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Paternal perinatal depression: underestimation of the disorder, its clinical and classificatory entanglements, and therapeutic alternatives

Abstract

In the perinatal period, fathers may also suffer from depression, referred to as paternal perinatal depression. Studies have shown that the prevalence of paternal perinatal depression is considerably higher than in the general adult population. For example, a meta-analysis showed that the prevalence of depression among fathers was 9.76% during the prenatal period and 8.75% during the postpartum year.[1] Paternal perinatal depression can deteriorate the marital relationship and generate psychosocial and behavioral problems in the offspring (Ramchandani et al., 2021).[2] However, paternal perinatal depression has received comparatively little clinical attention. A review of the literature on this subject will list the biological, psychological and social risk factors for this condition, which include a history of depression or anxiety disorders, lack of social support, conflicts in the couple's relationship, economic and labor problems. The clinical characteristics of depression share similarities with depressions in other periods of life, and there are differential clinical features, such as anger, aggressiveness, somatic symptoms and greater comorbidity with substance abuse disorder. Early detection with scales such as the Edinburgh, Gotland and PAPA and the appropriate approach are fundamental to mitigate the effects of paternal perinatal depression. Psychotherapeutic support, psychoeducation of the disorder, and self-care tools can be part of a comprehensive approach to help parents experiencing this condition.

In conclusion, the proposal to include this disorder within the parental perinatal affective disorders, as proposed by the author Baldoni,[3] given the level of overlap that it usually has with other comorbid conditions (anxiety, alcohol abuse, impulse control disorders) and high frequency of masked symptoms, goes in the direction to give the attention it deserves for early detection and provide adequate support and treatment.

Keywords: fathers, paternal perinatal depression, risk factors, screening, depressive symptoms

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Introduction

In the perinatal period, fathers may suffer from depression, referred to as paternal perinatal depression (PPD) .Paternal perinatal depression is a mental health disorder that affects men during their partner's pregnancy and/or the first year after the baby is born.

Studies have shown that the prevalence of paternal perinatal depression is considerably higher than in the general adult population. For example, a meta-analysis showed that the prevalence of depression among fathers was 9.76% during the prenatal period and 8.75% during the postpartum year.[1] Prevalence between 8.4% (Paulson and Bazemore, 2010) to 10.4% (Cameron et al., 2016) and up to 50% concomitant with depression in the couple.

Pregnancy is the most vulnerable period for the onset of depressive symptoms in men and women (Madsen and Juhl, 2007; Figueiredo and Conde, 2011). The term Paternal Perinatal Depression could replace postpartum depression to consider and identify the possible onset, in fathers, from the prenatal period. (Cameron et al., 2016).[3–5]

Risk factors

Some of the specific risk factors, biological, psychological and social risk factors, that may increase the likelihood of experiencing perinatal depression among parents include:

1) Personal or family history of depression or mood disorders.
2) Significant stress during pregnancy or after birth, such as financial difficulties, relationship problems, or family discord.
3) Lack of social or family support.
4) If the baby has health problems or disabilities.
5) Traumatic experiences, such as a complicated birth or the loss of a previous baby.
6) Being a father for the first time.
7) Difficulties in relationships.
8) Problems with sleep and rest.
9) Conflicts in the development of sexual or gender identity.
10) Substance or alcohol abuse.
11) Infertility or difficulties conceiving.
12) Significant changes in lifestyle and responsibilities.
13) Difficulties with adapting to the role of father/mother.
14) Economic and labor problems.

There are differences in risk factors for perinatal depression between mothers and fathers. Some specific risk factors for mothers include complications during pregnancy, childbirth or postpartum, history of depression or anxiety, emotional stress, lack of social support, among others. On the other hand, for parents, risk factors may include the presence of perinatal depression in the couple, financial concerns, lack of family or social support, among others previously listed. It is important to take these differences into account when addressing and preventing perinatal depression in mothers and fathers.

Impact, diagnosis and differential clinical features

Perinatal depression, in both fathers and mothers, is an important issue and can have a significant impact on the family. Parental involvement and attachment to the newborn may be affected, which in turn may influence the emotional and social development of the child. It is important to recognize that perinatal depression in parents not only affects the parents themselves, It can also have significant consequences for mother and child. Can deteriorate the marital relationship and generate psychosocial and behavioral problems in the offspring (Ramchandani et al., 2021).[2]

Although there are similarities in the symptoms of perinatal depression between fathers and mothers, there are also significant differences in the way it manifests in each. Some clinical differences between paternal and maternal perinatal depression; Physical symptoms: In general, both fathers and mothers may experience physical symptoms of perinatal depression, such as fatigue, changes in appetite, and problems sleeping. However, mothers also face unique physical symptoms related to childbirth and pregnancy, such as postpartum pain, hormonal changes, and physical recovery after childbirth.

Some common symptoms of paternal perinatal depression include:

i. Mood swings and depressed moods.
ii. Feelings of sadness, hopelessness and despair.
iii. Loss of interest in activities you previously enjoyed.
iv. Fatigue and lack of energy.
v. Sleep problems, such as insomnia or excessive sleeping.
vi. Changes in appetite and weight.
vii. Difficulty concentrating or making decisions.
viii. Feelings of guilt or worthlessness.
ix. Recurrent thoughts about death or suicide.
x. Irritability and uncontrollable anger.
xi. Reduced sexual desire.
xii. Social isolation and withdrawal from relationships.
xiii. Relationship problems with your partner and/or baby.

Cultural differences may also influence how perinatal depression manifests in fathers and mothers. In some cultures, men are expected to be strong and unemotional, which can make it difficult to identify and treat perinatal depression in fathers. In other cultural contexts, gender role expectations may influence the perception of perinatal depression.

Due to a lack of awareness of perinatal depression in fathers, as well as gender stereotypes associated with mental health, paternal depression may not be diagnosed as frequently as maternal depression. Health professionals may also be less trained to detect perinatal depression in parents, leading to an underestimation of the prevalence of the disease in this group.

An Italian review, Bruno et al.[4] states that Paternal perinatal depression does not have a DSM V diagnostic criteria but does have a clinic defined. Mood alterations and anxiety as the main symptoms and followed by behavioral alterations, concerns about the progress of the pregnancy and the health of the baby.

There is a high frequency of comorbidities, such as anxiety disorders, obsessive thoughts, somatic complaints (headaches, tachycardia), substance abuse disorder (alcohol, other drugs). These comorbidities may cover or mask symptoms of PPD. The author Baldoni,[3] given the high comorbidity, proposed replacing the term PPD (Paternal Perinatal Depression) with PPAD (Paternal perinatal affective disorder) to use a definition more in line with the wide range of symptoms and related depressive equivalents, with male psychological distress.

Screening

Early detection is recommended with scales such as the Edinburgh, Gotland and PAPA, prenatal and postpartum version.

EPDS (Edinburgh postnatal depression scale) have 10 items to detect patients at risk of perinatal depression. It has a range from 0 to 30, the cut-off point in pregnancy is 13 or more, 10 or more in postpartum in women. For male the cut-off point is not defined.

The Gotland Scale GMDS (Male depression scale) was developed for the evaluation of male depression (Psouni et. al., 2017).The combination of EPDS and GMDS showed greater sensitivity.

The objective of PAPA (perinatal assessment of paternal affectivity) scale is to identify the vulnerability for affective disorders in parents, is an adapted scale. It has two versions, prenatal (Baldoni, Matthey, Agostini, Schimmenti and Caretti (2019) – V. 2.0 Prenatal) and postpartum (Baldoni, Matthey, Agostini, Schimmenti and Caretti (2019) – V. 2.0 Postnatal).

Suitable approaches

If a man is experiencing any of the symptoms mentioned above for a prolonged period and it is negatively affecting his daily functioning and relationships, it is advisable that he seek professional help. A doctor or psychologist can perform a thorough evaluation and make a differential diagnosis to determine whether it is paternal perinatal depression or another condition. Appropriate treatment may include individual and/or family therapy, medication, and group support. Cognitive-behavioral therapy (CBT) and interpersonal therapy have been found to be effective in treating paternal perinatal depression. These types of therapy can help the individual identify and challenge negative thought patterns and learn healthy coping strategies.

Support groups specifically for fathers experiencing perinatal depression can provide a sense of community and understanding, as well as the opportunity to share experiences and coping strategies. In some cases, antidepressant medication may be prescribed to help manage the symptoms of paternal perinatal depression. It is important to consult with a healthcare professional to determine the most appropriate medication and dosage.Being actively involved in the care of the newborn can help fathers feel connected and involved, and can provide a sense of purpose and fulfillment.

It is important for individuals experiencing paternal perinatal depression to seek help from a healthcare professional, as they

can provide a personalized treatment plan based on the severity of symptoms and the individual's specific needs. Psychotherapeutic support, psychoeducation of the disorder, and self-care tools can be part of a comprehensive approach to help parents experiencing this condition.

Conclusion

In conclusion, regular screening and effective interventions should be urgently implemented for this population. Knowledge about paternal mental health and its timely referral to a perinatal psychologist and psychiatrist is essential.

The proposal to include this disorder within the parental perinatal affective disorders, as proposed by the author Baldoni,[3] given the level of overlap that it usually has with other comorbid conditions (anxiety, alcohol abuse, impulse control disorders) and high frequency of masked symptoms, goes in the direction to give the attention it deserves for early detection and provide adequate support and treatment. There is still necessary more research in this field.

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Conflicts of interest

The authors have no conflicts of interest.

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