

Study shows family psychiatric history increases risk of postpartum psychiatric episodes

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A new mother's risk of postpartum psychiatric conditions increases when she has an immediate family member with a psychiatric disorder,

especially bipolar disorder, according to research published today in the *American Journal of Psychiatry*. The increased risk occurs with both male or female family members. The authors presented their findings at a media briefing in New York, where they had come to deliver a presentation at the Annual Meeting of the American Psychiatric Association (APA).

Family [history](#) of psychiatric disorders is a known risk factor for developing psychiatric disorders at any time in life, and having a mother or sister with a history of postpartum psychiatric disorders increases a woman's risk for developing them. Less is known about the influence of family history of other psychiatric disorders and the influence of male family members' psychiatric history, particularly in women without a history of mental health problems. The postpartum period is a vulnerable period for the onset of psychiatric disorders.

The study, led by Anna E. Bauer, Ph.D., Postdoctoral Research Associate, University of North Carolina School of Medicine, looked at how family history of psychiatric disorder is associated with postpartum psychiatric disorders in mothers with and without prior psychiatric conditions. The researchers looked at records of birth and psychiatric treatment in a national population-based cohort in Denmark. The study involved more than 6,600 new mothers who experienced a psychiatric disorder within a year after delivery (including 2,603 within six months and 4,085 within a year).

The study was unique in looking at whether the familial risk varies depending on the sex of the family member. They found that a history of psychiatric disorders in male relatives was just as influential in the risk of postpartum psychiatric disorders as a history of psychiatric disorders in female relatives. The risk for postpartum psychiatric conditions was greater when there was a family history of bipolar disorder than for family history of depression or psychiatric conditions more broadly. The

association with family history was stronger among women with no history of psychiatric disorders.

"The importance of screening for perinatal mood and anxiety [disorders](#) has been increasingly recognized in recent years, but most of these efforts rely on identifying women after they become symptomatic," said lead author Bauer. "We hope that additional information about family history in any first-degree relative - for example, bipolar disorder in a brother - can help clinicians predict who may benefit from increased surveillance before symptoms emerge, in order to intervene as early as possible."

Current practice guidelines from the U.S. Preventive Services Task Force and the American Congress of Obstetricians and Gynecologists do not include [family](#) history as a consideration for postpartum mental health conditions. The authors conclude that [family history](#) of psychiatric disorder is highly valuable information in identifying women at risk for postpartum psychiatric illness. Information about psychiatric history in fathers and brothers is as important as a history of postpartum [psychiatric disorders](#) in mothers and sisters, the researchers note.

More information: Anna E. Bauer et al, Familiality of Psychiatric Disorders and Risk of Postpartum Psychiatric Episodes: A Population-Based Cohort Study, *American Journal of Psychiatry* (2018). [DOI: 10.1176/appi.ajp.2018.17111184](#)

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