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Introduction

We are pleased to present another Focus on Women's Mental Health section on behalf of *The Journal of Clinical Psychiatry*.

One important article in this month's section centers on the needs of socioeconomically disadvantaged women with antenatal depression. The authors, Grote and colleagues, assessed the efficacy of a collaborative care model for perinatal depression and specifically investigated the population with comorbid posttraumatic stress disorder (PTSD) in this study. Notably, 65% of the recruited sample with antenatal depression had PTSD. The investigators found that those randomized to collaborative care compared to controls experienced greater improvement in depression severity, higher rates of response and remission, and higher rates of use of mental health services and antidepressant medication. They found overall that positive benefits for women with comorbid PTSD were more robust than for women with antenatal depression without PTSD. These data suggest that therapies can be specifically directed to women who will specifically benefit by assessing comorbidity along with perinatal depression. The study also adds to the limited available data on treatment options for women with PTSD across pregnancy and the postpartum.

Bayrampour et al also provide new data regarding depression and anxiety during pregnancy and the postpartum. In their study of 1,445 women assessed for depressive and anxiety symptoms at multiple time points during and after pregnancy, they found heterogeneity of trajectories of symptom patterns, underscoring the need to serially assess maternal mental health across the perinatal period. Modeling of symptom trajectories underscores the need to assess psychiatric history and psychosocial risk factors and to provide repeated assessments of mood and anxiety among women in the general obstetric population.

The study by Sui and colleagues highlights the need for the appreciation of heterogeneity in presentation of postpartum depression. In their analyses, the investigators assessed the association between postpartum (also known as *postnatal*) depression and intelligence quotient (IQ) as a marker of cognitive function among the children at 2 years of age or older. They conducted a meta-analysis of prospective cohort studies that measured IQ among children whose mothers did or did not have postpartum depression. Among 9 studies that met criteria for inclusion, 7 were deemed high quality. The authors found that children of mothers who had postpartum depression scored lower on IQ tests than those whose mothers did not have postpartum depression. These findings demonstrate the impact of maternal depression on children.

Additionally, Newport et al provide an article in which they report on pregnancy pharmacovigilance. They assessed the use of stimulant medications and antidepressant exposure and the risk of hypertensive disorders of pregnancy (HDP). HDP includes serious conditions, including gestational hypertension, preeclampsia, and eclampsia. After excluding women who had a history of chronic hypertension, they were able to include 686 women in the analyses, of which 12.5% were diagnosed with HDP. Using a case-cohort analysis, after adjusting for confounding variables, they found that stimulant use and serotonin-norepinephrine reuptake inhibitor (SNRI) use in later pregnancy (after 20 weeks gestation) were associated with an increased risk for HDP. These risks appeared to be dose related. They also found that lifetime cocaine use and panic disorder were associated with an increased risk for HDP. This article adds substantially to the literature regarding potential risks of stimulants and SNRIs in pregnancy.

Finally, we have an article by Afinogenova and colleagues on the topic of anorexia nervosa (AN) and psychiatric comorbidity associated with a biomarker. In a study of 79 women with AN (19 with AN, 26 with AN in partial recovery [ANPR]) and 34 healthy controls, they demonstrated that those with AN in partial recovery had lower fasting levels of oxytocin compared to controls. In ANPR (but not AN), oxytocin levels were negatively associated with disordered eating psychopathology and anxiety symptoms, and a greater symptom burden was associated with lower levels of oxytocin. The authors note that it is unclear why such associations with oxytocin levels are apparent in ANPR but not AN, with one possible hypothesis being that in full AN, aspects of nutritional deprivation may override this association. As the authors discuss, oxytocin may be an important topic of future research and treatment development in the area of disordered eating.

As always, we appreciate the contributions of our authors and peer reviewers in making this section possible.

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