

Identification and Treatment of Peripartum Anxiety Disorders



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KEYWORDS

• Anxiety • Anxiety disorders • Perinatal • Peripartum • Screening • Treatment

KEY POINTS

- Anxiety disorders in pregnancy and the postpartum period are common and can present independently or together with depression.
- Specific anxiety disorders have characteristic presentations and clinicians will benefit from familiarizing with their criteria. Specific disorders require tailored treatment.
- Women should be screened for anxiety symptoms during pregnancy and at postpartum follow-up, but guidelines are limited. General screening tools for anxiety can be used.
- Prompt treatment with first-line evidence-based therapies, including selective serotonin reuptake inhibitors/serotonin norepinephrine reuptake inhibitors and cognitive behavioral therapy, is indicated in collaboration with a mental health specialist.
- Benzodiazepines may be used at low doses and short-term. Decisions about risk and benefits of medications should be discussed on an individual basis.

INTRODUCTION

Anxiety disorders are the most common psychiatric disorders that affect women during the childbearing age.¹ The peripartum period is a particularly stressful time that increases the risk for some women to develop new-onset or have an exacerbation of preexisting anxiety symptoms and disorders. Frequently, anxiety accompanies symptoms of depression, and many times anxiety symptoms are the primary reason for mental health referral in expectant or new mothers. Anxiety symptoms during pregnancy are one of the strongest risk factors for postpartum depression.² Moreover, in many cases anxiety complaints are the sole presentation, and they are particularly

Disclosure Statement: Dr K.E. Williams and Dr H. Koleva do not have any commercial or financial conflicts of interest and any funding sources related to this article.

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Obstet Gynecol Clin N Am 45 (2018) 469–481

<https://doi.org/10.1016/j.ogc.2018.04.001>

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debilitating not only for the patient but also for the mother–infant relationship and the family unit as a whole.

Although perinatal depression has received growing attention, research, screening, and treatment of anxiety in the perinatal period have lagged behind. In a positive direction, the literature on the subject has certainly expanded over the last decade; still there is a need for comprehensive review.³

This article first presents information about the prevalence, adverse effects, differential diagnosis, and risk factors for perinatal anxiety disorders. The authors also recommend a method for identification, and finally, reviews current treatments for anxiety disorders in the perinatal period.

PREVALENCE AND ADVERSE EFFECTS

It is normal for expectant or new mothers to report anxiety symptoms. Up to two-thirds of women experience worries, most commonly consisting of fear about having an abnormal baby; complications during pregnancy or during birth; their ability to care for the baby, including breastfeeding and soothing the infant when crying; as well as concerns about body changes, partner relationships, job performance, finances, cleanliness etc.⁴ It is only when the worries and anxiety symptoms interfere with daily functioning and cause significant distress that they are considered abnormal and may be part of an anxiety disorder. It is hypothesized that anxiety symptoms are correlated with the many biological changes that occur in women’s bodies during pregnancy, including elevations of heart rate, changes in hormone levels, shallow breathing due to abdominal enlargement,⁵ which can all lead to heightened sensitivity to normal and abnormal life stressors. Women with personal or family history of anxiety disorders are particularly vulnerable to these changes.

Studies on the incidence and prevalence of anxiety disorders during pregnancy and the postpartum period have used various methodologies and patient settings.^{6–16} A summary of data derived from some of the most notable studies is presented in Table 1. Despite the inconsistencies in studies’ methodologies and patient populations, it is clear that anxiety disorders in the perinatal period are common and occur with equal frequency in the antepartum and the postpartum period.

A major concern for pregnant women who present with anxiety disorders in the medical setting is the impact that these disorders can have on the wellbeing of the mother and the baby. Multiple studies have reported increased rate of peripartum complications in women who have anxiety symptoms and anxiety disorders, including preeclampsia, hypertension during pregnancy, low birth weight, premature delivery,

Table 1 Prevalence estimates of peripartum anxiety disorders		
Disorder	Antepartum	Postpartum
Generalized Anxiety Disorder	10% ^{4,7}	7%–8% ⁹
Obsessive Compulsive Disorder	1.2%–5.2% ^{6–8}	0.7%–4% at 6–8 wk 4% at 6 mo < 1% at 12 mo ¹⁰
Panic Disorder	1.4%–9.8% ¹¹	0.5%–2.9% at 6–10 wk ^{9,12}
Social Anxiety	2%–6.4% ^{4,13}	4.1% at 8 wk 2.3% at 6 mo 1.7% at 12 mo ⁹
Posttraumatic Stress Disorder, Childbirth-related	Unknown	0.8%–4.6% (self-report) ^{14,15}

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