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LETTER TO THE EDITOR

Postpartum depression and comorbid disorders: frequency and relevance to clinical management

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Dear Editor,
Postpartum depressive disorder (PPD) is a common, disabling, costly, and treatable mental health disorder. However, it is frequently unrecognized and therefore not treated. The effects can be devastating for the entire family, affecting marital relationship (Roux et al. 2002) and newborn development (Brockington 2004). Recent publications in this journal reported on two important issues relevant to perinatal depression: the identification of at risk groups and the use of screening tools to identify postpartum depressive symptoms.

Karatas et al. (2009) reported preliminary results of the adoption of a Routine Comprehensive Psychosocial Assessment [used during pregnancy] at a public hospital in Sydney in 2000. This tool identified "low risk" women who later developed depressive symptoms postpartum. Brooks et al. (2009) also from Australia suggested that the use of perinatal screening protocols to detect depressive symptoms in the postpartum period must be extended to a period over 13 weeks after delivery due the persistence of symptoms.

Recently, we conducted a study focused on postpartum mental health and we report here on a third issue, which we think is also of interest in this field: the identification of comorbid psychiatric disorders in women with PPD.

To examine the coexistence of PPD and other psychopathologies we randomly selected 20% of all women who gave birth at Maternidade Santa Fé (Belo Horizonte, Brazil) between August 2005 and December 2006. A total of 245 subjects between the ages of 16 and 50 years (mean ± SD: 30,7±5,8) completed the Edinburgh Postpartum Depression Scale (EPDS) and a structured psychiatric interview (MINI PLUS 5.0), based on DSM-IV criteria. We considered the diagnosis of PPD when both conditions were present: a score of ≥13 on the EPDS and a positive MINI PLUS 5.0 diagnosis. Subjects were assessed at around 8 weeks after delivery.

45 women (18% of the whole sample) fulfilled the above mentioned criteria and qualified for the diagnosis of PPD. 42 of these 45 women had at least one additional psychiatric disorder and 34 of them had at least two other psychiatric disorder. The most significant increase in comorbidities in the PPD group in comparison to women without PPD included Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Social Phobia and Agoraphobia.

Our data suggests that the correct treatment of PPD has to consider both the duration and magnitude of depressive symptoms as well as the presence of other associated psychopathologies in order to choose the best effective therapy.

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