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Complementary and alternative medicine therapies for perinatal depression

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Complementary and alternative medicine therapies are increasingly sought out by people with psychiatric disorders. In this chapter, we review the evidence for several commonly used CAM therapies (i.e. omega-3 fatty acids, folate, S-adenosyl-methionine, St John's Wort, bright light therapy, exercise, massage, and acupuncture) in the treatment of perinatal depression. A number of these treatments may be reasonable to consider for women during pregnancy or postpartum, but the safety and efficacy of these relative to standard treatments must still be systematically determined. Evidence-based use of complementary and alternative medicine therapies treatments for perinatal depression is discussed. Adequately powered systematic studies are necessary to determine the role of complementary and alternative medicine therapies in the treatment of perinatal depression.

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Introduction

The lifetime prevalence of major depressive disorder (MDD) is about twice as high in women compared with men [1]. About 18–19% of women suffer from perinatal depression [2]. Untreated depression during pregnancy poses risks to the mother and baby, including obstetrical and neonatal complications [3–8]. Depression during pregnancy is a major risk factor for postnatal depression [9]. Postnatal depression has been associated with a broad negative effect on child development, including difficult infant and childhood temperament [4], attachment insecurity [10], and increased risk of developmental delay and lower IQ scores [11]. A substantial rate of suicide occurs postpartum, as maternal suicide accounts for up to 20% of postnatal deaths in depressed women [12].

Despite the risks of untreated perinatal depression, women often discontinue antidepressant treatment during attempts to conceive or during pregnancy. Safety and risk profiles of antidepressant use during pregnancy and lactation are increasingly being studied; however, women often seek treatment other than standard medications during pregnancy or while breastfeeding. In a recent UK study, more than one-quarter of women reported use of complementary and alternative medicine therapies (CAM) during pregnancy [13]. Therefore, an understanding of CAM therapies is important, as many women may seek CAM treatments for perinatal depression.

Complimentary and alternative medicine

Complementary and alternative medicine therapies refers to a diverse range of healthcare practices used for health promotion, disease prevention, and illness treatment that are not considered standard or established practices in western medicine. In general, women use CAM treatments more frequently than men, and are also more likely to suffer from disorders such as MDD and anxiety disorders, for which CAM treatments are commonly pursued [14]. Despite the growing prevalence of CAM use, the number of adequately powered, well-designed, randomised clinical trials of CAM treatments is limited. As CAM therapies include a large number of diverse modalities that have varying amounts of study, we have reviewed the following seven CAM therapies based on their prevalence of use and the availability of randomised, placebo-controlled data, with considerations for their use in women with unipolar depression during the perinatal period: omega-3 fatty acids, folate, S-adenosyl-methionine, St John's Wort, bright light therapy, exercise, massage, and acupuncture.

Omega-3 fatty acids

Omega-3 fatty acids are among the most commonly used CAM treatments in the USA [15]. Omega-3 fatty acids are essential fatty acids with well-established health benefits and particular benefits for obstetrical outcomes and infant development [16,17]. Eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) are two important omega-3 fatty acids found in fish. The American Heart Association recommends eating fish, especially fatty fish, at least twice a week. To optimise pregnancy outcomes and fetal health, consensus guidelines have recommended that pregnant women consume at least 200 mg of DHA per day [18]. The UK government recommends that adults consume two or more portions of fish a week, which corresponds to about 450 mg EPA plus DHA daily [19]. Recommendations for pregnant women include one or two portions of oily fish weekly [19] or 200 mg DHA per day [20]. The European Food Safety Authority recommends 250 mg EPA plus DHA daily for adults, with an additional 100–200 mg DHA a day during pregnancy [21]. Despite increased demand for omega-3 fatty acids during pregnancy, dietary intake by perinatal women in the US and UK has been noted as deficient, with dietary intake during pregnancy even more diminished in the US after US Food and Drug Administration issuances of mercury advisories regarding fish intake during pregnancy.

Omega-3 fatty acids have received the most rigorous study to date in randomised-controlled trials (RCTs) for adjunctive treatment of MDD. Meta-analyses of RCT demonstrate a statistically significant antidepressant benefit of omega-3 fatty acids in mood disorders overall, but heterogeneity in study designs and results have been reported, and they are best studied as an augmentation treatment [22–24] rather than monotherapy [25]. The Omega-3 Fatty Acids Subcommittee, assembled by the American Psychiatric Association, recommends that patients with a mood disorder should consume 1 g EPA