

A Review of Alternative Health Interventions in the Treatment of Perinatal Depression

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Background

- Perinatal depression (PD):
 - A mood disorder lasting from the onset of pregnancy and up to 1 year postpartum [1]
 - Affects 10 to 20% of women during pregnancy [2]
- Not always detected → increased maternal morbidity and mortality
- Linked to increased risk for substance use disorders and suicide
- Suicide: leading cause of maternal death within 1 year postpartum [6]
- Treatment with antidepressants and cognitive psychotherapy already established
- More women are now seeking alternative and non-pharmacological approaches



Results

- Data suggests an interest in alternative supplemental therapies including: omega-3 fatty acids, folate, Vitamin D, SAMe, selenium, zinc, magnesium, St. John's Wort.
- Mind and body practices with mood enhancing effects that can reduce depressive symptoms [3],[4],[7]:
 - Physical activity
 - Yoga and acupuncture
 - Bright light therapy
- Lack of randomized control trials for SAMe, selenium, zinc, magnesium, St. John's Wort, and vitamin D [3],[4],[5]

Conclusion

- PD:
 - Debilitating condition with deleterious implications on maternal and neonatal outcomes
 - If left untreated → increased risk of maternal and fetal complications:
 - Maternal: Pre-eclampsia and spontaneous abortions
 - Fetal: Developmental delay, low birth weight, and higher incidence of prematurity
- Alternative therapies and mind and body practices:
 - Both potential useful treatment to reduce depressive symptoms in PD depression and improve outcomes for both mother and baby [3],[4],[5]
 - Further investigation is needed with randomized control trials

Objective

To review potential and available non-pharmacological therapies for the treatment of PD including:

- Omega-3 fatty Acids
- Folate
- Vitamin D
- S-adenosylmethionine (SAMe)
- Selenium
- St. John's Wort
- Zinc
- Magnesium Sulfate
- Mind and Body Practices

Methods

A critical literature search of peer-reviewed publications from 2008-2020 using:

- Medline
- PubMed
- Science Direct
- PsycINFO

Search terms:

- Perinatal Depression
- Complementary and alternative treatments
- Omega-3 fatty acids
- S-adenosylmethionine (SAMe)
- Mind and body practices: yoga, acupuncture, and bright-light therapy

Discussion

- Studies showed promising evidence for omega-3 fatty acids and folic acid [3],[4]
- Daily omega-3 fatty acids such as Eicosapentaenoic acid (EPA) and Docosahexaenoic acid (DHA) as monotherapy or adjunctive treatment may help reduce PD symptoms
 - Recommend 1 gram of EPA and DHA daily in perinatal patients with depression
 - Daily intake of 0.4-5mg/day of folic acid as adjunctive therapy

References

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