

Dietary Interventions and Effectiveness of Cognitive Behavioral Therapy for Perinatal Anxiety and Depression

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Description

Perinatal Anxiety and Depression (PAD) are the health conditions that affect women the most frequently during pregnancy and the postpartum period. A woman's body and psyche go through a complicated and dynamic phase throughout the perinatal period, which results in significant physiologic, emotional, and psychological changes. During pregnancy and the postpartum period, at least 20 to 30 percent of women experience the onset of at least one psychological disorder. About 18 to 25 percent of pregnant women and 15 to 20 percent of new mothers experience depression and anxiety. Billions of people worldwide have been impacted by the COVID-19 pandemic, which started in Wuhan, China, in December 2019, and more than 6.5 million people have died as a result. This has significantly changed the daily lives of countless people all around the world. People of all ages have experienced a great deal of stress and anxiety as a result of the pandemic. Pregnant women are at a higher risk of psychological distress, which could result in an increase in the frequency of PAD because it is unclear how COVID-19 may affect pregnancy and the foetus. Anxiety disorders, such as panic disorder, Obsessive-Compulsive Disorder (OCD), Generalised Anxiety Disorder (GAD), Post-Traumatic Stress Disorder (PTSD), and tokophobia (a severe fear of delivery), can develop

on their own during pregnancy and the postpartum period or coexist with depression.

Existing or prior psychological disorders, antenatal history of depression or anxiety, a lack of social support from friends and family, stressful life events or settings, low socioeconomic level, divorce, or an unstable marital relationship are all risk factors for PAD. The course of pregnancy, foetal development, and the possibility of psychopathologies are all negatively impacted by PAD. According to a meta-analysis, 1 in 3 hospitalised women for obstetric complications exhibit clinical symptoms of anxiety or depression, which is twice the rate for the general population. Pregnancy-related PAD is linked to worse foetal and neurodevelopmental outcomes, an increased fear of childbirth, a preference for caesarean sections, preterm birth with low birth weight, and a low Apgar score. These women are more likely to commit suicide and have less coping mechanisms. In reality, 20% of all maternal deaths in the postpartum period are caused by suicide. During pregnancy and the postpartum period, psychosis may recur or worsen.

The United Arab Emirates (UAE) is a developed nation with a population of 9.98 million people worldwide. According to a review of the literature, there aren't many researches utilising the EDPS scale on postpartum depression in the UAE. A recent study conducted in 2017 on postnatal patients in outlying health clinics found a rough prevalence of postpartum depression of 33% in the United Arab Emirates. It was unable to locate a GAD-7 trial on anxiety conducted in the UAE with both prenatal and postnatal participants. To diagnose anxiety and depression sooner in the prenatal and postpartum periods and treat them effectively, socio-demographic risk variables as well as clinical risk factors must be recognised. A study from 2016 found that 33% of women experienced postpartum depression, with 16% of them experiencing severe depression and 17% experiencing moderate depression. A 3% prevalence of suicidal thoughts is normal. The point prevalence of prenatal depression was 43.6%, which is much greater than the study conducted before the region was hit by the pandemic. In comparison to the western population, the prevalence is high, although statistics for the Arab world are practically identical. This broader continuum can be related to by cultural variations, various reporting practices, various perspectives on mental health problems and stigma, socioeconomic status, poverty, inadequate social services, inadequate nutrition, high stress, and biological causes.