

Pregnancy Not Riskier for Most Mental Disorders

BY MARY ANN MOON
Contributing Writer

Pregnancy does not raise the risk of developing any of the most prevalent mental disorders, with the notable exception of postpartum depression, according to a report in the July issue of the Archives of General Psychiatry.

"Pregnancy is traditionally viewed as a stressful period that may provoke mental illness. However, [except for] major de-

pressive disorder among postpartum women, rates of the most prevalent psychiatric disorders are not significantly higher and, in some cases, are even lower in pregnant and postpartum women than in nonpregnant women of childbearing age," said Dr. Oriana Vesga-López of the New York State Psychiatric Institute and her associates.

Pregnant and postpartum women are widely considered to be vulnerable to psychiatric disorders, but no study to date has

used methods that permit accurate estimation of the prevalence of a wide range of such disorders among pregnant women in the general U.S. population.

"Furthermore, we know of no previous study that included nonpregnant women of comparable age drawn from the general population to identify the specific contribution of pregnancy or the postpartum period to the risk of psychiatric disorders," Dr. Vesga-López and her associates noted.

They studied the issue using a nationally representative sample of 43,093 adults surveyed in person as part of the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions conducted by professional lay interviewers in the U.S. Census Bureau.

This included nearly 15,000 women of childbearing age, of whom 453 were pregnant at the time of the survey, 994 were postpartum, and 13,025 were neither ("nonpregnant").

The survey included a diagnostic interview to screen for self-reported Axis I diagnoses, including substance use, mood disorders, and anxiety disorders.

To gauge possible psychotic disorders, respondents were asked whether they had ever been told by a physician or other health professional that they had schizophrenia or a psychotic disorder.

The 1-year prevalence of psychiatric disorders ranged from 0.4% (psychotic disorders) to 14.6% (substance use disorders) in pregnant and postpartum subjects, compared with 0.3%-19.9% for the same diagnoses in nonpregnant women, the researchers said (Arch. Gen. Psychiatry 2008;65:805-15).

The prevalence of substance use was actually lower in pregnant and postpartum women than in nonpregnant women, and the prevalence of social anxiety disorder was markedly lower.

Factors that heightened the risk of psychiatric disorder in pregnant women included younger age, single marital status, recent exposure to traumatic or stressful life events, pregnancy complications, and poor overall health.

The presence of any of these factors should alert clinicians who treat women and their children that targeted intervention might be necessary, Dr. Vesga-López and her associates said.

Despite the relatively high prevalence of psychiatric disorders in both pregnant and nonpregnant women in this study, the rate of treatment for psychiatric disorders was "very low" in both groups. This finding was particularly striking in pregnant women, given their usual access to health care during and immediately after pregnancy.

"Their failure to receive psychiatric treatment suggests the existence of important barriers to mental health care for this population," including the failure of clinicians to recognize psychiatric symptoms or to consider them a normal response to the physiologic and psychosocial changes of pregnancy, the investigators noted.

The researchers wrote that considering the importance of this period of life for mothers and their offspring, "urgent action is needed to increase detection and treatment of psychiatric disorders among pregnant and postpartum women in the United States."

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Dr. Vesga-López stated that she had no conflicts of interest to disclose.

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