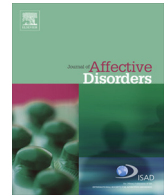




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Research report

Common mental disorders in women and men in the first six months after the birth of their first infant: A community study in Victoria, Australia



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ABSTRACT

Introduction: Studies of postpartum mental health have focused predominantly on women and on depression. There is limited evidence regarding men's postpartum mental health and about other common mental disorders, such as anxiety and adjustment disorders, which may also be relevant at this life phase. The main aim of this study was to establish the period prevalence of depression, anxiety, and adjustment disorders in primiparous women and their male partners in the first six months postpartum

Methods: English-speaking couples were recruited in five local government areas in Victoria, Australia. Women and men completed separate telephone interviews which included the Edinburgh Postnatal Depression Scale (EPDS) and selected Depression and Anxiety modules of the Composite International Diagnostic Interview. DSM-IV criteria were used to classify adjustment disorders, based on subclinical symptoms not meeting criteria for diagnoses of major or minor depression or generalised anxiety disorder. The main outcome was any common mental disorder (depression, anxiety or adjustment disorder) in the first six months postpartum

Results: Complete data were available for 172 couples. The 6-month period prevalence of mental health problems was 33% for women and 17% for men. The most common diagnosis in both women and men was adjustment disorder with anxiety symptoms

Limitations: Unpartnered women and men, women whose partners were not willing to participate and those who did not have sufficient English fluency to complete the interviews were excluded from the sample. The results of this study cannot be generalised to these populations.

Conclusion: The most common postnatal mental health problem in both women and men in this community sample was anxiety.

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1. Introduction

1.1. Expanding the view of "postnatal depression"

Postnatal mental health problems constitute a significant public health problem, contribute substantial costs to the health system (Hayes, 2010), and have negative impacts on both parent and child (Brockington, 2004; Ramchandani et al., 2011). In the past, research on postnatal mental health problems has focused predominantly on women. However, recent reviews (Bradley and Slade, 2011; Paulson and Bazemore, 2010) report an emerging literature on the psychological functioning of men in the first postpartum year. Such studies are often hampered by samples that are small or not representative

of the population (Wee et al., 2011). Further, generalisations are limited by low recruitment rates and high drop-out rates of men (Bradley and Slade, 2011; Paulson and Bazemore, 2010; Wee et al., 2011). Some of the most detailed investigations of men's mental health have recruited men who are partners of women who have been diagnosed with postnatal depression or have been admitted to psychiatric services (Dudley et al., 2001; Goodman, 2008; Lovestone and Kumar, 1993; Ramchandani et al., 2005; Roberts et al., 2006; Zerkowicz and Milet, 1996, 2001). These studies result in higher point prevalence estimates than systematically-recruited community samples (Goodman, 2004).

The predominant research and clinical focus in postnatal mental health problems in both women and men has been on depression (Yelland et al., 2010). There is growing recognition that anxiety and adjustment disorders are at least as prevalent among women with infants (Fisher et al., 2010; Matthey et al., 2013; Reck et al., 2008; Rowe et al., 2008) and limited evidence that this may be the case for men too (Matthey et al., 2003). In this paper, we use

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Goldberg and Huxley's (1992) term 'common mental disorders' to refer to depressive, anxiety and adjustment disorders which compromise day-to-day functioning.

1.2. Prevalence

The percentage of the population with a diagnosis at a particular point in time is referred to as the point prevalence, while period prevalence refers to the percentage of the population who have had a diagnosis at some time during a specified period (Mann et al., 2010). In Australian studies, the point prevalence of probable major depression in women at 6 months postpartum has been estimated at 6.8% (Woolhouse et al., 2011).

The point prevalence of postnatal depression is estimated to be significantly lower in men than in women, either because men are less likely to experience or report depression, or because psychological distress may be manifested differently in men, for example through alcohol abuse or aggression (Condon et al., 2004; Madsen and Juhl, 2007). The reported point prevalence of postnatal depression for men at assessment points varying from 3 to 6 months postpartum is between 2.1% and 6% (Bradley and Slade, 2011; Matthey et al., 2000; Condon et al., 2004).

Comparisons of point prevalence estimates between studies are problematic as studies use different populations, sampling criteria, screening or diagnostic criteria, and assessment points. In addition, estimates of point prevalence are often based on self-report screening instruments alone, which lead to overestimates of prevalence (Gavin et al., 2005). While clinical assessments by a mental health professional or structured diagnostic interviews are considered to be "gold standard" (Gaynes et al., 2005), most prevalence studies in community settings have used self-report screening instruments. One study which used diagnostic interviews and assessed not only postnatal depression but also anxiety and adjustment disorders in both women and men (Matthey et al., 2003), demonstrated that the point prevalence of diagnoses of common perinatal mood disorders at 6 weeks postpartum increases substantially in both women (25.9%) and men (11.7%) when anxiety and adjustment disorders are also included in the assessment. However, generalisability was limited as Matthey et al.'s sample was recruited from a single public hospital (2003).

1.3. Aims

The primary aim of this study was to describe the period prevalence of common postnatal mental disorders in the first 6 months after the birth of a first infant in a community sample of couples in Victoria, Australia. The secondary aims were to:

- determine whether significant differences existed in the period prevalence of common postnatal mental disorders between women and men;
- report the proportion (point prevalence) of women and men scoring above their respective, established cut-off points for EPDS scores for major or minor depression; and
- determine whether significant differences existed in the proportions of women and men scoring above validated sex-specific EPDS cut-off points for probable major or minor depression.

2. Materials and methods

The data reported here were collected as part of a study evaluating the impact of a mental health intervention for new parents and their first babies on the period prevalence of common mental disorders in women in the first 6 months postpartum (Fisher et al., 2010). Here we report data from both women and

men in the control group, who received standard, universal postnatal care but were not exposed to the specific intervention being evaluated in the overall study.

Approval to conduct the study was given by the Human Research Ethics Committees of the Victorian Government Department of Human Services and the University of Melbourne.

2.1. Setting and recruitment

Recruitment took place during 2006 and 2007 in five local government areas (LGAs) in the Australian state of Victoria. LGAs were selected to represent both rural and urban settings, and the full range of Socio-Economic Index For Areas (SEIFA) (Australian Bureau of Statistics, 2008).

All women aged at least 18 years old with healthy firstborn infants, and their partners, were eligible to participate if they had sufficient English language proficiency to complete telephone interviews. In Victoria, Maternal and Child Health nurses provide a universal home visit for women who have recently given birth within a week of discharge from maternity hospitals. At these home visits, the nurses provided oral and written information about the study. Couples willing to consider participating provided contact details and were telephoned by research staff within one week. Eligibility criteria required that both members of the couple were willing to participate. Women and men returned individual consent forms and were interviewed separately.

2.2. Data sources

The primary outcome was any common mental disorder (defined as anxiety disorder, major or minor depression or adjustment disorder), assessed at 6 months postpartum, occurring since the baby's birth. The onset may or may not have been in the 6 months since the birth of the infant. Diagnoses according to DSM IV-criteria (American Psychiatric Association, 2000) were assessed using the Phobic Disorders (Specific Phobia, Social Phobia, Agoraphobia), Panic Disorder, Generalised Anxiety Disorder and Depressive Disorders modules of the Composite International Diagnostic Interview (CIDI) (World Health Organisation, 1997). Duration of at least six months is usually required for a diagnosis of Generalised Anxiety Disorder, but as the outcomes were assessed at 6 months postpartum, we modified the criteria to allow for symptoms since the birth of the baby, even if these symptoms had not been present for a minimum of exactly 6 months.

Subclinical depression and anxiety symptoms can produce similar levels of impairment to major depression and generalised anxiety disorder (Weinberg et al., 2001; Wenzel et al., 2005). Diagnostic interviews such as the CIDI do not yield diagnoses of adjustment disorders (Casey and Bailey, 2011). As suggested by Casey and Bailey (2011) we based our identification of adjustment disorders on the first four of the five DSM-IV criteria for adjustment disorders (American Psychiatric Association, 2000, p.626): (A) emotional or behavioural symptoms in response to an identifiable stressor; (B) marked distress in excess of what would be expected from exposure to this stressor; (C) the disturbance does not meet criteria for depression or generalised anxiety disorder; (D) the symptoms do not reflect bereavement; and (E) once the stressor has terminated, the symptoms do not persist for more than an additional 6 months. Respondents were identified as having an adjustment disorder if they indicated that since they had their baby, they had "2 weeks or longer when nearly every day they felt low or lost interest in most things for most of the day" (adjustment disorder with depressed mood) or "a period of a month or more when most of the time you felt worried, tense or anxious, about everyday problems such as work, family or life with the baby" (adjustment disorder with anxiety).

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