Postnatal depression: a few simple questions

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**Abstract.** The rate of past and family psychiatric history was ascertained in 254 women diagnosed with postnatal depression. Proband and first-degree relatives were interviewed to establish lifetime and current major psychiatric diagnoses. 78.3% of the women studied had a past and/or family psychiatric history. These data confirm the importance of these variables when screening women who may be at risk for postnatal depression.

**Keywords.** Family psychiatric history, postnatal depression, psychiatric history.

**Introduction**

At least 10% of women suffer from a mood disorder associated with the postnatal period. Postnatal mood disorders affect not only the woman herself, but also the mother–baby dyad and in most cases the entire family. There is also evidence that serious postnatal depression (PND) is associated with disturbances in the child's cognitive and emotional development. PND is often missed in primary care. While several screening tools have been developed for the detection of this disorder, the expectation that a questionnaire will be administered to each and every postnatal female seen in a primary care setting is unrealistic. Further, a recent systematic review of antenatal screening studies concluded that there is no new evidence to support routine antenatal screening for postnatal depression. This debate is complicated further by the lack of expert consensus as to the cluster of variables that best predict the risk of PND. Some researchers suggest that there may be evidence for a biological aetiology; others that antenatal, personal and social factors may be more relevant. One set of risk variables that continues to be identified as important are the proband's past psychiatric history and the presence of past or current psychiatric disorders in first-degree relatives. These variables are of particular interest as they can be quickly elicited.

The aim of this study was to determine the rate of past and family psychiatric history in women diagnosed with PND who were referred to a speciality clinic by their family physician.

**Methods**

The sample was drawn from women diagnosed with PND who were referred by their family physician to our multidisciplinary, university-affiliated Women's Health Concerns Clinic. Proband were assessed using a structured psychiatric interview to establish major psychiatric and/or personality disorders (lifetime and current). Postnatal women were included if they (i) qualified for one of the following diagnostic categories: major depressive disorder (MDD), adjustment disorder with depressive symptoms (ADDS) or bipolar disorder I or II, or schizoaffective disorder (BP/SCHAF); (ii) were seen within 12 months post-partum; (iii) were in contact with their biological families; and (iv) data were available for at least the proband's biological mother and father. First-degree relatives (full parents and siblings) were studied using the Family Study Method. Additional information was collected using informants to generate Family History Research Diagnostic Criteria. Diagnostic categories for family members were limited to MDD, BP/SCHAF and alcoholism. Family history data were not age adjusted. Logistic regression was used to determine factors associated with proband diagnosis.

**Results**

Of 293 patients screened, complete data were available for 254 probands (183 MDD, 38 ADDS and 33 BP/SCHAF). The mean age for probands was 29.5 (4.5) years, 91.3% were married, 46.5% were primiparous and 56.3% had a personal psychiatric history. Family member data were collected for all parents and 454 full siblings. Of the probands, 63.8% had a family history of alcoholism, MDD or BP/SCHAF. In total, 41.7% of probands had a personal and family psychiatric history and an additional 36.6% had one psychiatric history characteristic. When combined, 78.3% of the probands...
had at least one psychiatric history characteristic (Table 1).

After controlling for age and proband psychiatric history, parity and family psychiatric history were identified as important factors for women diagnosed with MDD or BP/SCHAF. Women with MDD or BP/SCHAF were 2.7 times more likely to be first-time mothers and 2.2 times more likely to have a family psychiatric history than women diagnosed with ADDS.

**Discussion**

The majority of patients referred to our speciality clinic for a current PND presented with a past personal and/or family psychiatric history. Family psychiatric history was significantly associated with the more serious diagnoses of MDD and BP/SCHAF. These data support the findings of others and confirm the importance of these variables when screening women who may be at risk for PND. The early identification of women at risk for PND may be elicited by a few simple questions during routine primary care visits. These questions should establish the woman’s current state of mind and mood, as well as any past personal and/or family psychiatric history with an emphasis on mood disorders and alcoholism. Early recognition of women at risk for PND, particularly first-time mothers with no previous postpartum mood experience, will enhance the clinician’s ability to provide preventative interventions for this common and significant disorder.

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**References**