

Complementary Health Practices for Treating Perinatal Depression



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KEYWORDS

- Complementary • Treatment • Nutraceuticals • Physical activity • Yoga
- Depression • Postpartum • Perinatal

KEY POINTS

- This review examines the evidence regarding common complementary health practices, including natural products (omega-3 fatty acids, folate, vitamin D, selenium, zinc, magnesium, B vitamins) and mind-body practices (physical activity interventions, yoga) in reducing perinatal depression.
- Current evidence regarding efficacy, safety, dosing, and duration of complementary health practices remains limited, yet promising data are emerging regarding the potential depression-reducing effect of omega-3 fatty acids, folate, vitamin D, physical activity, and yoga.
- Adequately powered high-quality studies are necessary to determine the role of complementary health practices for treating perinatal depression.

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INTRODUCTION

Approximately 14% to 23% of women develop depression during pregnancy and up to 16.7% develop depression within 3 months postdelivery.¹ Perinatal depression (PND) is underdiagnosed and few women receive treatment.² Untreated PND is associated with functional impairment and adverse health outcomes for mother and child, including obstetric and neonatal complications³ and a broad negative impact on child development.⁴ Maternal suicide is the leading cause of maternal death occurring within 1 year postpartum.⁵ Fortunately, safe and effective treatment options exist, including psychotherapy⁶ and antidepressants.⁷ However, an understanding of complementary health practices (CHPs) is important, because perinatal women may inquire about nonpharmacologic treatments.

CHPs include a diverse range of practices that are developed outside of mainstream Western medicine. Most CHPs fall into two categories: natural products or mind and body practices. Natural products, including herbs, vitamins, minerals, and probiotics, are the most widely used CHP in the United States. Mind and body practices include techniques that are typically administered or taught by a practitioner. Physical activity interventions may also be conceptualized as a form of CHP.

In general, women suffer from disorders, such as depression and anxiety, more often than men, for which CHPs are commonly pursued.⁸ Despite growing popularity of CHP, research is limited. In light of their increased use, we reviewed literature on CHPs for PND. We included specific approaches (ie, omega-3 fatty acids [O-3FA], folate, vitamin D, selenium, zinc, magnesium, B vitamins, physical activity, yoga) based on prevalence of use and availability of evidence from randomized controlled trials (RCT) in PND. In the absence of RCT evidence in PND, we included data from nonrandomized trials and studies addressing impact of these approaches on depressive symptoms within nonclinical populations.

NATURAL PRODUCTS

Omega-3 Fatty Acids

O-3FA are one of the most popular CHPs used in the United States. O-3FA are essential polyunsaturated fatty acids with well-established health benefits.⁹ Eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) are two important O-3FAs. Guidelines recommend pregnant women consume at least 200 mg/d of DHA.¹⁰ The 2015 to 2020 Dietary Guidelines for Americans¹¹ and the American College of Obstetricians and Gynecologists (ACOG) recommend pregnant or breastfeeding women consume 8 to 12 ounces of seafood weekly, which provides approximately 250 mg/d of EPA and DHA.¹²

Meta-analyses of RCTs suggest antidepressant benefits of O-3FA in mood disorders overall, but there has been heterogeneity in study design, quality of evidence, and results.^{13,14} O-3FA have been studied as augmentation to treatment¹⁵ and as depression monotherapy.¹⁶ The American Psychiatric Association recommends patients with a mood disorder consume 1 g/d EPA + DHA.¹⁷

Studies on the relationship between serum O-3FA levels or dietary seafood intake and PND have yielded mixed results.^{18,19} In a large prospective Danish cohort study including more than 54,000 women, those with the lowest quartile of fish intake were at increased risk of antidepressant treatment postpartum.²⁰ Several RCTs assessing O-3FA supplementation in the treatment or prevention of PND have not demonstrated benefit.²¹ A large double-blind RCT including 2,399 nondepressed pregnant women who received either 800 mg/d DHA plus 100 mg/d EPA or vegetable

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