

IPT in Postpartum Depression

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Abstract

Postpartum depression, causing women great suffering, has negative consequences for their social relationships as well as for the development of their infants. Treatment of perinatal depression is vital, otherwise, it may have negative consequences such as chronicity or the psychosocial growth retardation of the infant. Especially depressed mothers face the dilemma of medical treatment versus psychotherapy, although they have better longterm outcomes when used together in clinical practice. Interpersonal Therapy (IPT), a time-limited, dynamically informed and present-focused psychotherapy which targets to improve the interpersonal functioning of patients is a convenient option for the patients mostly face the role transitions and need interpersonal support related to motherhood.

Keywords: Postpartum; Depression; Interpersonal psychotherapy

Introduction

As shown in the literature before, perinatal mental disorders bear potential risks for the (expectant) mother and the offspring [1]. Mostly depression as well as the rest of the psychiatric diseases can take place during this special time. Approximately 13% of women fulfill the diagnostic criteria for a major depressive episode with postpartum onset [2]. It is known that untreated depression during pregnancy is an important predictor of postpartum depression and treating depression during pregnancy plays a preventative role in postpartum depression [3].

When it comes to psychiatric treatment with psychotropics, it needs to be evaluated in terms of risk factors and treatment protocols. As the necessity to use medicine during pregnancy or breastfeeding period, when both the mothers and the psychiatrists have concerns, mothers are targeted to be treated on one hand while concerning to minimize the possibility of the unborn or infant damage on the other. Even if not breastfeeding, many women do think prescriptions as second line choice, mostly because of the the fear of "potential long-term side effects".

During perinatal period, not only the multiple biological changes but also role transitions related to motherhood do take place [4]. As many biopsychosocial variants make it so individual for the new mother [5], the most important one is the interpersonal context. Inadequate or lack of perceived interpersonal support and the consequences of it makes it hard to cope with.

Interpersonal therapy (IPT), developed in the 1970s, is a time-limited, dynamically informed and present-focused psychotherapy which targets to improve the interpersonal functioning of patients [6]. Surprisingly, originally developed to be a placebo psychotherapy, soon found to have therapeutic effect [7]. It took a while for it to be used worldwide and admitted as an efficient, empirically tested psychotherapy. IPT, mainly underlined its approach to mood disorders

that enhances the importance of psychosocial factors of postpartum depression [8].

Fifty-three non-treatment seeking, pregnant patients underwent "Enhanced IPT-B" is a multicomponent model of care designed to treat antenatal depression and consists of an engagement session, followed by eight acute IPT-B sessions before the birth and maintenance IPT up to six months postpartum. They were assessed before and after treatment on depression diagnoses, depressive symptoms, and social functioning showing that ameliorates depression during pregnancy and prevents depressive relapse and improves social functioning up to six months postpartum [9].

In a study run by Pearlstein et al. in 2006; 12 weeks of outcomes between sertraline alone, IPT alone, or combined (sertraline+IPT) were compared whereas no statistical differences were found between the three groups. The most relevant finding was that women in the study at first depressive episode, when informed of the advantages and concerns of both IPT and sertraline, selected IPT with or without the addition of sertraline.

IPT can also be conceptualized in group settings. In a randomized controlled trial, 50 postpartum depression patients' outcomes who were counted in the 8-week IPT-G group and "treatment as usual" (TAU) group like antidepressants, natural remedies, non-directive counseling, and other interventions were compared [10]. Patients treated with IPT-G (consisted of two individual sessions, eight group therapy sessions (2 h duration) and an additional 2 h partner's evening) improved significantly more than those treated with TAU and showed a sustained improvement after 3 months. As the patients were also assessed in terms of marital functioning and perceptions of the mother-newborn relationship, women who received IPT-G displayed significant improvement.

Another example of interpersonal-psychotherapy-oriented context, a postnatal psychoeducation programme were run by the researchers showing to be effective in the Chinese first-time mothers who had significantly fewer depressive symptoms in the 6 week follow up [11].

Like the other “special groups” of psychiatry, perinatal patients do need extra care and treatment tools because of the precision of the period also including the infant. IPT, which were proposed to be one of the first-line treatments for PPD (at least for mild or moderate forms of depression) will be providing improvements in interpersonal context [12]. Especially mothers who regret to take medication concerning drug exposure during breastfeeding or mothers who did not get proper improvement with drug therapy during this period will be good candidates for IPT.

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