Your sister's depression needs to be taken very seriously. Generally, a combination of psychotherapy and medication can reduce these symptoms.

The psychotherapy addresses how she is feeling and attempts to help the woman understand the physical process occurring and lessen self-blame. The medication is usually an antidepressant. For more serious situations where psychosis is involved, the person may have to be admitted to a hospital and would certainly receive medication for psychosis (a departure from reality).

Ideally, the woman with postpartum depression would receive:

- A medical examination to make sure there are no medical problems
- A psychiatric examination
- Psychotherapy
- Possible medication (depending on how bad the symptoms are)
- A support group

It is very important that women being seen for postpartum depression continue with treatment even if they feel better. Premature stopping of treatment will cause symptoms to recur.

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If a woman has had postpartum depression in the past, she is usually treated for this problem as delivery approaches to ward the possibility of a recurrence.

A woman with postpartum depression who tried, unsuccessfully, to kill herself, wrote the following letter:

"Dear Bob (*husband/not real name*),
I tried to find the best time to leave this world but there
just is not the right time. I've tried to prepare you
for this act and hope that I have. I will always
be with you. Please do not mourn me. The only thing
that I regret is that I could not take
Andrew (*her son/not real name*) with me but
I know that you'll take care of him.
Love,
Justine (*not real name*)

Talk with your sister's husband and plan with him how you will get your sister help immediately. That means today.

Dr. K