

MEDIA RELEASE**9 APRIL 2008****Opportunity for drug-free intervention in perinatal depression**

With nearly one in three women experiencing perinatal depression – and 15 percent of these experiencing more severe symptoms – health professionals have a vital role to play in preventing associated complications.

Pregnant women and new mothers are reluctant to admit to depressed feelings as they fear their doctor may prescribe antidepressant drugs. The resulting challenge for practitioners is identifying and engaging women who are at risk, according to Professor of Women's Mental Health at the University of Melbourne, Anne Buist.

“When women do seek help, it is for the baby and not for themselves,” she says.

Interventions at the perinatal stage are vital to minimise long term risks which include chronic depression, marital difficulties and suicide, and for the child, cognitive, emotional and behavioural problems.

In the April edition of *Australian Prescriber*, Professor Buist outlines practical approaches that doctors can take to assist at-risk patients before depression becomes the dominant issue.

“Talking about normal 'stress' rather than depression, and persuading mothers that to get help in fact makes them a good mother, might help break down the barriers over time. Although there is a limited evidence base, medication, cognitive behavioural and interpersonal strategies and support may be useful,” she says.

Professor Buist notes that antenatally it may already be possible to identify women likely to develop postnatal depression – making it easier to initially manage the situation without medication.

Key considerations for practitioners include: the woman's reluctance to admit how she is feeling; the need for a partner's support; and adjusting to normal change-of-life “stress”.

Helpful drug-free intervention strategies for doctors are outlined in this article in the upcoming issue of *Australian Prescriber*.

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For the complete article visit the Australian Prescriber website www.australianprescriber.com

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