

Post-partum Depression-It's Time to Pay Maximum Attention

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Introduction

With over a population of 200 million people, out of which around 1/4th of the population are suffering from common mental disorders, Pakistan has a lot to do in terms of its health sector especially in department of psychiatry and behavioural sciences. With ever-increasing population there are only around 400 psychiatrists at consultant levels to cater to such a huge number [1].

Even with the limited resources available to cater to mental health of the people, many patients don't seek medical attention due to stigmatization of mental illness in the society. With very low awareness amongst the masses about any mental disease and its symptoms, and due to cultural and religious beliefs, people tend to opt for alternate methods of treatment such as homeopathy, religious faith healers and people treating with black magic and sorcery.

A child's birth is supposed to be a significant happy moment in a women's life as she embraces motherhood. Ironically this can also cause significant mental stress in a mother's life known as Post-partum depression (PPD) or even worse Post-partum psychosis. PPD is very common amongst women in Pakistan with prevalence rate of 28- 63% the highest in Asia [2]. Ranging from symptoms as minor as irritability to extreme outcomes such as suicidal ideation and harm to the baby, PPD needs to be addressed as a serious issue [3].

With too much society barriers and usually a norm for woman to accept the new surroundings of her husband's home, a woman may take the symptoms of PPD as adjustment problems. With such a high prevalence rate of PPD in Pakistan measures should be taken to address to the core of the problem. Pregnant ladies must be prepped beforehand in their antenatal visits of the possibility of developing

PPD. Risk factors are assessed in patients who are prone to develop PPD which includes preterm neonates, previous diagnosed case or having current psychiatric illness. Both the husband and the wife should be counselled about the symptoms of PPD and to seek immediate medical help if such symptoms persist for more than two weeks. Treatment modalities which include psychotherapy and antidepressants should be explained to the patient and her family members. Mothers should be explained the use of antidepressants in lactation and their safety window and side effects to both the mother and the baby. Those apprehensive of use of antidepressants should be counselled about non pharmacological treatments. Cognitive behavioural therapy has been found to be as effective as antidepressants in severe PPD. Regular exercise and breast feeding has also shown to reduce depression in post-partum women [4].

In conclusion PPD which is now a prevalent disease in Pakistan and can easily be prevented both primarily during the antenatal visits and secondarily with antidepressants and other psycho-therapeutic modalities. Let us not scar the newly formed relationship of mother and child by PPD.

References

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