Response to “Screening depression during and after pregnancy using the EPDS”

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Dear Editor, dear Dr. Kim,

Thank you for pointing out the important issue [1] of depression in obstetrics by the comparison of these two studies [2, 3]. Although both studies were carried out in different countries and were analyzed by different statistical methods, both studies add to the evidence that low socioeconomic status increases depressive symptoms during and after pregnancy. Initial results of our group also showed higher depression rates for the prepartal than the postpartal period. Helplessness and loss of control during birth were both associated with higher depression rates in the postpartum period [4]. Furthermore, delivery mode and genetic polymorphisms could be identified as potential risk factors for the development of peripartal depression [5–7]. Therefore, these factors can be useful for identifying women who should be offered an intervention to prevent possible negative effects on the mother or child.

References

1. Lee HH, Kim TH (2014) Screening depression during and after pregnancy using the EPDS. Arch Gynecol Obstet doi:10.1007/s00404-014-3334-1
2. Ryu A, Kim T, Lee H (2010) Evaluation of risk factors for the postpartum depression with Edinburgh Postnatal Depression Scale (EPDS) Score. Korean J Perinatol 21:74–80
3. Hein A, Rauh C, Engel A et al (2014) Socioeconomic status and depression during and after pregnancy in the Franconian Maternal Health Evaluation Studies (FRAMES). Arch Gynecol Obstet 289:755–763
4. Goecke TW, Reulach U, Lux MP et al (2009) Pre-, peri- and postpartum depression. Implications for clinical practice. Findings from FRAMES (Franconian Maternal Health Evaluation Studies). Geburtsh Frauenheilk 69:740–741
5. Mehta D, Quast C, Fasching PA et al (2012) The 5-HTTLPR polymorphism modulates the influence on environmental stressors on peripartum depression symptoms. J Affect Disord 136: 1192–1197
6. Fasching PA, Faschingbauer F, Goecke TW et al (2012) Genetic variants in the tryptophan hydroxylase 2 gene (TPH2) and depression during and after pregnancy. J Psychiatr Res 46: 1109–1117
7. Rauh C, Beetz A, Burger P et al (2012) Delivery mode and the course of pre- and postpartum depression. Arch Gynecol Obstet 286:1407–1412

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