

DEPRESSION AFTER CHILDBIRTH

Don't blame the woman!

TAREQ SALAHUDDIN

.....
The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect — depression!

Many new mothers experience the baby blues — a mild, short-lived depression — for a few days or weeks after childbirth. A large number of new mothers experience postpartum depression — a more severe form of depression that can develop within the first six months after giving birth.

For women with postpartum depression, feelings such as sadness, anxiety and restlessness can be so strong that they interfere with daily tasks. Rarely, a more extreme form of depression known as postpartum psychosis can develop.

Experiencing depression after childbirth is not a character flaw or a weakness. Sometimes it is simply part of giving birth. If you are depressed, prompt treatment can help you manage your symptoms — and enjoy your baby.

It is important for the other family members to realise about the fact of the delivering mother. Sometimes, women are ill treated in their family. Sometimes family members think that the mother is neglecting her newborn instead of recognising the facts as a disease.

Signs and symptoms

The signs and symptoms of depression after childbirth vary depending on the form of depression. Signs and symptoms of the baby blues — which last only a few days or weeks — may include anxiety, sadness, irritability, crying, headaches, exhaustion, a sense of inadequacy.

Postpartum depression may appear to be the baby blues at first — but the signs and symptoms are more intense and

longer lasting, eventually interfering with your ability to function. In addition to the signs and symptoms listed above, you may experience constant fatigue, lack of joy in life, a sense of emotional numbness or failure, withdrawal from family and friends, lack of concern for yourself or your baby, excessive concern for your baby, less interest in sex, severe mood swings, impaired thinking or concentration, insomnia etc.

With postpartum psychosis — a rare condition that develops within the first six weeks after delivery — the signs and symptoms are even more severe. In addition to the signs and symptoms listed above, you may experience fear of harming yourself or your baby, confusion and disorientation, hallucinations and delusions, paranoia.

Causes

There is no single cause for depression after childbirth. Physical, emotional and lifestyle factors may all play a role.

Physical changes: After childbirth, a dramatic drop in estrogen and progesterone may trigger depression. The hormones produced by your thyroid gland also may drop sharply — which can leave you feeling tired, sluggish and depressed. Changes in your blood volume, blood pressure, immune system and metabolism can lead to fatigue and mood swings.

Emotional factors: When you are sleep deprived and overwhelmed, you may have trouble handling even minor problems. You may be anxious about your ability to care for a newborn. You may feel less attractive or struggle with your sense of identity. You may feel that you have lost control over your life. Any of these factors can contribute to depression.

Lifestyle influences: Many lifestyle factors can lead to depression, including a demanding baby or older siblings, difficulty breast-feeding, exhaustion, financial problems, and lack of support from your



partner or other loved ones.

Risk factors

Postpartum depression can develop after the birth of any child — not just the first. In fact, postpartum depression is more common in second-time mothers.

The risk of postpartum depression increases if:

- You have a history of depression, either during pregnancy or at other times
- You had postpartum depression after a previous pregnancy
- You have a history of severe premenstrual syndrome
- You experienced stressful events during pregnancy, including illness, premature birth or a difficult delivery
- You have a difficult marriage
- The pregnancy is unplanned or unwanted

When to seek medical advice

If you are feeling depressed after your baby's birth, you may be reluctant or embarrassed to admit it. But it is important

to tell your doctor. If the signs and symptoms of depression do not fade after a few weeks or if they are so severe that they interfere with your ability to complete everyday tasks, call your doctor. Early intervention can speed your recovery.

If you suspect that you are developing postpartum psychosis, seek medical attention immediately. Do not wait and hope for improvement. Postpartum psychosis may lead to life-threatening thoughts or behaviors.

Complications

Left untreated, postpartum depression can last for up to a year or longer — taking a toll on the entire family. Untreated postpartum depression can interfere with mother-child bonding and cause family distress. Children of mothers with untreated postpartum depression are more likely to have behavioral problems, including sleeping and eating difficulties, temper tantrums and hyperactivity. Delays in language development are common as well.

Treatment

Treatment and recovery time vary, depending on the severity of your depression and your individual needs.

There are treatment for the baby blues, postpartum depression and postpartum psychosis. So, do not suffer in silence.

Baby blues

The baby blues usually fade on their own within a few days to weeks. In the meantime, get as much rest as you can. Accept help from family and friends. Connect with other new mothers. If you have an underactive thyroid, your doctor may prescribe thyroid medication.

Postpartum depression

Postpartum depression is often treated with counseling and medication. Antidepressants are also a proven treatment for postpartum depression.

If you are breast-feeding, consult with

your doctor about your medication since any medication you take will enter your breast milk and thus enter your baby.

Sometimes hormone therapy also give some benefit. With appropriate treatment, postpartum depression usually goes away within a few months. Some women have lingering symptoms for months or years.

Postpartum psychosis

Postpartum psychosis requires immediate treatment — often in the hospital. When your safety is assured, treatment may begin with antidepressants or hormone therapy. Other options may include antipsychotic agents, lithium, electro-convulsive therapy etc.

Self-care

If you have postpartum depression, taking good care of yourself can help speed your recovery.

- Make healthy lifestyle choices. Rest as much as you can. Exercise regularly. Try daily walks with your baby. Eat healthy foods — plenty of fruits, vegetables and whole grains. Avoid alcohol.

- Set realistic expectations. Do not pressure yourself to do everything. Scale back your expectations for the perfect household. Do what you can and leave the rest. Ask for help when you need it.

- Make time for yourself. If you feel like the world is coming down around you, take some time for yourself. Get dressed, leave the house and visit a friend or run an errand. Or schedule some time alone with your partner.

- Avoid isolation. Talk with your partner, family and friends about how you are feeling. Ask other mothers about their experiences. Ask your doctor about local support groups for new moms or women with postpartum depression.

Remember, the best way to take care of your baby is to take care of yourself.

More than wisdom in those wisdom teeth!

REUTERS HEALTH, New York

.....
Young adults in their 20s and 30s who cannot part with their third molars (a.k.a., wisdom teeth) may be at risk for chronic oral inflammation, increasing the risk of inflammation in other areas of the body as well, according to a long-term study.

This study shows that the wisdom teeth are "an area of potential chronic inflammation with little continuing observation or actually early recognition," Dr Robert S Glickman from New York University College of Dentistry who was not affiliated with the study said. "Everyone should know the status of their third molars," he said. "It doesn't necessarily mean that they should come out at that time, or ever, but because there is this potential for early inflammation to start and obviously that can have long-term health consequences — most dramatically, in pregnant women who deliver preterm babies."

The primary health concern with wisdom teeth is infection, just like with the other teeth, Glickman explained. However, because of the unique location — in the back of the jaws — infection in the third molar region can spread down the neck in the lower jaw to the sinuses or up the neck from the upper jaw to the brain.

While many prior studies have linked periodontal, or gum disease, with systemic effects in older populations, the current



study called the Third Molar Clinical Trial is unique in that it takes a look at the risks posed by keeping the wisdom teeth in a younger population. In the ongoing trial, a team of dentists led by Dr Raymond P White, Jr, of the University of North Carolina, Chapel Hill, are tracking the health of the tissues supporting the teeth throughout the mouth, including the third molars, in more than 300 healthy subjects between the ages of 14 and 45, who at the outset had four, symptom-free third molars.

The researchers have just completed the seventh year of the study. Unexpectedly, they found that roughly 25 percent of these young adults with "healthy" wisdom teeth had considerable periodontal disease in this region.

The researchers had expected to find a rate of only about 10 percent in this young study set. Additionally, the results suggest that third molars that have broken through the tissue and erupted in a normal, upright position are just as likely to exhibit inflammation as those that remain impacted or buried.

Glickman's advice: "If your wisdom teeth are not in, you want someone to tell you where they are and what position they are in. If they are in or if they are impacted, you want someone to examine the tissues on a regular basis." "You're not necessarily going to see infection or pain," he added, but the dentist could spot "inflammatory events that could have long-term health consequences."

Facts about urticaria

DR MD SHAUKAT HAIDER

.....
If you have a lumpy and itchy rash which looks like the effect of a nettle sting and occurs for more than six weeks, you may have urticaria.

Urticaria is a transient pruritic (irritation of the skin which makes a person want to scratch) localised oedema (dropsy, swelling of part of the body caused by accumulation of fluid in the intercellular tissue spaces) in which each individual lesion lasts less than 24 hours.

The same reaction taking place in submucosa and subcutaneous tissue is termed angioedema. Urticaria of more than 6 weeks duration is termed chronic urticaria.

You may not be sure whether you have blisters, or hives (weals). A blister is the sort of thing you might get after a burn or after rowing or heavy work with a spade; it is a little sac filled with clear liquid, which may break so that the liquid comes out and the sac becomes flat, with a loose membrane lying on the skin surface. A weal is also raised above the surface, but does not have a loose membrane over liquid which can run out.

Causes of urticaria

There are many causes of urticaria. They include:

- Viral infections (like hepatitis B), infectious mononucleosis, adenoviral and enteroviral infections.
- Bacterial infections like



Streptococcal, Staphylococcal infection.

- Parasitic infection.
- Hypersensitivity reaction by drugs like different antibiotics, histamine releasing drugs.
- Foods like cow milk protein, eggs, nuts, fish, seafood, food additives.
- Sometimes some physical activities like exercise, sweating may cause urticaria.
- Solar exposure.
- Diseases like collagen vascular disease, Systemic Lupus Erythematosus (SLE), Dermatomyositis, Juvenile Rheumatoid Arthritis (JRA).
- Some hidden infection like chronic otitis media, sinusitis, dental infection, urinary tract infection may provoke urticaria.

Treatment of urticaria

Identifying and treating the underlying cause is the mainstay of treatment of urticaria.

Medication like antihistamines (H1 blockers) may relieve the symptoms.

If the ordinary treatments do not work well enough, you should surely see a specialist. The point is that alternatives do exist. In the difficult situation in which antihistamines do not help chronic urticaria, doctors often resort to prescribing steroid tablets.

It is definitely worth seeing a good specialist if you are facing long-term treatment with these steroids, because there is a view that other treatments are preferable and that long-term steroid tablets are rarely necessary.

Did You Know



How to cope with side-effects of antidepressants

Antidepressants often cause unpleasant side effects. Many of these side effects last only a few weeks and then go away on their own.

Still, side effects are the most common reason people stop taking antidepressants. Always consult a physician about your side effects, as some are serious. Do not stop taking your antidepressants or reduce the dosage without talking to the doctor or mental health professional first. Suddenly stopping can cause withdrawal-like health problems. Here are some coping strategies for the most common side effects of antidepressants.

Nausea

Nausea is one of the most common reasons people stop taking antidepressants. Nausea typically begins within a week of starting treatment. It often goes away on its own within a few weeks as your body adjusts to the medication.

Coping strategies

- Take antidepressants with food.
- Drink plenty of fluids, such as unsweetened fruit juice, cool water or ginger ale that has lost its carbonation.
- Try an antacid or bismuth subsalicylate (Pepto-Bismol).
- If available, take a slow-release form of the medication.
- Talk to your doctor about a dosage change.

Increased appetite, weight gain

Increased appetite and weight gain are common. You may gain weight because of fluid retention, lack of physical activity or development of a better appetite when your depression symptoms decrease. Certain selective serotonin reuptake inhibitors (SSRIs) are generally less likely to cause a lot of weight gain.

Coping strategies

- Eat healthy foods, such as plenty of fruits, vegetables and whole grains.
- Cut back on sweets, sugary drinks and fast foods.
- Try to exercise at least 30 minutes a day.
- Seek advice from a nutritionist or dietician.
- Talk to your doctor about switching medications.

Sexual side effects

Sexual side effects include decreased desire (libido), erectile dysfunction, delayed ejaculation and decreased orgasm. These can last throughout treatment. Selective serotonin reuptake inhibitors (SSRIs) are more likely to cause sexual side effects, particularly delayed orgasm or inability to achieve orgasm (anorgasmia). Tricyclic antidepressants (TCAs) are more likely to cause erectile dysfunction.

Coping strategies

- Talk to your doctor about changing your dose.
- Consider a drug that requires only a once-a-day dose, and schedule sexual activity before taking that dose.
- Talk to your doctor about adding or switching to an antidepressant that may counteract these effects.
- Talk to your doctor about taking a medication intended to directly treat sexual dysfunction.
- Talk to your doctor about a "drug holiday" — stopping medication for a day or so each week.

Fatigue, drowsiness

Fatigue and drowsiness are common, especially during early weeks of treatment with antidepressants.

Coping strategies

- Take a brief nap during the day.
- Get some mild exercise, such as walking.
- Avoid driving or operating machinery until the fatigue passes.
- Take the medication one to two hours before bedtime.

Insomnia

Insomnia can result because some antidepressants give you an energy boost. While that may sound appealing, it can also make it difficult to get to sleep or stay asleep — and you may be tired during the day.

Coping strategies

- Take medication in the morning.
- Avoid caffeinated food and drinks.

- Get regular exercise at least four or five hours before bedtime.

- Develop a relaxing bedtime routine.

- Talk to your doctor about temporarily taking a sedating medication at bedtime.

Dry mouth

Dry mouth is a common side effect of antidepressants that have anticholinergic effects — blocking the action of the neurotransmitter acetylcholine. That, in turn, disrupts functioning of the digestive tract and other organ systems, reducing mucus and saliva secretions.

Coping strategies

- Sip water regularly.
- Suck on ice chips.
- Chew sugarless gum.
- Suck on sugarless hard candy.
- Breathe through your nose, not your mouth.
- Brush your teeth twice a day.
- Visit your dentist regularly to help prevent tooth decay.
- Talk to your doctor about saliva substitutes.

Blurred vision

Blurred vision is a common side effect, but it usually goes away on its own within a couple of weeks. It is more commonly associated with antidepressants that block the neurotransmitter acetylcholine, which can dry out your eyes and cause blurriness.

Coping strategies

- Get an eye exam to rule out other causes of your eye problems.
- Talk to your doctor about using special eyedrops to relieve dryness.
- Talk to your doctor about a dose adjustment.

Constipation

Constipation is often associated with tricyclic antidepressants (TCAs) because they block the neurotransmitter acetylcholine. That, in turn, disrupts normal functioning of the digestive tract and other organ systems. These anticholinergic effects are the same as those behind dry mouth and blurred vision.

Coping strategies

- Drink six to eight glasses of water daily.
- Eat high-fiber foods, such as fresh fruits and vegetables, bran and whole grains.
- Get regular exercise.
- Take fiber supplements.
- Consider taking stool softeners if other measures do not work.

Dizziness

Dizziness is more common with tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs). They can cause low blood pressure, resulting in dizziness. This is more common in older people.

Coping strategies

- Rise slowly from sitting or standing positions.
- Use handrails, canes or other sturdy items for support.
- Avoid driving or operating machinery.
- Avoid caffeine, tobacco and alcohol.
- Drink plenty of fluids.
- Take medication at bedtime.

Agitation, restlessness, anxiety

Agitation, restlessness and anxiety can result from the stimulating effect that some antidepressants have. Although having more energy may sound appealing, it may mean you cannot relax or sit still even if you want to. Be alert for racing or impulsive thoughts along with high energy. If these develop, talk to your doctor right away because they may be signs of mood instability or another serious disorder.

Coping strategies

- Get vigorous exercise, such as jogging, biking or aerobics.
- Practice deep-breathing exercises and muscle relaxation.
- Consult your doctor about temporarily taking a relaxing medication.



STAR HEALTH DESK

.....
Alzheimer's caregiving is a tough, tough job. The physical demands and the emotional strains are exhausting. Before you know it, you have drifted away from your family and friends — at a time when you need them the most.

Not only can this be harmful to your physical and mental health, but it also can affect the quality of the care you provide. Caregiver burnout is one of the main reasons people with Alzheimer's are placed in nursing homes.

Many types of stress

Being the primary caregiver for a person with any chronic illness is stressful. But Alzheimer's is one of the most stressful illnesses a

caregiver can face.

The physical demands increase as the disease progresses. Your loved one needs more and more help with everyday tasks such as eating, bathing and toileting. The emotional toll increases steadily as you watch his or her personality slip away. And dementia-related behaviors can strain the coping skills of even the most patient of caregivers.

Many caregivers try to do everything themselves, which may be possible for a few months. But Alzheimer's is a path that leads only downward. And the journey can take years to complete.

Bad for your health

The sustained stress of caring for a person with Alzheimer's can affect your health dramatically. Your

immune system becomes less strong, so you are more likely to get sick and stay sick longer. Depression is the most common health problem in caregivers.

Despite these risks, family caregivers typically take care of everyone else's health better than their own. They usually sleep poorly, exercise rarely and eat less-nourishing foods. They will not stay in bed when they are ill, and they will not go to the doctor.

Sharing the load

One way to reduce individual caregiver stress is to spread it out over more people. Some caregivers may be resistant to this idea, worrying that they may be seen as inadequate or selfish if they ask for help. Others may fear their requests will be rejected.

While it is true that some people may not be able to assist you, remember that most of your friends and family do want to help but simply do not know how.

Suggest specific tasks

The next time someone says, "Let me know what I can do to help," offer a couple of concrete suggestions. Perhaps a neighbor could do some yardwork or pick up your groceries. A relative could sort bills. Friends might read a book to your loved one or take him or her for a short walk.

If you feel awkward asking for help, these tips might help:

- Consider abilities and interests.
- If a friend enjoys cooking, ask him or her to help with meal preparation. A friend who likes to drive might be able to serve as transportation to

doctor appointments.

- Prepare a list. Let the helper choose from a variety of things that need to be done. That way, the task may be more suited to his or her interests and time constraints.

- Timing is important. A person who is tired or stressed might automatically refuse a request for help. That does not mean he or she would not say yes at another time.

Peace yourself

You may have to be your loved one's primary caregiver for more than a decade. Think of the process as more of a marathon than a sprint. Marshal your resources and find every bit of assistance available, to conserve your strength for this exhausting journey. In the long run, you will be helping your loved one as well as yourself.