

# TMS TRENDS

JUNE 2016

A publication of the TMS Institute of Pennsylvania – Advanced Neuropsychiatric Solutions

## CHILDREN OF DEPRESSED PARENTS AT HIGH RISK FOR ADVERSE CONSEQUENCES IN ADULTHOOD

The latest report from a 30-year study of families at high- and low-risk for depression reveals that the offspring of depressed parents have a higher risk for depression, morbidity and mortality that persists into middle age. While major depression typically begins during adolescence in both high- and low-risk individuals, children with a family history are more likely to have recurrent episodes of depression and poor outcomes as they mature. The findings were published in the *American Journal of Psychiatry*. Previous reports from this longitudinal study were issued at the 10- and 20-year follow-up periods. This latest analysis confirms that children of depressed parents continue to have a three-fold increase in the risk of major depression or anxiety. High-risk offspring with early-onset depression also had a higher risk of a recurrence after age 20. The low-risk group did not have an increased risk of recurrence. The study began in 1982, and the last interviews were completed in 2015. There were six waves of interviews, at baseline and 2, 10, 20, 25, and 30 years. The current analysis included 263 biological children from 91 families who entered the study at wave 1 or 2 and were assessed at wave 5 or 6. Although the high- and low-risk groups did not show differences in education, employment status, or income at the 30-year follow-up, those in the high-risk group were more likely to be separated or divorced and had fewer children. They also received more treatment for emotional problems over a longer period of time and had worse overall functioning than those in the low-risk group.

"These findings indicate that a simple family history of assessment of major depression can help identify individuals at long-term risk for depression," said Myrna Weissman, PhD, one of the lead authors of the paper.

Weissman continues, "It has been shown that even highly efficacious prevention programs for previously depressed adolescents were less effective if the parent was depressed. Our previous work has shown that treatment of the depressed parent to remission can reduce the symptoms of depression for both parent and child."

## SCREENING FOR POSTPARTUM DEPRESSION

Mothers of new babies should undergo screening for postpartum depression -- preferably across healthcare locations and at multiple times up to one year after delivery, according to a research review in the *Harvard Review of Psychiatry*.

"Postpartum depression remains vastly under-diagnosed and under-treated, despite widespread consensus regarding its prevalence and potentially devastating consequences," writes Dr. Erin Smith of Western Psychiatric Institute and Clinic of University of Pittsburgh Medical Center and colleagues. They analyze current research evidence of PPD screening from the psychiatrist's perspective.

Several highly accurate questionnaires for PPD screening are available. The most commonly used tools, such as the Edinburgh Postnatal Depression Scale, can be used in a wide range of settings and take just a few minutes to perform. Other tools can provide accurate screening for PPD in just two questions.

Screening may be performed at clinics, doctor's offices, or other settings that provide care to pregnant women and their families. The pediatrician's office has been suggested as the "most logical and readily available setting" -- although it may be challenging to carry out screening at routine well-baby visits. Dr. Smith and colleagues emphasize the need for close attention to new mothers with a past history of depression, in whom PPD risk increases to 25 percent.

"Postpartum depression screening is recognized to be important for detection, feasible to carry out across locations, and useful in facilitating early diagnosis and treatment for women," Dr. Smith and colleagues conclude.