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Research paper

What do dads want? Treatment preferences for paternal postpartum depression

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ABSTRACT

Background: Postpartum depression (PPD) is prevalent, occurring in 8 to 13% of new fathers. Identifying effective and acceptable treatments for paternal PPD is important to prevent negative family outcomes. Participation in a patient preferred treatment for depression increases treatment adherence and effectiveness. Thus, developing and delivering interventions that are preferred by the target population is an important aspect of successful treatment. The current study investigated treatment preferences for paternal PPD.

Methods: Men (N=140) who were within the first year postpartum were recruited from low-risk maternity clinics, baby shows, and partner referrals. Participants completed a 20-minute online survey that included three expert validated treatment descriptions for depression and a series of questionnaires.

Results: Participants reported preferring individual and couple psychotherapy to pharmacotherapy for treatment of PPD. Men perceived both individual and couple psychotherapy as being more credible and reported more favourable personal reactions towards them when compared to pharmacotherapy.

Limitations: Participants were not required to meet diagnostic criteria for depression. The majority of participants were asked to respond to a hypothetical scenario of what they would do if faced with PPD.

Conclusions: These findings suggest that fathers prefer psychological interventions over pharmacotherapy for treatment of PPD. Future research should investigate efficacious treatment options for paternal PPD based on treatment preferences.

1. Introduction

Postpartum depression (PPD) is a well-documented health concern, but attention to this disorder has traditionally focused on new mothers (Wee et al., 2011). Recent studies investigating PPD have led to increased awareness that paternal PPD is a widespread health concern with prevalence estimates ranging from 8% to 13% (Cameron et al., 2016; Paulson and Bazemore, 2010). While approximately 5% of men in the general populace experience depression (Kessler et al., 2003; National Institute of Mental Health, 2015), prevalence of depression nearly doubles during the first year of fatherhood (Cameron et al., 2016; Madsen and Juhl, 2007; Paulson and Bazemore, 2010). Paternal PPD not only adversely impacts the individual, it is also negatively associated with child cognitive, emotional, and behavioral development (Ramchandani et al., 2008). In addition, paternal PPD is adversely associated with the intimate partner relationship and partner mental health such that a diagnosis of paternal PPD increases the likelihood a man's partner will also develop PPD (Dudley et al., 2001; Goodman, 2004; Paulson and Bazemore, 2010). Further, when paired with maternal PPD the probability that a child will develop a psychiatric disorder increases exponentially (Ramchandani et al., 2008). Due to the high prevalence rate of PPD in fathers and the potential consequences for children and families, it is important to examine treatment options for paternal PPD.

Extant research has shown that patients who participate in their preferred treatment method are more likely to see outcome improvements (Patel and Wisner, 2011; Swift and Callahan, 2009). In other words, knowing which treatment methods men prefer may assist healthcare professionals to better target father specific needs, potentially yielding better treatment outcomes. Although some research indicates that patient preferences have minimal influence on depression severity in clinical settings (Gelhorn et al., 2011), a recent meta-analysis on treatment preference outcomes found that individuals in the general populace who received his or her preferred method of treatment for depression had a 58% chance of showing greater improvements and were half as likely to drop out of treatment

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compared with patients who did not receive preferred treatment methods (Swift and Callahan, 2009). Treatment preference may also be associated with other important outcomes, such as increasing the likelihood of seeking treatment and developing a strong therapeutic alliance (Gelhorn et al., 2011). Swift and Callahan's (2009) meta-analysis further exemplified that individuals with access to their preferred treatment choice were more likely to seek help in the first place. Thus, developing and delivering treatments that are preferred by a target population is an important aspect to successful treatment outcomes.

Research investigating the predictors and correlates of paternal PPD has reported that men have a related yet unique set of risk factors compared to women who develop PPD (Wee et al., 2011). Some of the most influential factors for developing PPD include a history of depression (Goodman, 2004; Wee et al., 2011), low social support (Boyce et al., 2007; Condon et al., 2004), low relationship satisfaction (Buist et al., 2003; Wee et al., 2011) and maternal PPD (Paulson and Bazemore, 2010; Goodman, 2004). Although depression in men outside of the postpartum period is often treated with individual therapy or pharmacotherapy (Dwight-Johnson et al., 2013), some literature suggests that the intimate partner relationship during the transition to parenthood is especially important to men and partner-involved treatment may be a prime target for intervention (Wittenborn et al., 2012; Cochran and Rabinowitz, 2003; Kendler and Thornton, 2001). For instance, a study conducted among Australian fathers found that men who participated in a 6-week group intervention program, which was developed for men whose partner was experiencing PPD, reported lower levels of depression and stress and increased levels of social support compared to preintervention measures (Davey et al., 2006). Improving intimate partner relationships may be an important and desirable intervention objective for men experiencing depression during the postpartum period. However, the limited qualitative literature on paternal treatment preferences in the postpartum indicates that individual therapy may be the preferred method of treatment (Letourneau et al., 2012). Clear treatment preferences for paternal depression are necessary to best inform intervention development and delivery.

There are several evidence-based treatment methods for depression that span the areas of individual psychotherapy (Jacobson et al., 1996), couple psychotherapy (Wittenborn et al., 2012), and pharmacotherapy (Kornstein et al., 2000). These include cognitive behavioral therapy (CBT), behavioral couple therapy (BCT), and antidepressant medication. According to the Canadian Network for Mood and Anxiety Treatments (CANMAT), CBT is one of two recommended approaches to individual psychotherapy for both acute and maintenance phases of major depressive disorder (Parikh et al., 2009). However, CBT is the most studied psychotherapy for depression with consistent findings to support its effectiveness (Cuijpers et al., 2013). The extant literature suggests that couple psychotherapy is as effective in reducing depressive symptoms as individual treatments, and it is more effective in improving relationship adjustment, a commonly co-occurring issue (Barbato and D'Avanzo, 2008). More specifically, BCT has been found to be as efficacious as the gold standard intervention (i.e., CBT) for the treatment of depression (Whisman et al., 2012). Despite what is known about these interventions in the general population, no study has examined men's preferences for any of these treatments during the transition to parenthood. According to a recent meta-analysis, studies evaluating treatment preferences for depression in the general population tend to report a preference for psychological treatment over medication (McHugh et al., 2013). However, the majority of studies have investigated treatment preference within a primary care population outside of the postpartum period. Further, these studies tend to include both men and women (e.g., Kwan et al., 2010; Kocsis et al., 2009) and are often older adults (e.g., Lin et al., 2005; Unützer et al., 2003), whereas the average age of new fathers in Canada is 29 years according to the 2006 census (Statistics Canada, 2012). Although the limited literature in this area focuses on the general populace, there is evidence to suggest that several factors may play a role in treatment preference in the postpartum. For instance, a study in primary care patients reported that older men age 60–64 were 1.64 times more likely to choose pharmacotherapy over psychotherapy compared to younger men, suggesting that treatment preference may differ as a function of age (Dwight-Johnson et al., 2013). Interestingly, men were more inclined to participate in psychotherapy if the treatment included family involvement, suggesting that in primary care patients family plays an important role in treatment preference (Dwight-Johnson et al., 2013). There is also some suggestion that ethnicity may predict treatment preference in men. A study of Caucacian and Mexican American men reported that, on average, Caucasian men reported a preference for medication while Mexican men indicated a preference for counseling for treatment of depression (Dwight-Johnson et al., 2013). Similarly, a second study found that, compared to Caucasian men, Mexican American, African American, and Asian/Pacific Islanders were more likely to prefer counseling to medication (Givens et al., 2007). The limited literature on treatment preferences in the general male populace suggests that multiple factors may influence treatment selection for fathers.

To date, the literature examining treatment preferences during the transition to parenthood has exclusively focused on the maternal experience. Results of several studies show that women report a preference for psychotherapeutic methods to pharmacotherapy for the treatment of depression (Arch, 2014; Battle et al., 2013; Dennis and Chung-Lee, 2006; Goodman, 2009; Udechuku et al., 2010). The preference for psychotherapy has been widely attributed to maternal concerns related to the teratogenicity of antidepressants, a concern that would presumably not extend to paternal health (Battle et al., 2013; Byatt et al., 2013; Udechuku et al., 2010). Yet research on paternal experiences in the postpartum suggests that interpersonal factors may have a notable influence on treatment preference (Habib, 2012; Letourneau et al., 2012). A review examining coping strategies and treatment of paternal PPD suggested that treatment of paternal PPD should incorporate and target family and social factors as well as individual interventions (Habib, 2012). The interpersonal risk and resilience factors associated with paternal PPD, such as relationship satisfaction and social support, may result in men showing a preference of psychotherapy over pharmacotherapy during the transition to parenthood. For example, men who are experiencing high interpersonal conflict and depressive symptoms may prefer an interpersonal-based solution over medication for treatment of depression.

Research has shown that the presence of maternal PPD, paternal social support, and paternal relationship satisfaction may have a role in the development, presentation, and treatment of paternal PPD (Boyce et al., 2007; Condon et al., 2004; Dudley et al., 2001; Freitas et al., 2016; Goodman, 2004; Schumacher et al., 2008). Specifically, higher materal depressive symptoms, lower social support, and lower relationship satisfaction are associated with increased risk of paternal PPD (Boyce et al., 2007; Condon et al., 2004; Dudley et al., 2001; Goodman, 2004; Schumacher et al., 2008). Research indicates that maternal depression can lead to marital discord and conflict, suggesting that maternal depression has an interpersonal component (Burke, 2003). A recent study also indicated that partner relationship and social support were strong protective factors against onset of paternal PPD (Freitas et al., 2016). While the extant literature suggests interpersonal risk and resilience factors are important considerations for interventions (Letourneau et al., 2012), little is known about whether these correlates influence treatment preference for paternal PPD. Paternal PPD may in fact differ qualitatively from the general male population with regard to treatment preferences supporting that investigation into this population is crucial.

A qualitative study with fathers indicated that the greatest barrier perceived by men was lack of knowledge of paternal PPD, which could result in inadequate assessment and detection of PPD in men