

Pregnancy-related depression linked to eating disorders and abuse histories

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One in 10 women experience depression during pregnancy or shortly after giving birth. Although the problem has received increased attention in recent years, little is known about the causes or early-warning signs of pregnancy-related depression. In a study published in the June 2011 issue of *Journal of Women's Health*, researchers at the University of North Carolina at Chapel Hill School of Medicine offer new clues to help doctors identify at-risk patients and refer them to treatment early on.

The researchers surveyed 158 pregnant and postpartum women undergoing treatment for depression at UNC's Perinatal Psychiatry Clinic. One-third of the patients reported a history of [eating disorders](#); in addition, many had a history of physical or sexual abuse. The findings suggest these psychiatric factors may increase a woman's likelihood of developing depression during pregnancy or postpartum.

Mental health screening tools that include questions about eating disorders, abuse and other factors should be incorporated into routine prenatal care, said Samantha Meltzer-Brody, MD, the lead author of the study and director of UNC's Perinatal Psychiatry Program. "Screening by obstetrical providers is really important because they can refer patients for appropriate treatment," she said. "And that can prevent long-lasting problems for mom and baby."

Undiagnosed and treated postpartum depression "causes enormous distress to the family, and it can have long-lasting consequences for the child," said Meltzer-Brody. Children of [depressed mothers](#) are more likely to develop [mental health problems](#), and children of mothers with an active eating disorder may also be more likely to develop an eating disorder themselves. Making sure mothers struggling with [mental health issues](#) receive adequate assessment and treatment is critical to breaking that cycle, said Meltzer-Brody.

"The message we need to get out is that these things are incredibly common and routine screenings need to occur," said Meltzer-Brody. "The prevalence of abuse and eating disorder histories may be much higher than people appreciate."

Up to 25 percent of women experience physical or sexual abuse during their lifetime, a rate the UNC associate professor of psychiatry called "staggering." An estimated 6-8 percent of women are at some point affected by an eating disorder, with binge eating and bulimia nervosa being the most common, followed by anorexia and other disorders.

"Pregnancy and the postpartum period is a very vulnerable time for women," said Meltzer-Brody. Rapid changes in body shape, weight and hormone levels, combined with major lifestyle changes during the transition to motherhood, can take a toll on women-especially those with a history of previous psychiatric issues.

Despite these challenges, Meltzer-Brody said pregnancy represents an ideal time for doctors to intervene and help women get mental health treatment if they need it. "[Pregnancy] is a time when people are really motivated to make changes and get treatment, because that can have serious consequences for how you do and for how your children do," she said, adding that by conducting [mental health](#) screens during prenatal care, doctors can help curb pregnancy-related [depression](#).

Provided by University of North Carolina School of Medicine

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