

## 361 Depression

<b>Area:</b>	<b>Summary of Revision Updates: (Implemented Oct. 1, 2014)</b>																																			
<b>Category:</b>	No longer applies for category children (due to a lack of research).																																			
<b>Definition:</b>	<b>Clinical depression</b> (includes postpartum depression and any form of clinical depression).																																			
<b>Justification:</b>	<p><b>Depression</b> - is common; average onset is age 30 although it can occur at any age. Symptoms are:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">deep sadness</td> <td style="width: 33%;">weight loss or gain</td> <td style="width: 33%;">irritability</td> </tr> <tr> <td>loss of interest in activities</td> <td>insomnia or oversleeping</td> <td>feelings of worthlessness or guilt</td> </tr> <tr> <td>appetite changes</td> <td>decreased energy</td> <td>difficulty concentrating</td> </tr> </table> <p><b>Depression During Pregnancy</b> – often occurs during the last trimester. Increases risk of:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">nausea/vomiting</td> <td style="width: 33%;">not getting prenatal care</td> <td style="width: 33%;">fetal/infant death</td> </tr> <tr> <td>using drugs/alcohol/nicotine</td> <td>preeclampsia</td> <td>preterm delivery/low birth weight</td> </tr> </table> <ul style="list-style-type: none"> <li>• Pregnant teens are twice as likely to be depressed compared to pregnant women. Risk factors are: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">stress, lack of support</td> <td style="width: 33%;">significant loss</td> <td style="width: 33%;">substance abuse</td> </tr> <tr> <td>mental disorders</td> <td>physical disorders</td> <td>attention/learning disorders</td> </tr> </table> </li> </ul> <p><b>Antidepressant Medication Use in Pregnancy</b> – possible risks for the newborn:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">growth changes</td> <td style="width: 25%;">withdrawal</td> <td style="width: 25%;">prematurity</td> <td style="width: 25%;">rare complications (malformation/defect)</td> </tr> </table> <ul style="list-style-type: none"> <li>• Encourage a woman to discuss antidepressant benefits/risks with her health care provider.</li> <li>• Dose tapering: minimizes infant withdrawal symptoms, but increases risk of depression for the woman.</li> </ul> <p><b>Postpartum Depression</b> – women at highest risk:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">low income</td> <td style="width: 33%;">low education level</td> <td style="width: 33%;">past/current stressful life events</td> </tr> <tr> <td>younger age</td> <td>past/current traumatic experiences</td> <td></td> </tr> </table> <p><b>“Baby Blues”</b> – mild symptoms; differs from depression as is temporary (few hours up to the 10<sup>th</sup> postpartum day).</p> <p><b>Inflammation</b> – the primary risk factor triggering depression. Body inflammation levels increase during:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">last trimester of pregnancy</td> <td style="width: 33%;">interrupted sleep (caring for baby)</td> </tr> <tr> <td>postpartum pain</td> <td>past or current psychological trauma</td> </tr> </table> <ul style="list-style-type: none"> <li>• Successful breastfeeding reduces inflammation and decreases depression risk.</li> <li>• Breastfeeding difficulties can increase depression risk and should be addressed promptly.</li> </ul> <p><b>WIC Services</b> – staff can: (see <i>Guidance for Screening and Referring Women with or At Risk for Depression</i> guide)</p> <ul style="list-style-type: none"> <li>➤ Support treatment prescribed by the participant’s health care provider.</li> <li>➤ Refer untreated depressed participants to their health care provider and/or mental health resources.</li> <li>➤ Follow-up on referral(s) to ensure the woman is receiving treatment.</li> <li>➤ Encourage healthy eating (including sources of Omega-3’s for its anti-inflammation properties).</li> <li>➤ Educate about increased risk of depressive symptoms during the third trimester.</li> <li>➤ Provide adequate breastfeeding education, assessment and support.</li> </ul>	deep sadness	weight loss or gain	irritability	loss of interest in activities	insomnia or oversleeping	feelings of worthlessness or guilt	appetite changes	decreased energy	difficulty concentrating	nausea/vomiting	not getting prenatal care	fetal/infant death	using drugs/alcohol/nicotine	preeclampsia	preterm delivery/low birth weight	stress, lack of support	significant loss	substance abuse	mental disorders	physical disorders	attention/learning disorders	growth changes	withdrawal	prematurity	rare complications (malformation/defect)	low income	low education level	past/current stressful life events	younger age	past/current traumatic experiences		last trimester of pregnancy	interrupted sleep (caring for baby)	postpartum pain	past or current psychological trauma
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<b>Clarification:</b>	<ul style="list-style-type: none"> <li>• Risk 902 <i>Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions or Prepare Food</i> may be assigned for an infant/child of a mother diagnosed with depression.</li> <li>• There are 3 classes of antidepressants: (TCA’s/SSRIs are viewed as safe for pregnant/breastfeeding women) Tricyclic (TCAs)    Selective serotonin reuptake inhibitors (SSRIs)    Monoamine oxidase inhibitors (MAOs)</li> <li>• Risk 357 <i>Drug-Nutrient Interactions</i> may be assigned as appropriate to women taking antidepressants.</li> </ul>																																			