



Institutul Național pentru Sănătatea
Mamei și Copilului
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TULBURARI EMOȚIONALE IN POSTPARTUM



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POLIZU

INTRODUCERE

DSM-IV. În DSM-IV

fiecare dintre tulburările mentale este conceptualizată ca un pattern sau sindrom psihologic sau comportamental semnificativ clinic care apare la un individ și care este asociat cu detresă prezentă (de ex., un simptom supărător) sau incapacitate (adică, deteriorare într-unui sau în mai multe domenii de funcționare) sau cu un risc crescut de a suferi moartea, durerea, infirmitatea sau o pierdere importantă a libertății.

- ▶ Manualul de Diagnostic și Statistica a Tulburarilor Mentale, DSM editia V(2016)

What Are the Three Types of Postpartum?

Postpartum Blues or Baby Blues



Baby blues can impact any person of any age, race, culture, income or education level – and 80% or more of women experience it.

Postpartum Depression



Postpartum depression is much more serious than postpartum blues, affecting about one in seven new parents.

Postpartum Psychosis



Postpartum psychosis is an extremely severe and rare form of PPD and requires emergency medical attention.

- Tulburările emoționale care apar în urma nașterii se împart în trei categorii:
- 1. „baby-blues“;
- 2. depresia postnatală
- 3. psihoza postnatală.

1. Postpartum blues

2. Postpartum depression

3. Postpartum psychosis

TULBURARI PSIHICE POSTPARTUM

POSTPARTUM BLUES–BABY BLUES

DEBUT:
50–80% din femei dezvoltă între a 3–5a zi
Concomitent apariția lactației

Diagnostic–hiperestezie afectivă
–astenie, anxietate
–devalorizare, iritabilitate
–tulburări de somn

Evoluție: – durată–1–7 zile
–regresie totală sau spontană
– psihoza puerperală

Tratament:
–consiliere psihologică

DEPRESIA POSTPARTUM

DEBUT:
2–8 săptămâni de la naștere

Diagnostic:–astenie, iritabilitate
–fobii de impulsie
–idei de SUICID

Evoluție:–durată 3–12 luni
–recidivă 30–50%
–alterarea relației mamă–copil

Management:–consiliere psihologică
–tratament antidepressiv
–terapie cognitivă

Characteristic	'Baby Blues'	Postpartum Depression
Incidence	30% to 75% of women who give birth	10% to 15% of women who give birth
Time of onset	3 to 5 days after delivery	Within 3 to 6 months after delivery
Duration	Days to weeks	Months to years, if untreated
Associated stressors	No	Yes, especially lack of support
History of mood disorder	No association	Strong association
Family history of mood disorder	No association	Some association
Tearfulness	Yes	Yes
Mood lability	Yes	Often present, but sometimes mood is uniformly depressed
Anhedonia	No	Often
Sleep disturbance	Sometimes	Nearly always
Suicidal thoughts	No	Sometimes
Thoughts of harming the baby	Rarely	Often
Feelings of guilt, inadequacy	Absent or mild	Often present and excessive

(From Miller LJ. How 'baby blues' and postpartum depression differ. *Women's Psychiatric Health*. 1995;13, with permission. Copyright 1995, The KSF Group.)

TULBURARI PSIHICE POSTPARTUM

PSIHOZA PUERPERALA (buceu delirant acut confuzo-oniric)

DEBUT: 2–3 sapt de la nastere

FACTORI DE RISC: primiparitate, istoric familial si personal de tulburari de dispozitie, complicatii obstetricale

PRODROM: insomnie, manifestari anxioase, manifestari depresive in timpul sarcinii

CLINIC: stari derilante acute, cu simptome confuzionale, fluctuatii de dispozitie, tematica deliranta pe copil

EVOLUTIE : recidive in postpartum 50% din cazuri, 30% urmatoarea sarcina.

–tulburare bipolara, sau schizofrenie

TRATAMENT: spitalizare–antipsihotice

RISURI: SUICID, INFANTICID

FACTORI DE RISC I

General Hospital Psychiatry

PSYCHIATRY, MEDICINE AND PRIMARY CARE

Risk Factors of Postpartum Depression

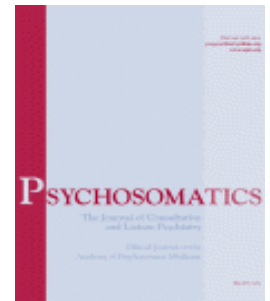


Cureus

. 2022 Oct 31;14(10):e30898. doi: [10.7759/cureus.30898](https://doi.org/10.7759/cureus.30898)

A literature review and meta-analysis carried out by Zhao et al. found 48 articles identifying factors having a positive correlation with the development of postpartum depression. These include delivery by cesarean section, gestational diabetes, violence and abuse, socioeconomic status, immigration, lack of spousal and societal support, past depressive history, factors causing depression, unwanted pregnancy, obese and overweight mothers, vitamin D deficiency, diet and nutrition, parity, infant-related factors, sleep-related factors in the postpartum period, and postpartum anemia [20]. Other factors are age, marital status, maternal health before pregnancy, stressful life events, childcare stress, lack of breastfeeding, previous abortions, negative pregnancy and/or delivery experience, baby's gender, smoking, and alcohol or substance abuse [19,22,23]..

FACTORI DE RISC II



Hormonal Changes in the Postpartum and Implications for Postpartum Depression [Volume 39, Issue 2](#), March–April 2022, Pages 93–101



The months following childbirth are a time of heightened vulnerability to depressive mood changes. Because of the abrupt and **dramatic changes occurring in hormone levels** after delivery, many studies have examined **the role of hormonal factors in postpartum depression**. The authors review the literature on potential hormonal etiologies in postpartum depression, in particular for progesterone, **estrogen**, **prolactin**, cortisol, oxytocin, **thyroid**, and vasopressin. While evidence for an etiologic role is lacking for most hormones, changes in certain hormonal axes may contribute to depressive mood changes in some women following childbirth.

MANAGEMENT

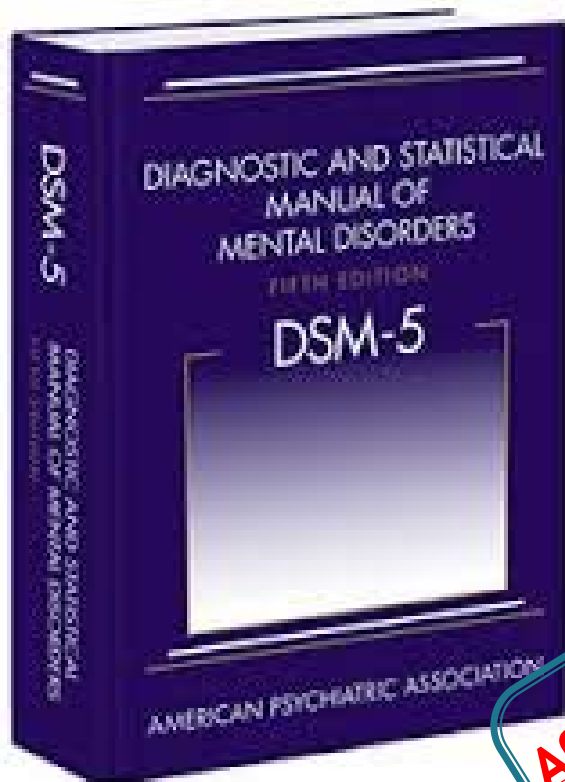
► PSIHOTERAPIE 1ST

TERAPIE COGNITIVA
TERAPIE INTERPERSONALA
SUPORT FAMILIAL



TRATAMENT MEDICAMENTOS

▶ Tratamentul de primă linie pentru depresia peripartum este psihoterapia și medicamentele antidepressive.



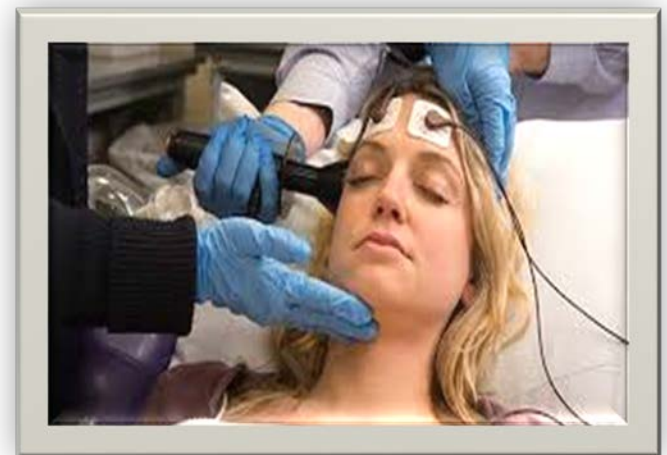
▶ **ACOG recomandă utilizarea inhibitorilor selectivi ai recaptării serotoninei, inhibitorilor recaptării serotoninei-norepinefrinei și antidepressivelor triciclice pentru terapia medicală PPD.[9]**

Terapii nonfarmacologice

- ▶ Stimularea magnetică transcraniană.



- ▶ Pentru pacienții refractari la 4 studii consecutive de medicație, poate fi recomandată terapia electroconvulsivă



Antidepressant Medication Use during Breastfeeding
[Clin Obstet Gynecol. 2021 Sep; 52\(3\): 483–497.](#)

Antidepressant Exposure Via Breastmilk

Antidepressant	Comments
Sertraline	Low levels of exposure Good first choice
Paroxetine	Low levels of exposure
Fluoxetine	May be detectable in infants' blood due to long half-life
Bupropion	May reduce risk of relapse to smoking

Wardle, B., Wilson, R., & Bepko-Cohen, D. (2021). Antidepressant use during breastfeeding: weighing the risks and benefits.



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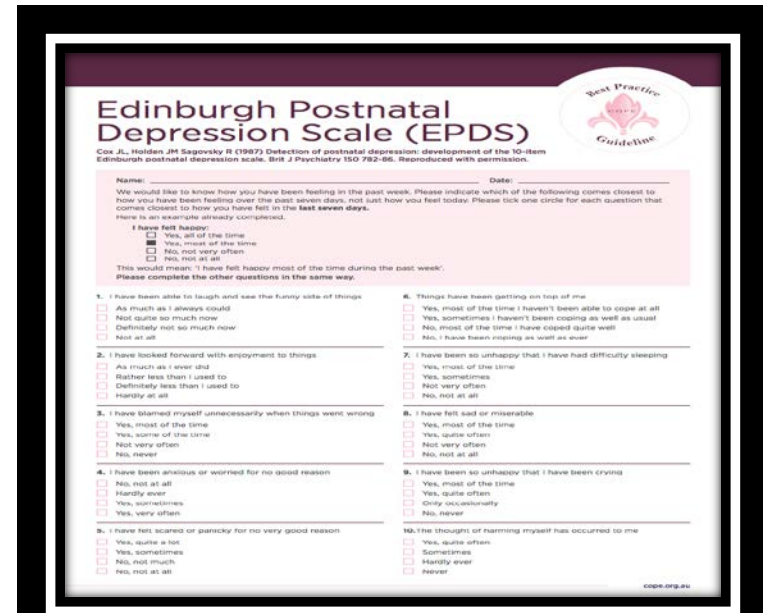
The search yielded a total of 31 empirical papers. **Breastfeeding and antidepressant treatments are not mutually exclusive.** Sertraline, paroxetine, are the most evidence-based medications for use during breastfeeding.

PREVENTIE?

Concluzii: O valoare limită EPDS de 11 sau mai mare a maximizat sensibilitatea și specificitatea combinate; o valoare limită de 13 sau mai mare a fost mai puțin sensibilă, dar mai specifică. Pentru a identifica femeile însărcinate și postpartum cu niveluri mai ridicate de simptome, ar putea fi utilizată o limită de 13 sau mai mare. Valorile limită mai mici ar putea fi utilizate dacă intenția este de a evita fals-negative și de a identifica majoritatea pacienților care îndeplinesc criteriile de diagnostic.

Accuracy of the Edinburgh Postnatal Depression Scale (EPDS) for screening to detect major depression among pregnant and postpartum women: systematic review and meta-analysis of individual participant data

BMJ 2020; 371 doi: <https://doi.org/10.1136/bmj.m4022> (Published 11 November 2020) Cite this as: *BMJ* 2020;371:m4022



The image shows a sample of the Edinburgh Postnatal Depression Scale (EPDS) form. The form is titled "Edinburgh Postnatal Depression Scale (EPDS)" and includes a subtitle "Cox JL, Holden JM, Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. *Brit J Psychiatry* 150:782-86. Reproduced with permission." The form is designed for a patient to complete, with instructions to indicate how they have been feeling over the past seven days. It consists of 10 items, each with four response options: "Yes, all of the time", "Yes, most of the time", "No, not very often", and "No, not at all". The items are arranged in two columns. The form also includes a section for the patient's name and date, and a note that the form should be completed in the same way as the previous one.

Edinburgh Postnatal Depression Scale (EPDS)
Cox JL, Holden JM, Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. *Brit J Psychiatry* 150:782-86. Reproduced with permission.

Name: _____ Date: _____

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the last seven days.

Here is an example already completed.

I have felt happy: ☒ Yes, all of the time
☐ Yes, most of the time
☐ No, not very often
☐ No, not at all

This would mean: 'I have felt happy most of the time during the past week'.

Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things
☐ As much as I always could
☐ Not quite so much now
☐ Definitely not so much now
☐ Not at all

2. I have looked forward with enjoyment to things
☐ As much as I ever did
☐ Rather less than I used to
☐ Definitely less than I used to
☐ Hardly at all

3. I have blamed myself unnecessarily when things went wrong
☐ Yes, most of the time
☐ Yes, some of the time
☐ Not very often
☐ No, never

4. I have been anxious or worried for no good reason
☐ No, not at all
☐ Hardly ever
☐ Yes, sometimes
☐ Yes, very often

5. I have felt scared or panicky for no very good reason
☐ Yes, quite a lot
☐ Yes, sometimes
☐ No, not much
☐ No, not at all

6. Things have been getting on top of me
☐ Yes, most of the time I haven't been able to cope at all
☐ Yes, sometimes I haven't been coping as well as usual
☐ No, most of the time I have coped quite well
☐ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
☐ Yes, most of the time
☐ Yes, sometimes
☐ Not very often
☐ No, not at all

8. I have felt sad or miserable
☐ Yes, most of the time
☐ Yes, quite often
☐ Not very often
☐ No, not at all

9. I have been so unhappy that I have been crying
☐ Yes, most of the time
☐ Yes, quite often
☐ Only occasionally
☐ No, never

10. The thought of harming myself has occurred to me
☐ Yes, quite often
☐ Sometimes
☐ Hardly ever
☐ Never

copm.org.au



Ce să faci dacă ai depresie postnatală?

Vorbește cu cineva despre ceea ce simți!!!

- **Fii conștientă că depresia postnatală este o boală foarte comună.**
- **Vorbește cu un specialist despre modurile în care poți avea parte de ajutor.**
- **Informează-te despre depresia postnatală**
- **Fă terapie și participă la grupuri de suport.**
- **Ține minte că nu e vina ta că ai depresie postnatală, nu este un moft.**

• **Acceptă sau cere ajutor**

- **Profită de perioadele când copilul doarme ca să dormi și tu.**
- **Mănâncă sănătos și regulat pe cât posibil, fă mișcare.**
- **Implică-ți partenerul în îngrijirea celui mic.**
- **Încearcă să găsești timp doar pentru tine și partener**
- **Vorbește cu mame de bebeluș de aceeași vârstă cu al tău.**

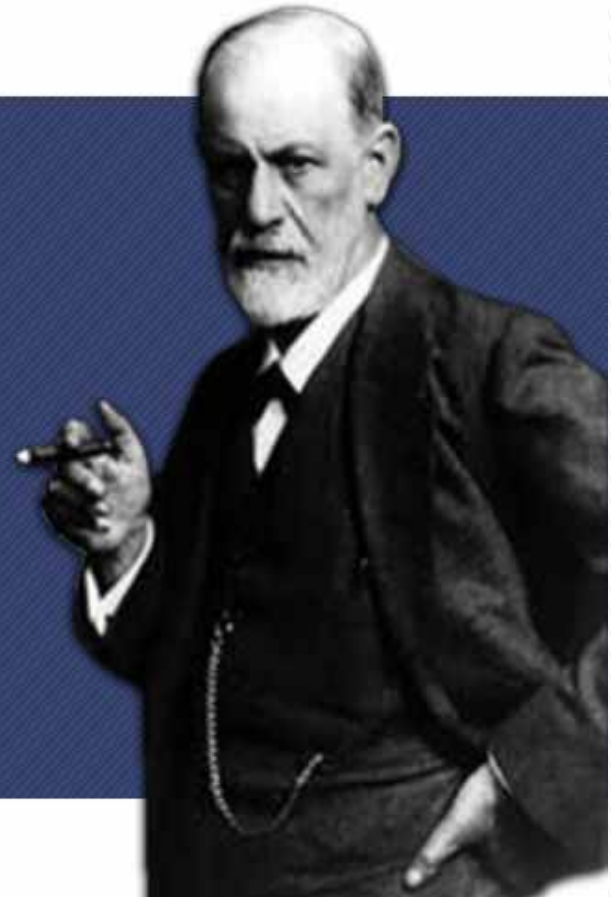


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- ▶ *5. Edinburgh Postnatal Depression Scale (EPDS)*

**Femeia e o creatură menită
să fie iubită, nu înțeleasă.**

Sigmund Freud



VA MULTUMESC!