

Report on Mental Health

BREAKING THROUGH » WOMEN'S MENTAL HEALTH

More than 10 per cent of new mothers suffer postpartum depression, but most try to hide the problem. **André Picard** talks to women who eventually got help – without medication

When motherhood isn't a joy

Julie Cugalj had a storybook pregnancy. She was one of those mothers-to-be who glowed. "It was the most blissful nine months of my life," she says.

The delivery itself, on Halloween night of 2004, was also a breeze, only four hours from beginning to end.

But the new mother had trouble breastfeeding her son, Alex. She was suddenly and profoundly exhausted, and wanted to sleep day and night. Her appetite vanished, along with her confidence.

"I could feel myself tumbling down the slope, but I couldn't reverse it," Ms. Cugalj says. "You come to a crisis point very quickly. You lose your sense of self-worth."

In retrospect, the 32-year-old Gatineau, Que., mother suffered classic symptoms of postpartum depression but, like many, she put on her happy mom face and struggled with the demons of depression behind closed doors.

Valerie Whiffen, a Vancouver-based psychologist, says internalizing and hiding the problem is a common reaction. "The main reason women don't seek professional help for their depression is they don't want to admit that they're not happy about the joyful event of motherhood like everyone expects them to be," she says.

When they do reach out for help, their concerns are often sloughed off by friends, family and health professionals. "Everybody says, 'It's just hormones,' but there's absolutely no scientific basis for this," Dr. Whiffen says.

While many new mothers do suffer the baby blues – a week or so of hormonal readjustment after birth that is marked by mood swings – that is not to be confused with postpartum depression, she says. Postpartum depression is like any other – a mental illness triggered by stressful life events – and motherhood can be a big stressor.

About 2.5 per cent of women of child-bearing age in the general population suffer from severe depression; in the postpartum period, that jumps to 10 to 15 per cent.



Julie Cugalj, 32, tried antidepressants before turning to therapy for her postpartum depression. ANNE-MAIRE JACKSON/THE GLOBE AND MAIL

When Ms. Cugalj finally sought help, five months after Alex's birth, the doctor prescribed antidepressants. They didn't work. Over the next couple of years, she would try a dozen or so medications, but her condition worsened. Depression interfered with her ability to bond with her son, strained her marriage and affected her work.

Only when she sought psychological help did the cloud begin to lift. "To be honest, I was a skeptic about therapy: I mean, how can you get better by just talking? But it worked."

Dr. Whiffen says therapy often succeeds where drugs do not because it can get to the root causes of the depression – the overwhelming demands on women and the guilt they feel when motherhood is not all rosy.

One of the best predictors of who will suffer postpartum depression is whether a woman's relationship is strained before the birth, she says. The other is a history of mental-health problems prior to pregnancy.

Kristy Reesor suffers from bipolar disorder so she was monitored closely during her pregnancy, but it went well and, despite the stresses of being a single mom with a colicky baby, so did motherhood. "For the first three months, things were great. I figured I was in the clear," she says.

But the lack of sleep started to catch up with her, and then the intrusive thoughts (a classic symptom of postpartum) came. Ms. Reesor worried obsessively about her daughter dying of sudden infant death syndrome, and when she picked up Cypress, she had a fear of dropping her.

"These were horrific thoughts. You don't even want to admit having them because you think they will take the baby away," says the 32-year-old from Red Deer, Alta. "You feel like the most horrible mother in the world."

Ms. Reesor sought counselling and joined a support group for women suffering postpartum depression. "The support group was huge for me. To

hear other moms echo my fears and worries took away the shame."

Ms. Reesor refused antidepressants, not wanting to risk harm to the baby she was breastfeeding. She opted instead for nutritional supplements, an approach she has used for her underlying condition, bipolar disorder. She has remained off drugs and symptom-free for seven years.

"There's definitely a link between nutrition and depression," says Brenda Leung, a PhD candidate at the University of Calgary who is part of a research team conducting a study on diet and depression during pregnancy and in the postpartum period.

Ms. Leung's research to date shows women with postpartum depression have very low levels of omega-3 fatty acids (found principally in dark fish such as tuna and leafy greens such as Swiss chard).

In the study, women will get fish oil supplements to see if it can help stave off depression, just as they take folic acid to

prevent birth defects in their babies.

"Everybody wants a magic bullet to prevent postpartum, but nature isn't that simple," Ms. Leung says. "Still, we think that good nutrition is a way of preventing depression in pregnant women and new moms."

Ms. Cugalj knew her depression was lifting when she began to enjoy food again, when playing with her son became a pleasure not a chore and when getting out of bed each morning was not an ordeal.

Now, like many couples with one child, Ms. Cugalj and her husband are having the "should-we-have-another-one" discussions. "Having a baby is the million-dollar question for every couple, but for us it's a two-million-dollar question because of everything I went through."

"There's a whole lot of fear in going back to that dark place," she says. "But every day I'm a little more willing to take that risk."

By André Picard is The Globe and Mail's public health reporter.

DEBATE RAGES

Should pregnant women take antidepressants? New research suggests the answer is no

BY ANDRÉ PICARD

Women of childbearing age, by the way, are, by the way, the most common group of people who take antidepressants. In part, newer agents called serotonin reuptake inhibitors. So naturally one of the most frequent questions asked by doctors are SSRIs safe to take during pregnancy?

The stock answer doctors give is "yes."

Because research that the babies of women who are depressed during pregnancy have worse outcomes than those of women who are not depressed during pregnancy. It's an assumption that depression during pregnancy is more harmful than the depression itself.

There are also studies that show that women who are depressed during pregnancy have high rates of depression in their children.

But new research is challenging the assumption that depression during pregnancy is better than no depression at all.

A large Danish study published last month showed that babies of mothers who have a higher rate of depression during pregnancy have a higher rate of respiratory infections. Earlier studies of these babies also have shown higher rates of respiratory infections.

Over all, however, the research suggests that antidepressants during pregnancy are better than no antidepressants at all.

Canadian research has also shown that women who are depressed during pregnancy are more likely to have a child who is born with a low birth weight.

"In a nutshell, we have evidence that women who are depressed during pregnancy have worse outcomes," says Bai Mintzes, a research fellow at the Therapeutics in the University of British Columbia.

In fact, there is so much evidence that babies of women who are depressed during pregnancy are better than those of women who are not depressed during pregnancy, that some researchers are questioning whether it's worth the risk of depression during pregnancy.

"I think there is a concern that the benefits of antidepressants during pregnancy are being questioned, and that's a good thing," says Dr. Miriam Mendelsohn, a professor at the University of Toronto.

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GENDER DIVIDE

Why women are twice as likely as men to be depressed

BY ANDRÉ PICARD

In childhood, the rates of depression in girls and boys are identical. For seniors, the rates of depression among women and men become similar as they age.

But between puberty and menopause, depression is predominantly a woman's illness, with rates two times higher – or more – than men.

That's pretty strong evidence that hormones are to blame, isn't it?

"Hormones do play a role, but it would be a big mistake to attribute everything to hor-



"Of course, this is going to have an impact on their health – their physical and mental health," she says.

Another factor in the higher rates of depression is that women have a more ruminative cognitive style. They second-guess themselves and internalize their emotions.

When men are stressed and depressed, they act out. They drink more, eat less, sleep less, lash out and are reckless. In the extreme, they commit suicide.

Women sleep more and eat more. They become more cautious and much harder on

she asks. "Why are girls suffering descending levels of self-confidence and self-esteem and soaring rates of stress as they grow up?"

A fundamental problem, Ms. Glass says, is ever-growing expectations – to look good, to be good, to succeed at everything – coupled with gender stereotyping. "Girls are still taught to be girls. They blame themselves and turn their dissatisfaction inward. ... That's the root of a lot of depression."

While boys are encouraged to be active, to play sports, to party, girls often don't have an outlet. So the Girls Action

BREAKING THRU

An eight-week series in health in Canada, focusing on treatment, recovery and the stigma of mental illness in various segments of society.

TODAY

Postpartum depression in women

NEXT SATURDAY

Coping with mental illness