



The Natural History of Depression and Anxiety Symptoms Across Pregnancy and the Postpartum in Low-Income Black and Hispanic Women



Elizabeth Wenzel¹, Robert Gibbons², Pauline Maki¹
¹University of Illinois at Chicago, ²University of Chicago

Background

- Between 6.5%-12.9% of women experience perinatal depression (PND), with comorbid anxiety (PNA) in ~50% of cases.
- Understanding the natural history of perinatal affective disorders (PNAD) can help us allocate limited resources to periods of increased risk.
- Longitudinal research to date generally shows the highest rates of PND in either the 1st or 3rd trimesters, while rates of PNA seem to increase across pregnancy and decline postpartum.
- There is limited research on racial/ethnic differences.
- No study to date has investigated PNAD longitudinally using the CAT-MH™, an adaptive test of mental health tailored for perinatal women.

Aim

To investigate longitudinal changes in depressive and anxiety in a sample of low-income Black and Hispanic women using the CAT-MH™.

Methods

- 178 women (115 Black, 63 Latina) from an urban university outpatient clinic were evaluated using the CAT-MH™ at up to 4 visits (523 total visits) during pregnancy and the postpartum as part of a longitudinal study of perinatal mental health.
- The CAT-DI and CAT-ANX were used as continuous measures of depressive and anxiety symptoms. The CAD-MDD and CAT-ANX_{≥2} were used as binary, yes/no measures of depression and anxiety.

Visit 1: <16 weeks gestation

Visit 2: ~28 weeks gestation

Visit 3: ~36 weeks gestation

Visit 4: 4-6 weeks postpartum

- We ran a series of longitudinal linear and logistics mixed-effects models to measure time-dependent changes in PNAD.

Positive screenings for depression are highest in the first trimester and decline thereafter. Positive screenings for anxiety are highest in early pregnancy in Hispanic women, but late pregnancy in Black women. Clinicians should consider racial/ethnic differences in allocating screening resources.

Results

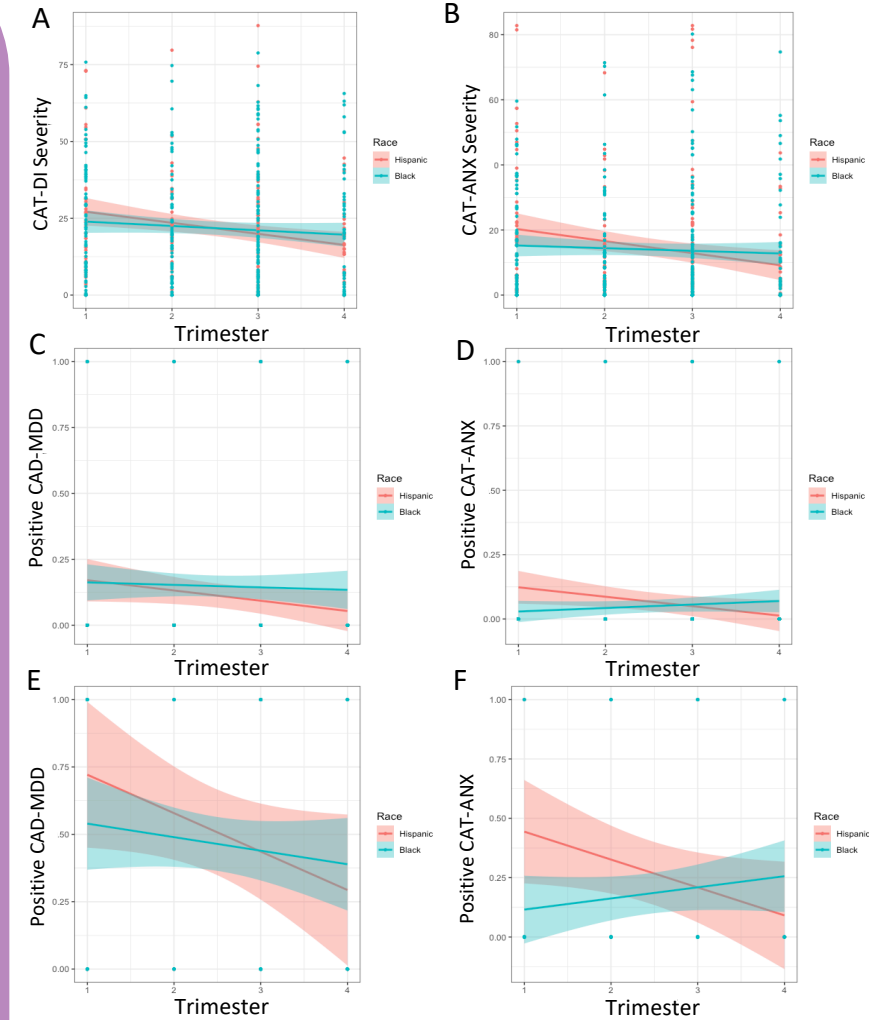


Figure 1. Changes in (a) CAT-DI, (b) CAT-ANX, (c) incidence of positive CAD-MDD, and (d) incidence of positive CAT-ANX across trimesters as a function of race/ethnicity. Figure 1 (e) shows incidence of positive CAD-MDD in women with at least 1 positive CAD-MDD screening across trimesters, and (f) shows this in CAT-ANX. Models a, b, c and f showed a significant, negative main effect of trimester. Models d and f show a significant interaction between race and trimester.