

MEDICAL BRIEFS

"Helmet" head

More than two-thirds of bicycle-related hospital admissions and about one-third of bicycle-related emergency room visits are related to head injuries. Yet, most children do not regularly wear a helmet, even though they are more likely than older riders to suffer head injuries.

Neurosurgeon Dr. Asin Mahmood of Henry Ford Health System says wearing a helmet is the single best safety method to reduce head injury and death from bicycle crashes. Studies have shown that wearing a bike helmet can reduce the risk of head injury by 85 percent. However, the effectiveness of helmets drops if the fit is poor or if children tip the helmets back on their heads.

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Urine test

A routine test can measure levels of a protein in urine samples and may reveal early, symptomless cardiovascular disease in postmenopausal women, researchers report in *Circulation: Journal of the American Heart Association*.

Dutch scientists measured levels of albumin, a common protein in the blood, in urine samples from 1,118 healthy postmenopausal women who were followed for up to 18 years. Women in the highest quintile of urinary albumin levels had an age-adjusted cardiovascular death rate 4.4 times that of women without detectable albumin in their urine.

A small amount of albumin in the urine indicates that blood vessels in the kidneys are leaking, said researcher Dr. Jan Dirk Banga, a consultant in vascular medicine at the University Medical Center in Utrecht, The Netherlands. Scientists believe that this leakage results from malfunctioning endothelial cells, which line the inside of blood vessels. "Our finding supports the hypothesis that albumin in the urine is a reflection of vascular damage and a marker of early disease."

Source: American Heart Association

Beaumont studies

High blood pressure: William Beaumont Hospital needs people 18 and older with high blood pressure to volunteer for research studies on new medications. All study-related health care is provided at no charge. Call the Cardiovascular Disease Division at Beaumont, Royal Oak, at (248) 551-5991 or the Division of Preventive and Nutritional Medicine in Birmingham at 1-888-807-8839.

Cholesterol: Beaumont's Division of Preventive and Nutritional Medicine in Birmingham needs volunteers 18 and older with high cholesterol for a research study on treating the condition with diet or a diet-medication combination. All study-related health care is provided at no charge. Participants will be compensated for time and travel. Call (888) 807-8839.

Doctors at Beaumont are testing Comtan (entacapone), an approved drug, to determine if it extends the benefits of levodopa treatment in people with Parkinson's disease. People need to participate must have been diagnosed with Parkinson's who are taking no more than four doses of levodopa each day, and who are not yet experiencing uncontrollable movements. Research subjects must not be taking or have taken Comtan in the past. Call (248) 551-5585.

We want your health news

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer newsworthy information including Medical Database (upcoming calendar events), Medical Newsmakers (appointments/new hires in the medical field), and Medical Briefs (medical advances, short news items from hospitals, physicians, companies).

We also welcome newsworthy ideas for health and fitness related stories. To submit an item to our newspaper you can call, write, fax or e-mail us.

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Livonia, MI 48150

FAX US:
(734) 953-7279

E-MAIL US:
rskoglund@oe.homccomm.net



PPD BLUES POSTPARTUM DEPRESSION

BY MAUREN MCGERTY
SPECIAL WRITER

Progress is ongoing as medical professionals and the general public gain awareness about the struggles a woman may go through following the birth of her baby. It's a time when society expects an aura of joy and peace to come from a new mom. The reality is that the postpartum stage of pregnancy can be harsh on even the hardest soul.

"After my twins were born, I knew something wasn't right, but I didn't know what it was," said Laura Allegoet of Brighton. "I couldn't sleep. I wasn't eating. It just got to the point where I didn't want to be here anymore. I felt like I was in a big, black hole and would never get out."

About 80 percent feel a letdown or "baby blues" two or three days after delivery, crying "for no good reason." The mood passes within a couple of weeks. A considerably smaller segment, 15 to 18 percent, like Allegoet who delivered at the University of Michigan Health Center, may be overcome with "postpartum depression," or PPD, a set of symptoms requiring medication and therapy — insomnia, loss or gain in appetite, feelings of maternal inadequacy, despair or even hopelessness and self-neglect. It is recommended you should call your obstetrician if symptoms persist for more than two weeks.

The smallest group — one or two per 1,000 — are prone to postpartum psychosis and need immediate hospitalization, typically in a behavioral health unit. Cues include paranoid negative thinking, suicidal or homicidal thoughts, and delusions of sight and hearing.

Often misunderstood, bewildering and even offensive, these are things most people avoid talking about, especially with loved ones.

That's confounding to moms, dads, grandparents and caregivers is that symptoms may be intense one day, absent the next and then reappear in another day or week. And, PPD may go into hiding for up to about a year after pregnancy is over. When symptoms present, no one can figure out why mom is falling apart.

At the risk of sounding "negative" or appearing "wimpy" to a spouse, parents, siblings, other children, co-workers or friends, women as a rule tend to downplay, even deny, their own set of symptoms. Not only are mom's expectations of herself running pretty high, so are those of her loved ones.

What causes PPD?

It is not a misconception or overgeneralization that PPD is caused by the body's hormonal shifts.

"We now clearly understand that postpartum depression, like most depression, has to do with an interplay between a genetic vulnerability...and the superimposition of stressful life events," said Sheila Marcus, M.D., U-M specialist in women's mental health. "In the case of a delivery, stressful life events fall into different categories. Number one is the psychological adjustment to parenting, but more important is the physiologic stress of the delivery, the sleep deprivation that accompanies the postpartum period and the hormone dysregulation (of estrogen and progesterone)."

Marcus also said there are three critical developmental periods during a woman's life span when she may be particularly prone to depression — onset of puberty, post-delivery and perimenopause.

"What characterizes each of those three times is shifts in hormones," Marcus said.

Depression and nursing

In milder cases of PPD, breastfeeding can be therapeutic as intimacy deepens through eye-to-eye, skin-to-skin contact between mom and baby.

Yet, for some, the ages-old custom may not live up to its ideal.

"If breastfeeding doesn't go well and she has to wean early, that can be a source of depression," said Carol Huotari, manager of the Center for Breastfeeding Information with La Leche League International and a board-certified international lactation consultant. "But, usually the seeds [of depression] are already there beforehand."

Lactation may also be inhibited by a woman's reluctance to ingest medication, but Huotari emphasized that drug therapy is generally safe for mom and baby.

Two medications typically prescribed by a medical doctor or psychiatrist are Paxil (paroxetine) and Zoloft (sertraline), serotonin reuptake inhibitors used to treat depression.

What's confounding to moms, dads, grandparents and caregivers is that symptoms may be intense one day, absent the next and then reappear in another day or week.

"These have been found safe for the breastfeeding infant," Huotari said.

Local medical professionals, like Michael M. Gatt, obstetrician at St. Mary Mercy Hospital in Livonia, and U-M's Marcus agree.

"Good data supports [drug] therapy as being effective and OK to take while you're nursing," Gatt said. "It's OK to use during pregnancy if you feel like depression is happening during pregnancy and in the postpartum period."

Sleep deprivation, more so than biochemistry, during breastfeeding is known to trigger PPD, but there's no conclusive research, according to Marcus. However, she noted, a woman may be biochemically vulnerable to depression at certain stages of life.

"One obviously is the time of delivery," Marcus said. "Weaning and the re-onset of the menstrual period are other times when there can be a little blip. It's the times when hormones are fluctuating (and stabilizing)."

What can be done?

Professionals who treat women for PPD emphasized the need for dads, grandparents, siblings and good friends not only to be available but also to be alert to behavioral cues once the baby is born.

Remarkably, as the world seems to be shrinking into a global village, feelings of isolation permeate throughout the community of mothers.

"One of the common underlying problems seems to be their perception of a lack of support," Huotari said. "It can be emotional, informational, financial support, but these women feel alone. They feel they don't have anyone to go to for help."

"Perhaps the husband is concerned about another mouth to feed, so he's working more hours and may not see how important it is that he is home with her and giving her the support she needs," Huotari said. "It may be that her family is far away. Maybe her mother isn't able to come and spend time with her, or maybe their relationship isn't that good where she'd want her mother to be there with her. Perhaps her mother comes, and her mother's so good at taking care of the baby, she feels insecure about her own role."

Until recently, mothers have alighted easily through the cracks in the health system.

"We all could do a better job of educating," Gatt said. "I don't know if you can ever educate enough. And, depression is under-diagnosed to begin with in mainstream society. There's a certain amount of

Postpartum Resources

Medical experts recommend immediate attention by mom, spouse, parent, sibling, friend if a new mother exhibits any of the following symptoms.

"Blues" Two to three days following birth, crying for no apparent reason.

Postpartum depression: Feeling "blue" or "down" beyond two weeks after birth with less or gain in appetite, insomnia.

Postpartum psychosis: Paranoid negative thinking, suicidal or homicidal thoughts, delusions of sight and/or hearing, desire to hurt self or another person.

Support groups

- Japanese Mother/Baby Club
- Botsford Center for Health Improvement, 39750 Grand River, Novi, (248) 477-6100. Meets 2nd Thursday of each month, 1 p.m. to 2:30 p.m.
- Mother-Baby Postpartum Support Group, Marian Women's Center, St. Mary Mercy Hospital, 36475 Five Mile Road, Livonia, (734) 655-1100. Meets 2nd Tuesday of each month, 10-11 a.m. The group meets in West Addition Conference Room B. Please use the South Entrance from Levan Road.

- If you'd like to form a postpartum support group, assistance is available from California-based Postpartum Support International. Call Jane Honigman at (805) 967-7636 or visit www.postpartum.net.
- Emotions Anonymous Hotline (734) 427-8189

For more information about Recovery Inc., call (313) 561-2521 for a meeting site; write to: 802 North Dearborn Street, Chicago, IL, 60610; or visit www.recovery-inc.com.

Medical assistance

- Botsford Center for Health Improvement, Novi, (248) 477-6100.
- Henry Ford Health System, Detroit and suburbs, (800) HENRYFORD or HenryFord.com.
- Oakwood Health System, Dearborn, (313) 593-7623 or Apex Behavioral Health PLLC, (800) 427-7877.
- St. Joseph Mercy Hospital, Ann Arbor, (734) 712-2595.
- St. Mary Mercy Hospital, Marian Women's Center, Livonia, (734) 655-1100, (800) 494-1615 or www.stmarymercy.org.
- University of Michigan Health System, (734) 764-9190 or www.med.umich.edu/womenaguide.

References to read

- "Medications and Mothers' Milk" and "Clinical Therapy in Breastfeeding Patients," by Thomas W. Hale, R.Ph., Ph.D., an associate professor of pediatrics and pharmacology at Texas Tech University School of Medicine in Amarillo.
- "This Isn't What I Expected: Overcoming Postpartum Depression," was co-written by Valerie Davis Raskin, a University of Chicago psychiatrist.
- "Behind the Smile: My Journey Out of Postpartum Depression," by Marie Omond and Maria Wilke.
- "Postpartum Depression: A Comprehensive Approach for Nurses" by Kathleen Kendall-Tackett.



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