

PREVALENCE AND COMORBIDITY OF MAJOR DEPRESSION AND ANXIETY DISORDERS IN THE POSTPARTUM



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INTRODUCTION

Perinatal anxiety has not been so considered as perinatal depression, but the few rigorous epidemiologic studies prove that it is equally prevalent and that depression and anxiety comorbidity seems to be higher in the perinatal period (Dennis et al. 2017). Knowledge about perinatal anxiety disorders prevalence in Portugal is very scarce.

OBJECTIVE

To estimate the prevalence and comorbidity rates and predictors of postpartum **MAJOR DEPRESSION** (MjD) and **ANXIETY DISORDERS** (AD) according to the DSM-5 diagnostic criteria at the sixth month postpartum.

METHOD

SAMPLE

The sample was composed of 349 women (*mean* age = 32.25; *SD* = 5.832) who filled the assessment instruments in the 2nd trimester of pregnancy (*mean* = 17.88; *SD* = 4.745) and were interviewed approximately at the 6th month postpartum (*mean* = 25.54; *SD* = 8.252).

INSTRUMENTS

SELF-REPORT QUESTIONNAIRES

- The Portuguese version of the **Perinatal Depression Screening Scale** (PDSS-24; Azevedo et al., 2017) assesses the presence and severity of depressive symptoms.
- The Portuguese Version of the **Profile of Mood States** (POMS-27; Marques et al., 2017) assesses negative affect.

Diagnostic Interview for Psychological Distress – Postpartum (DIPD-PP; Xavier et al., 2015) is a brief semi-structured clinical interview based on DSM-5 criteria. Apart from other categories, it assesses Major Depression and Anxiety disorders diagnosis in the postpartum period. All diagnostic interviews were performed by experienced clinical psychologists.

STATISTICAL ANALYSIS

SPSS 23.0 for windows was used.

RESULTS

PREVALENCE AND COMORBIDITY

The postpartum prevalence of **MAJOR DEPRESSION** was 5.7% (n=20); of any **ANXIETY DISORDER** was 3.2% (n=11).

Regarding comorbidity, more than half (n=6; 5.5%) of women with an **ANXIETY DISORDER** (all Generalized Anxiety Disorder) also had **MAJOR DEPRESSION**.

In Table 1 are presented the prevalence and comorbidity of **MjD** and **AD** in postpartum.

LOGISTIC REGRESSION

Four **logistic regressions models** were performed to ascertain the effects of depressive symptoms and negative affect in pregnancy on the likelihood of having MjD and AD in the postpartum (Table 2).

Depressive symptoms ⇒ MjD

The model was statistically significant, $\chi^2(1)=8.77$, $p=.003$, explained 7% (Nagelkerke R²) of the variance in MjD and correctly classified 94.3% of cases. The odds ratio of having MjD increases 5% for one unit in PDSS-24.

Depressive symptoms ⇒ AD

The model was statistically significant, $\chi^2(1)=7.99$, $p=.005$, explained 9% (Nagelkerke R²) of the variance in AD and correctly classified 96.8% of cases. The odds ratio of having AD increases 6% for one unit in PDSS-24.

Table 1. Prevalence and comorbidity of postpartum MjD and AD – DSM 5.

	n	%
Major Depression	20	5.7
With anxious distress	10	2.85
Anxiety Disorders	11	3.2
Generalized Anxiety Disorder	8	2.3
Panic Disorder	2	0.6
Social Anxiety Disorder	1	0.3
Major depression and Generalized Anxiety Disorder	6	5.5

Negative affect ⇒ MjD

The model was statistically significant, $\chi^2(1)=7.65$, $p=.006$, explained 6% (Nagelkerke R²) of the variance in MjD and correctly classified 94.2% of cases. The odds ratio of having MjD increases 6% for one unit in POMS-27.

Negative affect ⇒ AD

The model was statistically significant, $\chi^2(1)=7.07$, $p=.008$, explained 8% (Nagelkerke R²) of the variance in AD and correctly classified 96.8% of cases. The odds ratio of having AD increases 7% for one unit in POMS-27.

Table 2. Logistic regressions examining the predictive effect of depressive symptoms and negative affect in pregnancy on postpartum MjD and AD.

	MAJOR DEPRESSION						ANXIETY DISORDERS					
	B	SE	Wald	p	OR	95% CI	B	SE	Wald	p	OR	95% CI
Depressive symptoms	0.05	0.02	9.60	.002	1.05	1.019-1.088	0.06	0.02	8.93	.003	1.06	1.022-1.109
Negative affect	0.06	0.02	8.62	.003	1.06	1.020-1.103	0.07	0.03	8.13	.004	1.07	1.023-1.128

CONCLUSION

Depressive symptoms and negative affect in pregnancy are risk factors not only for postpartum major depression (Marques et al. 2017), but also for postpartum anxiety disorders. This is the first Portuguese study about postpartum **MAJOR DEPRESSION** and **ANXIETY DISORDER** prevalence according to the DSM-5. Increased recognition of their high prevalence and comorbidity will lead to more effective screening, prevention and early intervention.

REFERENCES

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