

Antidepressants beneficial for women with postnatal depression

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Antidepressants are associated with better rates of treatment response and remission for women with postnatal depression, when compared to a placebo, according to a new systematic review by the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London.

Reports often focus on the risks of using [antidepressants](#) during pregnancy and the postnatal period but this paper, published today in the *Journal of the American Medical Association (JAMA)*, highlights the benefits that antidepressants can have for [women](#) with [postnatal depression](#). Postnatal depression occurs in more than 10 per cent of mothers over the first year post-delivery.

Guidelines recommend psychological interventions for mild to moderate depression, and that the risk-benefit ratio of antidepressants (including SSRIs - selective serotonin re-uptake inhibitors) be considered before using them in the postnatal period, including the effect of medication on baby and mother and the likely benefit of psychological intervention.

A systematic review of six randomised controlled trials of 596 women found that antidepressants were of benefit for postnatal depression. The study included a meta-analysis, which involved pooling data from three of the trials. It found that of the 72 women with postnatal depression randomised to treatment with SSRIs, 54 per cent reported 'much improved' symptoms or a more than 50 per cent symptom reduction, compared to 36 per cent of those who were randomised to placebo.

Remission rates (i.e. no longer meeting validated criteria for depression) were also improved, with 49 per cent of participants randomised to SSRIs showing [remission](#) compared to 26 per cent in the [placebo](#) group. These findings related to a treatment period of between six to eight weeks.

Emma Molyneaux, first author from the IoPPN at King's College London, said:

'Our findings are important due to the limited research exploring the use of antidepressants to treat postnatal depression. We would urge that treatment decisions during the postnatal period consider the potential benefits as well as risks of medication, as well as the risks of untreated depression for both mother and baby.'

Kylee Trevillion, co-author and post-doctoral researcher at the IoPPN, said: 'There have been relatively few trials of antidepressants for postnatal depression and few studies to date have included women with severe depression. Postnatal depression impacts not only the mother but also the rest of the family - more research is needed in this area to improve outcomes for mothers and their families.'

NIHR-funded Professor Louise Howard, senior author from the IoPPN, said: 'Some antidepressants are safer than others for mothers who are breastfeeding, so mothers seeking advice for depressive symptoms should ensure that their

doctor knows if they are breastfeeding.'

More information: Molyneaux E, Trevillion K, Howard L M (2015) 'Antidepressant Treatment for Postnatal Depression'. *JAMA*.

Provided by King's College London

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