In Session With:

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Maternal Depression

Newborn Infants Behaving in Utero Exposure to SSRIs and Maternal Depression

Q: What is generally understood about the risks del Marriage and attention. It was unclear, however, whether some findings had been missed, or if the clinic depression. We devised our own study, with a goal of measuring infant behaviors with standardized neurobehavioral exam over the first postnatal month. The exam was conducted at 7, 14, and 30 following delivery. Four groups of infants were included in the study: exposure to SSRI-only, exposure to benzodiazepines only, exposure to maternal depression with no pharmacotherapy treatment, and exposure to maternal depression with psychotropic treatment.

A: Previous research has found that some infants whose mothers received antidepressant treatment during pregnancy may demonstrate an array of behavioral and physiological signs of stress and anxiety (remission). Several studies reported that the signs were no longer observed after the first 7-10 days following birth. It was suggested that these infants were experiencing withdrawal from the antidepressants medication. It was unclear, however, whether other findings had been missed, or if the clinic depression. We devised our own study, with a goal of measuring infant behaviors with standardized neurobehavioral exam over the first postnatal month. The exam was conducted at 7, 14, and 30 following delivery. Four groups of infants were included in the study: exposure to SSRI-only, exposure to benzodiazepines only, exposure to maternal depression with no pharmacotherapy treatment, and exposure to maternal depression with psychotropic treatment.

Q: How did postnatal behavioral outcomes vary in infants across the continuum of exposure to maternal depression? A: None of the full-term infants in the study appeared to have any serious adverse events that could be attributed to medication or depression exposure. Infants in the SSRI-exposed group and SSRI-benzodiazepine groups had lower quality of movement and more frequent signs than infants in the non-exposed group and the non-treated depression group overall. Although the change over time was not statistically different between groups, the trajectories show that both quality of movement and distress signs were highest at the 14-day assessment for SSRI-exposed infants, indicating that SSRI-exposed infants were more irritable than the non-infants during the first several weeks following birth. Infants in the non-exposed group continued to have lower quality of movement and lower self-regulation than other infants at day 30. For all three clinical groups there was a widening gap from the control infants on day 30. It is possible that these differences are attributable to maternal depression or other factors that may have contributed to these findings, and that the effects attributable to maternal depression may be more apparent later in the first month than effects attributable to medication exposure.

Mental Health and Adult Functioning

Early psychiatric problems in childhood, although common, can be particularly vexing for affected children and their families. A limited treatment evidence base (compared to that of the adult literature) and limited access to treatment from specially trained clinicians both compound the challenges faced by affected children and their caregivers. New findings from Dr. William Copeland and colleagues suggest that these challenges are not relented to childhood and adolescence, however, and may in fact affect individuals’ lives well into adulthood.

METHODOLOGICAL HIGHLIGHTS

The sample in the present study was derived from The Great Smoky Mountains Study, a prospective, longitudinal study of children’s mental health, which began in 1993. The study follows a representative sample of 1,420 individuals who were followed since childhood and are now in their mid-thirties. This sample has been followed through 11-14 different waves of data over the course of 20 years for a total of 9,941 total assessments. “This was a sample of kids who had not been identified as having any psychiatric problems at baseline,” says Dr. Copeland, “and the goal was to see how many were affected by psychiatric illness and how many got the help they needed. Because of the prospective nature of this study, and the broad structured interviews that were done, we’re also able to examine the long-term outcomes of these problems, and to pull apart the independent effect of mental health functioning on these long-term outcomes.”

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Certain psychiatric diagnoses were associated with a greater likelihood of adverse outcomes. “Conduct disorder was the best predictor of criminality and incarceration in adulthood, as we would expect,” says Dr. Copeland. “The strongest predictor of having one of these severe outcomes in adulthood was the number of psychiatric problems that the person had in childhood. Having 32 diagnoses was a much better predictor of these adult outcomes than the presence of any specific disorder.”

TREATMENT: ACCESS AND EFFECTS

Among the children with thresholds on full psychiatric symptoms, only 40% received any type of mental health services, and a much smaller proportion received SSRI+benzodiazepine treatments and services, according to Dr. Copeland. “Most of the children in this study who received services were seen at school by a social worker or guidance counselor,” he says. “This is a really important result as there could be potential access to mental health services and treatment, according to Dr. Copeland.”

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Can Change in Therapeutic Alliance Predict Kids’ CBT Outcomes?

A recent study, published in The Journal of Child Psychology and Psychiatry, assessed how the alliance between youth and therapist affected outcomes for youth receiving individual CBT for anxiety disorders. Ninety-one youth (49.5%; male: mean age 11.4 years, SD=2.1) received CBT for anxiety disorders, including separation anxiety disorder, social phobia, and GAD. Youth- and therapist-rated alliance scores were collected following session 3 (early) and 7 (late). The researchers examined early alliance, change in alliance from early to late, concordance

References:


Disclosure: Dr. Salisbury reports no affiliations with, or financial interests in, any organization that might pose a conflict of interest.