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THE SOCIAL ASPECT OF THE DIAGNOSIS AND CLINICAL PICTURE OF POSTNATAL DEPRESSION IN WOMEN

This article discusses the types of female depression in the postnatal period. The factors of the occurrence of postnatal depression are investigated, its symptoms are systematized, the clinical picture of its manifestation is revealed. A woman in the period of postnatal depression feels dissatisfaction with her life, the quality of life changes dramatically, becoming negative. A feeling of helplessness, despair fills all spheres of life. The usual routine is violated, which prevents us from adequately perceiving reality, thinking, and acting. Manifestations of postnatal depression significantly affect not only the woman herself, but also her child, her other children, her husband, i.e. for the whole family. One of the strongest symptoms is also a feeling of social isolation among women who have given birth, loss of life in society, and a feeling that "life passes by." The article also provides recommendations for the prevention of postnatal depression. Recommendations and conclusions can be used in practical work with pregnant and already given birth women, as well as in the process of training social workers.

Key words: postnatal depression. clinical picture, social aspect, social isolation, social worker.

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Әйелдерде постнатальді депрессияның диагностика және клиникалық көрінісінің әлеуметтік аспектісі

Қоғамның қазіргі жағдайы депрессиялық аурулардың көбеюімен сипатталады, олардың бірі – босанғаннан кейінгі депрессия. Әлеуметтік тұрақтылықтың жеткіліксіздігі және қоғамның материалдық бөлінуі жағдайында әйелдерде босанғаннан кейінгі депрессияны уақытында диагностикалау, оны тудыратын факторларды анықтау, оны емдеудің жолдарын табу қажет, өйткені бұл жас ұрпақтың ақыл-ойына, тәрбиесіне және әлеуметтік бейімделуіне тікелей әсер етеді. Бұл жұмыста босанғаннан кейінгі кезеңде әйел депрессиясының түрлері қарастырылады. Постнатальді депрессия көріністері пайда болу факторлары зерттеледі, оның белгілері жүйелендіріледі, оның пайда болуының клиникалық көрінісі анықталады. Әйел постнатальді депрессия кезінде өз өміріне қанағаттанбауы сезіледі, өмір сапасы түбегейлі өзгеріп, теріс сипатқа ие болады. Қарапайым тәртіп бұзылады, бұл шындықты дұрыс қабылдауға, ойлауға, әрекет етуге кедергі жасайды. Постналдды депрессия көріністері әйелдің өзіне ғана емес, оның баласына, басқа балаларына, күйеуіне де, яғни бүкіл отбасына да айтарлықтай әсер етеді. Ең күшті симптомдардың бірі туған әйелдерде әлеуметтік оқшаулану сезімі, қоғам өміріндегі құлдырау, "өмір жүріп жатыр"деген сезім болып табылады. Мақалада постнатальді депрессияның алдын алу бойынша ұсыныстар беріледі. Ұсынымдар мен қорытындылар жүкті және бұрын туған әйелдермен практикалық жұмыста, сондай-ақ әлеуметтік қызметкерлерді даярлау процесінде пайдаланылуы мүмкін.

Түйін сөздер: постнатальді депрессия, клиникалық көрініс, әлеуметтік аспект, әлеуметтік оқшаулау, әлеуметтік қызметкер.

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Социальный аспект диагностики и клинической картины постнатальной депрессии у женщин

Современное состояние общества характеризуется увеличением количества депрессивных заболеваний, одним из которых является постнатальная депрессия. В условиях недостаточной

социальной стабильности и сильнейшего материального расслоения общества необходимо вовремя диагностировать постнатальную депрессию у женщин, выявлять факторы, ее вызывающие, находить оптимальные пути ее лечения, так как это имеет прямое влияние на состояние психики, воспитание и социальную адаптацию подрастающего поколения. В данной работе рассматриваются разновидности женской послеродовой депрессии. Исследуются факторы возникновения постнатальной депрессии, систематизированы ее симптомы, выявляется клиническая картина ее проявления. Женщина в период постнатальной депрессии чувствует неудовлетворенность своей жизнью, качество жизни кардинально меняется, приобретая негативный характер. Нарушается обычный распорядок, что мешает адекватно воспринимать реальность, думать, действовать. Проявления постнатальной депрессии значительно влияют не только на саму женщину, но и на ее ребенка, других ее детей, мужа, т.е. на всю семью. Одним из сильнейших симптомов является также чувство социальной изолированности у родивших женщин, выпадения из жизни общества, ощущение, что «жизнь проходит мимо». В статье также даются рекомендации по предупреждению постнатальной депрессии. Рекомендации и выводы могут быть использованы в практической работе с беременными и уже родившими женщинами, а также в процессе подготовки социальных работников.

Ключевые слова: постнатальная депрессия. клиническая картина, социальный аспект, социальная изолированность, социальный работник

Introduction

In a post-industrial society, it is more common to care about the quality of goods and services produced than it is to care about the state of the mother. Attitudes towards accouchement, childbirth and pregnancy are sublime on the one hand, and on the other, they suggest women to be self-sufficient and independent. The current state of society is characterized by an increase in the number of depressive diseases, one of which is postnatal depression. In conditions of insufficient social stability and the strongest material stratification of society, it is necessary to diagnose postnatal depression in women in time, identify the factors that cause it, find optimal ways to treat it, as this has a direct impact on the state of mind, upbringing and social adaptation of the younger generation. The identification, study and systematization of the causes of socio-psychological depression in women in the postnatal period, the search for ways to eliminate it are, therefore, of practical importance, and aimed at developing optimal recommendations for the social adaptation of women in the postnatal period.

It should be noted that usually too little attention is paid to the issue of postnatal depression. Doctors do not even diagnose postnatal depression in those who have recently given birth, only when depression acquires forms of psychosis. After all, a woman finds herself in a situation where she is almost around the clock busy with a child. She gradually begins to accumulate chronic fatigue, lack of sleep and nervous tension. A woman can experience despair, fatigue, tearfulness, an acute sensitivity to the absence of attention and to different resentments, sleep and appetite are disturbed as well. Such mental state society and the woman herself often associate with the exhausting process of baby minding. Meanwhile, postpartum depression is a serious psychopathological condition that requires the intervention of various specialists, including social workers. As for the statistics on the incidence of postpartum depressive states, they will be identified in the course of further work on this topic. Obviously this condition is rarely diagnosed, although it does bring suffering to women and their families. The process of identifying and treating depression in our country is quite difficult. This is due to the peculiarities of the cultural-national mentality of Kazakh people. It is common for our women to keep their emotions and feelings to themselves, without causing concern to others. All this necessitates a more detailed study of the causes of depressive conditions. Postpartum depression is described in the works of Western researchers such as Gilbert. In their works, they note that in the postnatal period, women may experience the following emotional disturbances: maternal melancholy, postpartum depression, postpartum psychosis. According to Kendell, about 50-60% of women show maternal melancholy, which is a mild form of depression.

Diagnosis, symptoms and clinical presentation of postnatal depression in women

Depression (from the Latin word *depressio* – suppression) is a psychological disorder characterized by low mood, inhibition of intellectual and motor activity, decreased vital motives, pessimistic assessments of oneself and one's position in the surrounding reality, somatoneurological disorders. Depression is inherent in cognitive properties such as a negative, destructive assessment of self, the

outside world and the future. All these signs are also characteristic of postnatal (postpartum) depression. It is the kind of depression that occurs in the woman who gave birth in the postpartum period. This condition can last for several days (about three), and also for several months. In especially difficult cases – several years. This so-called postpartum period or depression has a negative effect not only on a woman's health, but also on the psycho-physiological development of a child. Under the influence of postpartum depression, women often think that they do not like their baby. A woman can show verbal, or even light physical aggression towards a child. Ambivalent feelings deplete the mother, and then she is disturbed by guilt. Such severe stressful situations can be observed for a couple of years, completely disrupting family life (L.L.Baz, A.N. Vassina, 2005). Obviously, if such women were assisted immediately after childbirth, the family would not have experienced such difficulties. There are also cases when women after childbirth seek help when the baby is already about three months old. They also say that bad mood and exhaustion have appeared immediately after the childbirth. At first, a young mother did not pay attention to these symptoms, hoping for their early disappearance, but the situation was aggravated, and today women are already complaining about feelings of despair, irritation, fear of harming the child, fear of killing the child, despite the love to it. A woman may also consider herself unable to be a good mother, unable to raise a child. This postpartum depression is often found in single mothers. In a state of depression, they can even abandon a child in a maternity hospital, and then, of course, after leaving a depressed state, regret it.

According to studies, postpartum depression occurs in 10-15% of parturient women (G.V.Skoblo, L.L.Baz, T.A.Balandina, 1996). Neuroendocrine changes associated with women's reproductive cycle are considered a risk factor for depression. The risk of developing depression in women of reproductive age is 10–20%, in pregnant women 9%. Additional risk factors for developing depressive disorders include a low level of education, an unstable marital status, and possible problems with the health of the mother and child.

Diagnosis is carried out under the supervision of a psychotherapist and/or clinical psychologist with experience working with such patients. It is not recommended to hesitate with the examination, it is dangerous for a woman, since postpartum type depression is fixed at the stereotypical level. The longer a diagnosis exists without treatment – the harder it is to fight it.

Diagnosis begins with an oral survey. It is important to evaluate all possible complaints of the sufferer on her own condition. All complaints are objectified, making up a unified clinical picture. Only upon receiving enough data on the basis of the symptomatic complex, we can talk about certain hypotheses.

Next, you need to collect an anamnesis. The reasons were given earlier. Each of them is subject to assessment if a woman makes such complaints. For example, a difficult course of childbirth, problems in the family, a misunderstanding of the spouse, lack of support, financial difficulties. To identify important points, the specialist asks suggestive questions, this way it is much easier to get important data. Mothers should be examined for signs of depression at 6 weeks postpartum.

The Edinburgh Postpartum Depression Scale, which is a good tool for the early diagnosis of postpartum depression, is usually used as part of a specialized diagnosis. This is the simplest test possible; the questionnaire consists of 10 questions. Each question has 4 answers. For the answer "no", zero points are awarded, for the answer "almost constantly" (there are different variations of this answer) – 4 points. Further, all numbers are summed up and the final score is given. The assessment is then calculated on to a band score.

The results from 9 to 13 points are considered alarming and indicative for the physician, the presence of some signs of depression is assumed. From 13 points and more – depression is undoubtedly present. The same test can be used for self-diagnosis in order to assess the quality and effectiveness of the treatment. Hidden postpartum depression necessarily affects the well-being of the mother, then the child, and then the whole family. Identification of the condition will allow you to turn to a specialist in time for help.

If a woman is breastfeeding, then medication is undesirable. Therefore, psychotherapy, support of a psychologist and a social worker is fundamental in the treatment and rehabilitation of such women.

Postpartum depression must be differentiated from manic-depressive psychosis (now called bipolar affective disorder). This can be done according to the results of a complete psychopathological study. As a rule, the diagnosis is not made immediately, but after some time. The diagnosis can be suspected by the results of spontaneous mood improvement, counterinhibition, excessive activity and an extraordinary surge of strength, energy. It is possible to conduct objective diagnostic methods: MRI of the brain, electroencephalography, which is prescribed

according to needs. A woman on maternity leave is more likely to develop the disease. To understand how postpartum depression is manifested, you need to carefully look at the young mother. First of all, this should be done by the husband. A special role is also given to social workers who are called upon to help people, including women who have given birth.

Deep female depression is a serious danger, up to an attempt of suicide. Women cut social contacts, become closed, unsociable. Possible problems in the sexual sphere provoke a spouse to infidelity. The situation is aggravated by aggressiveness, obsessions, hysterical fits. In such families there is a threat of divorce. Sometimes a sick girl ceases to care about the baby, refuses to approach him or intentionally harms his health. The likelihood of developing postpartum depression increases in women whose pregnancy has been severe.

The disease can be provoked by a severe stress, chronic physical fatigue or a young age of a woman in labor. There is a high likelihood of depression in people with a burdened family history and severe hormonal imbalance.

The following symptoms indicate a developing mental disorder: (G.V.Skoblo, L.L.Baz, T.A.Balandina, 1996) bad mood (with a deterioration in mood in the morning);

– disturbed sleep; early morning awakenings;

– change in appetite; refusal of food, or overeating with corresponding changes in body weight;

– guilt and humiliation, self-incrimination without a reason;

– inappropriate behavior with the child;

– violation of concentration, as well as fluctuations or indecision in decision-making; · agedonia – a mental disorder in the form of a loss of a sense of joy;

– anxiety (excessive concern about the state of health of the newborn and its safety);

– irritability;

– reduced self-esteem and a feeling of self-doubt;

– gloomy and pessimistic vision of the future;

– loss of interest in life and enjoyment;

– decreased energy, increased fatigue;

– unwillingness to have sex.

– the appearance of obsessive phobias, for example, fear of illness or the death of a child, fear of adultery, fear for one's own life, etc.

– regularly recurring tantrums, temper, aggressiveness

– apathy

– a tendency to suicidal thoughts, attempts to injure oneself.

If at least one of the listed symptoms persists for 2 weeks or more, you need to seek help from specialists. If untreated, the likelihood of developing postpartum psychosis is increased. To avoid such difficulties, it is necessary to diagnose this type of depression on time and prescribe the right treatment to eliminate it..

Mental disorders are constantly confused with a simple mood disorder. What are the differences between postpartum depression and spleen?

If we consider the issue from a general perspective, such moments are typical for postpartum depression:

Durability. Lack of variability for months and even years.

Duration. The duration of the spleen is determined by several days, maximum weeks. However, there can be no multi-year course. Apart from patients in whom dysthymia is a normal occurrence, a character trait. However, there are no other symptoms in this situation..

Lack of variability. Spleen against the background of vitamin deficiency, climate change, the time zone – is developing rapidly, but it is extremely unstable. Any positive event is enough to dispel melancholy and remove feelings of hopelessness, depression.

A clear set of symptoms. Postpartum depression can be determined by analyzing the clinical picture. This is a key way to screen for problems..

Spleen is not a diagnosis, and it is usually not associated with jumps in the level of neurotransmitters. Because pathology does not have an obvious biochemical background. This is the result of the body's response to stress, adaptation to new conditions.

The following clinical options for postpartum depression are distinguished (A.V.Chirkova, A. D.Zubareva, 2019):

– Postpartum depression (transient, occurs in a third of women shortly after giving birth, usually does not require special treatment).

– A mild or moderate depression that occurs during the year following the birth of the child (develops in 10% of women).

– Postpartum psychoses with an atypical picture (depressive or manic symptoms are present simultaneously; in future, the risk of developing bipolar disorders is high).

Classification is carried out according to the nature of the pathological process, the prevailing clinic. This is an integral criterion that combines several types of disorder.

Major postpartum depression is the most

common type of abnormality. It occurs in the majority of sufferers. It accounts for up to 75% of all clinical cases. Recovery is carried out in a home or hospital setting. The question is the severity of the pathology and the subjective desire of the woman. The clinical picture is typical: these are both a complete triad and additional symptoms (according to diagnostic criteria, there should be at least two additional manifestations). The choice of treatment tactics also lies on the shoulders of specialists.

How long does a postpartum depression of this form last? An indefinitely long, possibly protracted, chronic course that lasts for years.

Minor form is a truncated version of the previously named process. Unlike the large, the small one gives only the main triad, perhaps not even completely. In almost all cases, dysthymia is present. Persistent decrease in emotional background, also lethargy. Decreased thinking speed, suicidal thoughts and other symptoms are optional and not necessary for diagnosis.

Anxious – postpartum anxiety depression gives atypical symptoms. In addition to depression, there is constant fear. For yourself, for aggravating your own condition, for a child and so on. In addition, there is constant anxiety of an incomprehensible property. Sufferers themselves cannot explain what is happening to them, describing the situation as excruciating anxiety, restlessness, nervousness develops, and normal sleep is disturbed. Insomnia and daytime sleepiness occur. Panic attacks occur. Treatment – medication in a system with psychotherapy.

Atypical is rarely detected. It is accompanied by fragmentation or rapid variability of the symptomatic complex (polymorphism). Prerequisite for recovery – medical correction.

Psychotic is an even rarer case. It is considered a private variant of postpartum psychosis. It gives productive manifestations. Hallucinations, delusional thoughts and statements, other points. It is eliminated strictly in a hospital.

The causes of ***postpartum depression*** are as follows:

Adverse emotional atmosphere at home

Having a baby is a lot of stress for the mother. The body is in a state of severe adaptation, there may be a course of complications that only exacerbate the matter. If there is not enough support at home, a favorable psycho-emotional climate, there is no question of any normal recovery. Often the problem is the lack of assistance during the transition period, when a woman gets used to a new role. Also a huge problem is the husband's incorrect behavior – indifference or even leaving the family. Such factors can provoke not only postpartum depression, but also psychosis – an acute condition that excludes adequacy when the mother becomes dangerous for herself, her baby and others.

Hormonal changes

Hormonal background is a complex and multifaceted system, subtly connected by all its parts. Therefore, in case of violation in one sphere, violations of a different kind will inevitably develop. Changes in the level of specific sexual substances and pituitary hormones: prolactin, progesterone, estrogen – affect the concentration, production, «movement» of neurotransmitters. First of all, serotonin levels plummet, which is responsible for the normal emotional background. Then, dopamine decreases too. Recovery involves the normalization of these components with medical methods. Without correction, the disorder can last for years without any visible prospects for a spontaneous retreat.

Hereditary factor

Deviation can occur as a result of a burdened genetic component. It is proved that if there was a person in the family with an appropriate diagnosis, the likelihood of acquiring the same problem in posterity increases at times. Thus, if only the father suffered, the risks increase one and a half times. If it was a mother it gets up to 2.5 times. Presumably, the disease is more maternally transmitted. Although this fact has not yet been proven. With proper «hygiene» of the psyche, maintaining the right course of life, there is every chance of not encountering a disorder.

Depression in the anamnesis

A proven fact, a postpartum change of the genus under consideration is more common in those who already have an appropriate diagnosis. Delivery is just another, but extremely difficult trigger. Severe stress causes prolonged postpartum depression. Recovery from such a crisis will require more than one month.

Social and economic difficulties

In this case, it is precisely the violation of basic conditions needed for a human on the daily basis. The lack of sufficient funds, uncertainty in one's ability to feed a child and one-self tomorrow, instability of a financial situation – all these seem to be banal and well-understood factors that provoke dysthymia and depression. The same goes for problems with the husband. The partner does not always leave the family or show indifference. There is a chance of possible aggression, misunderstanding. The family, especially in the case of the first child, begins to

rebuild in a new way. To sum up, it is not easy for both spouses.

Fear

This reason is most typical for perfectionists, mothers who want to do everything at the highest level. In the head of such a woman there is an image of an ideal mother, which is simply unattainable in principle. Therefore, a dissonance arises: the mother does not correspond to her own beautiful, almost fabulous image. Hence the postpartum depression, problems with the adoption of the child and himself, aggressive, contrasting obsessions (obsessive thoughts) are possible with the desire to harm yourself and the baby.

The presence of other mental illnesses in the anamnesis, personality traits

Some clients of psychologists, for example, individuals of the schizoid, epileptoid type, are worse adapted to new environmental factors. In particular, they cannot quickly rebuild their lives in a new way. Hence the problems with the adoption of the current situation and the development of the corresponding pathological process occur. However, this is a transient situation. Much more complicated is the case when there is a history of psychopathy (personality disorders). For example, schizoid condition when a person strives by all means to get rid of society and interaction with others. Or narcissistic, with a "malignant" form, when a woman, in fact, is not capable of affection or empathy due to violations inherent in early childhood.

Explicit or latent dysmorphophobia

Unexpected factor. Dissatisfaction with one's own personality provokes mental problems. After a childbirth stretch marks occur. Often as a result of endocrine rearrangements, the hormonal background is disturbed. There is an excess weight, problems with skin, teeth, brittle hair. All these factors, especially when there is a dissatisfaction with one's own body, lead to an unusual, albeit quite predictable result.

Severe pregnancy, premature birth

These are tests for the body. After preterm birth, as shown by specialized studies, the violation occurs almost 15% more often, which is associated with a sharp jump in hormone levels, lack of naturalness, and completeness of the process. A difficult birth with complications, toxicosis, and other problems create almost the same effect.

Other problems

For example, under certain constitutional features a lack of sexual life can thus be concluded as a reason for it. Although the woman herself may not admit to herself such a change and natural need. In the same way, psychological problems can occur: violence in childhood, psychological trauma for children.

Identifying the causes plays a huge role. Since pharmacology alone does not help. Psycho-social assistance of specialists is needed. To make it effective enough, you need to find the «root of evil», the source of the negative state.

Conclusion

Thus, the study of this topic represents a high level of seriousness and is danger to a woman and her closest, which is not only personal, but also social in nature. A woman who has recently given birth considers herself guilty of all problems, closes herself from an outside world and does not want to seek help. Faced with the difficulties associated with caring for a child, she experiences a deep sense of guilt, unable to cope with all the worries. We classified the symptoms of postnatal depression, which can be divided into the following types: emotional symptoms (sadness, loss of pleasure), cognitive symptoms (negative perception of self, hopelessness, weakening concentration and memory, confusion), motivational symptoms (passivity, lack of initiative and perseverance in actions) and physical symptoms (impaired sleep and appetite, fatigue, constant feeling of malaise, lethargy of reactions).

Prevention of this disease involves predictive diagnosis, taking into account the following risk factors: (M.V. Shamanina, 2014)

– presence of depression in the patient or in close relatives in history (especially in the postnatal period);

– unfavorable psychological situation in the family;

– presence of traumatic events before or during pregnancy, as well as complicated pregnancy;

– inadequate perception of oneself as a mother;

– pregnancy out of wedlock, social disadvantage;

– lack of sleep, overwork.

To prevent depression from developing, the following tips and recommendations must be followed:

Lead a healthy lifestyle.

Be in nature as often as possible, breath fresh air.

Go in for sports, do exercises in the morning. Exercise has been proven to promote the production of serotonin in the body.

Organization of proper nutrition. Dishes should be varied. You need to cook them from foods rich in vitamins and minerals.

Compliance with the regime of work and rest. An adult woman should sleep at least 8 hours a day.

A positive outlook on life. We must be happy every day, with to look into the future with hope. This attitude makes a woman strong, helps her overcome any difficulties.

Avoidance of stressful situations. If the trouble does occur, then do not get hung up on it.

If you follow, the listed recommendations there will be every chance of not getting into this unpleasant state:

If there are problems with the psyche, gentleness of character, vulnerability, a tendency to introversion, feelings – prevention involves contacting specialists in a preventive manner. It is necessary to regularly undergo examinations. Many may prefer going to a private clinic so as not to risk one's social status (although there are no risks in this case).

It is highly recommended to master the techniques of relaxation and meditation.

Preventing stress will help avoid depression after childbirth.

Proper, fortified nutrition.

Psychological preparation for childbirth and motherhood.

Once again, if these simple tips are followed, the consequences will not come. Finally, risks will be minimized.

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