P-477 - POSTPARTUM DEPRESSION, DISTINCT NOSOLOGICAL ENTITY OR TYPICAL DEPRESSION?

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Depression, the most prevalent psychiatric disorder in general population, is twice as common among females living in urban areas than in males or those who lives in rural regions. As it is well known, the peak incidence of depression is seen in females during their active period of life. At least in part, this socio-demographical profile correlated with the highest vulnerability for depression could explain some of the neurobiological and socio-psychological hypothesis of depression. Undoubtedly, the extreme hormonal changes resulting during pregnancy and immediately after delivery could increases the probability for index or recurrent episode of depression. The first presumed hormones as being involved in postpartum depression are represented by estrogens that are closely correlated with serotonergic neurotransmission. Beside estrogens, there were studied thyroid hormones and antithyroid antibodies, GABAergic dysfunction, variation of plasmatic β-endorphine during pregnancy and after delivery, etc. Along with biological factors, several studies revealed that psycho-social factors revealed are involved in increased diathesis for postpartum depression, too.

Recent researches found that antepartum depression have higher incidences among pregnant women than it was thought previously. Therefore, at least in some cases, postpartum depression should be considered as a continuum of a latent subclinical antepartum depression.

This paper aims to make a review of most recent data existing in international literature regarding etiology, pathogenesis and clinical features of postpartum depression. Also, the authors try to perform a pertinent analysis regarding the similitude and differences existing between typical depression and postpartum depression.