Paternal Postpartum Depression - Identification and Barriers

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- Dr. Allen does not have financial or other relationship with the manufacturer(s) of any commercial product(s) or provider(s) of any commercial service(s) discussed in this CE activity.

- This presentation will not include discussion of off-label, experimental, and /or investigational use of drugs or devices

Learning Objectives

1. Identify the signs and symptoms of postpartum depression in paternal partners.
2. Discuss the difference in the presentation of postpartum depression between maternal and paternal partners.
3. Recognize barriers to recognizing paternal postpartum depression and the outcomes of delayed identification.
4. Develop an appropriate treatment plan to address postpartum depression in paternal partners.

Pre Questions

1. What symptom of postpartum depression is more prevalent in paternal partners compared to maternal partners?
   a. Apathy towards life
   b. Depressed mood expressed as tearfulness
   c. Flat affect
   d. Irritability or anger
2. Which of the following is a barrier to the recognition of postpartum depression in paternal partners?
   a. It is underreported and underrecognized in paternal partners
   b. The lack of inclusion in clinical trials developing medications for postpartum depression
   c. There are no rating scales available for formal assessment in paternal partners

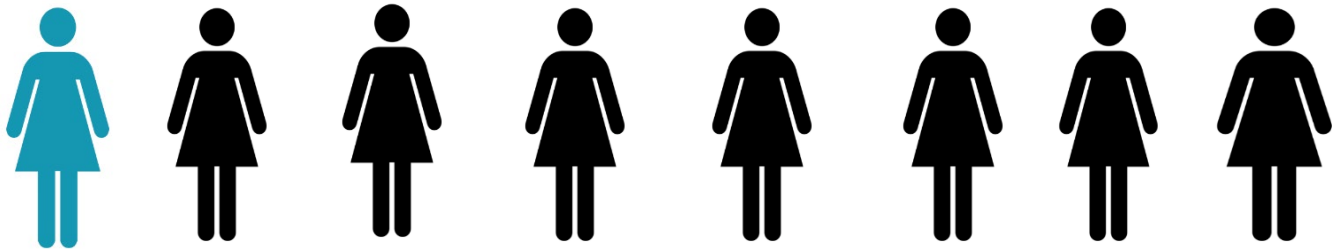
Pre Questions

3. What is the most appropriate (and documented) treatment plan to address postpartum depression in paternal partners?
   a. Psychotherapy
   b. Brexanolone
   c. Paroxetine
   d. Lorazepam

Postpartum Depression

- There is no universally excepted definition of postpartum depression

- Postpartum depression is a specifier of major depressive disorder
  - Also called: Peripartum depression or Major Depressive Disorder with peripartum onset
    - The onset of depressive symptoms occurs during pregnancy or the 4 weeks following the delivery



- Estimated that 1 in 8 mothers will experience symptoms of postpartum depression

But what about fathers?

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. Arlington, VA: American Psychiatric Association, 2022.
Depression among women (2023a) Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/reproductivehealth/depression/index.htm (Accessed: 01 February 2024).

Postpartum Depression in a New Father

- 35 year old, male
- Past Psychiatric History: Denies family history of mental illness. 1 suicide attempt in 2015. Treated for major depressive disorder while active duty in the Marine Corps and as a Veteran.
  - Mental health medication trials
    - Bupropion 150 mg
    - Quetiapine 25mg
    - Sertraline 100mg
    - Mirtazapine 15mg
  - PMH
    - Major Depressive Disorder
    - Generalized Anxiety Disorder
    - Migraines
    - Vitamin D Deficiency
    - Erectile Dysfunction

Postpartum Depression in a New Father

- HPI: Stable for 1 year after discharge from the military, then presented in October 2022 reporting symptoms of worthlessness and no will to live. He re-stablished care with his therapist and was re-started on psychiatric medications that were previously effective (bupropion, quetiapine). He reported doing well and was considered stable, then referred to general mental health (GMH).

- Visit 1 with GMH - Outpatient Clinical Pharmacist (February 2023)
  - Reports symptoms of depression “the worse they have been”. He has a new baby in the home and reports not eating, sleeping, suicidal thoughts, down mood, and inability to focus.
  - He stopped taking bupropion and quetiapine: “they make me sleep & I have to be awake for the baby”. He was restarted on sertraline 50mg daily and mirtazapine 15mg daily which he found previously helpful.
  - PHQ9 = 21, GAD7 = 15

Patient Health Questionnaire - 9 (PHQ9), Generalized Anxiety Disorder – 7 (GAD7)

Postpartum Depression in a New Father

- Visit 2 with Clinical Pharmacist (March 2023)
  - Patient reports “I am not doing well”. He has been adherent to sertraline and mirtazapine. He continues to report symptoms of increased depression. He is finding himself more irritable and unable to sleep. Endorses passive thoughts of suicide with no intent to act. He was finding some benefit with the medications, the dose of sertraline was adjusted to 100mg daily.
  - PHQ9 = 17, GAD7 = 8
- 3 days after this visit, he requested inpatient psychiatric hospitalization with a chief complaint of not getting sleep and needing to rest

The patient attended an inpatient psychiatric facility outside of the VA. During this hospitalization he was restarted on bupropion, titrated to 300mg daily. Outpatient visits, after his inpatient discharge, with GMH at the VA were scheduled, however the Veteran no showed to several appointments and was no longer being treated by GMH.

Paternal Postpartum Depression

- Prevalence of postpartum depression in fathers is 8-13%
  - May increase in correlation when the mother has postpartum depression
  - Under: screened, evaluated, recognized, and reported

- The onset in mothers may be secondary to the fluctuation of hormones (estrogen, progesterone)

- Fathers may experience fluctuations in hormones as well
  - Lower testosterone, increase estrogen
  - Change in cortisol, vasopressin, prolactin
    - Each change facilitates bonding and attachment between the father and child

Brummelte S, Galea L, *Hormones and Behavior* 2016; 77: 153–166.
Scarf J, *Innovations in Clinical Neuroscience* 2019; 16: 11-14.

Healthy People 2030 – Pregnancy & Childbirth

1. Increase the proportion of women who get screened for postpartum depression

Objective	Baseline	Current Data	Goal
1	Objective is in developmental status. It is a high priority but has no baseline data available yet. It will be considered further after baseline data is obtained		

Postpartum depression may disproportionately affect (under reported, under treated) African American women. Postpartum depression in women, increases the risk of postpartum depression in their male partner

Mental Health and Mental Disorders. Office of Disease and Health Prevention. 2023. Available: https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders

Paternal Postpartum Depression

- Risk Factors
  - History of depression
  - Marital discord
  - Financial stress
  - Maternal depression
  - Unintended pregnancy
- Postpartum depression may coexist with anxiety
  - Obsessive compulsive disorder may be more prevalent in fathers
- Preexisting depression in fathers may result in negative outcomes for the child, this may be applicable to postpartum depression

Wainwright S, et al, *BMC Pregnancy and Childbirth* 2023; 23: 675.
Scarf J, *Innovations in Clinical Neuroscience* 2019; 16: 11-14.

Clinical Presentation in Fathers

- Presents with similar symptoms recognized in mothers
- Emotional symptoms appear less pronounced
  - Irritability
  - Emotional blunting
  - Indecisiveness
    - Symptoms may be underreported or blunted by fathers, resulting in reluctancy to seek help
- Edinburgh Postnatal Depression Scale (EPDS)
  - Used to assess postpartum depression symptoms in mothers and fathers
  - Cutoff score is lower for men
- Patient Health Questionnaire (PHQ9)
  - Not specific to detection of symptoms in men

Postpartum Depression. https://www.postpartumdepression.org/postpartum-depression/men/. Accessed February 16, 2024.

Postpartum Depression in Same Sex Partners

- Postpartum depression may occur in same sex partners
  - The clinical presentation may be similar
  - Risk factors may differ from heterosexual partners
    - Stressful conception experiences
    - Discrimination amongst the parents and child
    - Previous episodes of depression
    - Difficulties in social support system
    - Neglect of the non-birth parent

Perinatal Anxiety and Depression Aotearoa. https://pada.nz/queer-families-and-postnatal-depression/. Accessed February 15, 2024.

Treatment of Paternal Postpartum Depression

- There are no randomized, controlled trials assessing the treatment of postpartum depression in fathers
- Treatment is similar to recommendations for the treatment of major depressive disorder
  - Therapy: Cognitive behavioral therapy, Interpersonal therapy
    - Appropriate for mild to moderate symptoms
  - Pharmacotherapy: Selective Serotonin Reuptake Inhibitors are typically chosen as first line agents
    - Survey data of fathers experiencing and seeking treatment for postpartum depression indicated that there was a preference for therapy over pharmacotherapy
  - Other interventions include support groups, acknowledgement of the father's mood, feelings, or stressors, educational programs, and employer support

Scarf J., *Innovations in Clinical Neuroscience* 2019;16: 11-14.
Choosing Therapy. https://www.choosingtherapy.com/postpartum-depression-men/. Accessed: February 14, 2024.

Frequently Asked Questions

1. What is the role of testosterone in the development of postpartum depression in fathers

2. Is there a role for the use of medications such as brexanolone or zuranolone for the treatment of postpartum depression in fathers

3. What are strategies to encourage fathers to engage in therapy or a trial of pharmacologic options for postpartum depression

Take Home Points

- Postpartum depression in fathers may be more prevalent than reported
- Unrecognized and unaddressed postpartum depression may result in negative consequences for the child
- The clinical presentation is similar to that of mothers experiencing postpartum depression, however, emotional symptoms may be less pronounced
- The stigma associated with depression and postpartum depression is a barrier to fathers seeking treatment (non-pharmacologic or pharmacologic)

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Question: What put this patient at risk for postpartum depression

Postpartum Depression in a New Father

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  - PHQ9 = 21, GAD7 = 15

Question: What questions could this patient have been asked to help assess for postpartum depression

Patient Health Questionnaire - 9 (PHQ9), Generalized Anxiety Disorder – 7 (GAD7)

Postpartum Depression in a New Father

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- 3 days after this visit, he requested inpatient psychiatric hospitalization with a chief complaint of not getting sleep and needing to rest

Question: Was the patient’s treatment regimen appropriate for a diagnosis of postpartum depression

Pre Questions Revisited

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Pre Questions Revisited

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Questions?

Thank you for attending!