

## Letters to the Editor

### High Prevalence of Peripartum Depression Among Physician Mothers: A Cross-Sectional Study

TO THE EDITOR: Although accurate estimates are difficult to obtain, peripartum depression is experienced by approximately 10%–15% of women in the general population (1), and it has severe consequences for mother and child. Female physicians are reluctant to divulge or seek mental health care (2); however, peripartum depression among female physicians has not been well described. We examined the prevalence of peripartum depression, treatments accessed, and stigmatizing views among female physicians.

Survey participants were recruited from the Physician Moms Group, an online Facebook community of female physicians who are mothers, through posts on the group's home page containing a link to an anonymous survey. The survey included self-report questions about history of peri- or postpartum depression, treatments received, and whether participants held any personal stigmas regarding mental health problems among physicians (3). In-depth methodology has been described previously (4).

The proportion of participants reporting peripartum depression (combined peri- and postpartum depression) was examined across racial-ethnic and professional characteristics.

Logistic regression models estimated odds ratios and corresponding 95% confidence intervals (CI) for prevalence of peripartum depression, receipt of treatment, and endorsement of stigma. Covariates were selected a priori based on associations in the literature.

Of the 5,698 physician mothers who completed the survey, 74% were white, 13% were Asian, 8% were Hispanic, and 5% were black. We found a high overall prevalence of peripartum depression (25%). Among those with peripartum depression, there was low treatment seeking: 34% reported pharmacotherapy, 25% received psychotherapy, and 40% received either treatment. Nineteen percent used only self-care activities (e.g., exercise).

Racial differences in treatment seeking were noted. In adjusted analysis, black physicians had lower odds of reported peripartum depression compared with white physicians (odds ratio=0.66, 95% CI=0.44–0.97). Asian physicians had lower odds of receiving any formal treatment (odds ratio=0.48, 95% CI=0.32–0.73).

The majority of physicians (74%) endorsed at least one stigmatizing belief about physicians with mental health conditions, and endorsing this view was independently associated with decreased odds of receiving peripartum depression treatment (odds ratio=0.48, 95% CI=0.37–0.65) (Table 1).

**TABLE 1. Adjusted odds of prevalence of and treatment for peri- or postpartum depression among physician mothers, by race and ethnicity<sup>a</sup>**

Characteristic	History of Peri- or Postpartum Depression (N=1,428)		Psychotropic Therapy <sup>b</sup>		Psychotherapy <sup>b</sup>		Any Formal Treatment <sup>b,c</sup>	
	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI
Race <sup>d</sup>								
White (reference)	—	—	—	—	—	—	—	—
Black	<b>0.66</b>	<b>0.44–0.97</b>	0.67	0.30–1.50	0.98	0.43–2.22	0.78	0.37–1.66
Asian	0.85	0.69–1.04	<b>0.42</b>	<b>0.27–0.66</b>	<b>0.62</b>	<b>0.39–0.98</b>	<b>0.48</b>	<b>0.32–0.73</b>
Other <sup>e</sup>	1.21	0.92–1.60	0.55	0.32–0.95	0.76	0.43–1.35	<b>0.58</b>	<b>0.35–0.96</b>
Ethnicity <sup>d</sup>								
Not Hispanic or Latino (reference)	—	—	—	—	—	—	—	—
Hispanic or Latino	1.02	0.79–1.32	0.98	0.61–1.57	1.04	0.63–1.72	1.00	0.63–1.58
Endorses any stigmatized views <sup>f</sup>	(Not examined for prevalence)		<b>0.48</b>	<b>0.36–0.64</b>	<b>0.71</b>	<b>0.52–0.97</b>	<b>0.48</b>	<b>0.37–0.65</b>

<sup>a</sup> Results were adjusted for age, marital status, number of children, medical specialty, level of training, practice type, drug use, binge alcohol use, and intimate partner abuse. Treatment models were adjusted additionally for stigmatizing views on mental health. Boldface indicates statistical significance.

<sup>b</sup> "Any formal treatment" was defined as receiving psychotropic medications, psychotherapy, ECT, or transcranial magnetic stimulation.

<sup>c</sup> Odds ratios represent treatment evaluated among those with a history of peri- or postpartum depression.

<sup>d</sup> For race and ethnicity, the reference for every odds ratio were non-Hispanic white subjects.

<sup>e</sup> "Other" includes American Indians or Alaska Natives, Native Hawaiian and other Pacific Islanders, or "other" option as selected by the participant.

<sup>f</sup> Any positive response to a five-question stigma scale adapted from Wimsatt et al. (3).

Our study demonstrates that peripartum depression is common among physician mothers. Less than half of the women in our study received formal treatment, with Asian subpopulations least likely to receive treatment. Most of these women reported stigmatizing attitudes regarding mental health conditions, and stigma was associated with decreased treatment utilization. Although our study is limited by reliance on self-reported depression instead of a validated instrument, only a third of women with instrument-validated depression will self-report depression (5). This study underscores the need for further research into the prevalence of peripartum depression, and barriers to treatment, among physician mothers.

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## Corrections to Kennard et al., Pham et al., Brent et al.

The Suicidal Ideation Questionnaire-JR (by WM Reynolds and JJ Mazza [School Psychology Review 1999; 28:17–30]) consists of 15 items each scored on a seven-point scale from 0 (“I never had this thought”) to 6 (“Almost every day”). A total score ranging from 0 to 90 is calculated as the sum of each item. “Clinically significant” suicidal ideation is defined as a total score greater or equal to 31. An authorship group that has published several studies in *The American Journal of Psychiatry* that used this scale discovered that they incorrectly coded each item on a 1 to 7 scale, which inflated the total score by 15 points. Therefore, the means and the cut point for “clinically significant” suicidal ideation reported are incorrect. No main findings or conclusions reported in the papers are affected. The authors have provided erratum memos that have been posted with each of the affected articles as supplemental data. The articles to which these erratum memos have been added are as follows:

Kennard BD, Goldstein T, Foxwell AA, et al: As Safe as Possible (ASAP): A Brief App-Supported Inpatient Intervention to Prevent Postdischarge Suicidal Behavior in Hospitalized, Suicidal Adolescents (*Am J Psychiatry* 2018; 175: 864–872, September 2018 issue, first published online July 19, 2018 [doi: 10.1176/appi.ajp.2018.17101151])

Pham S, Porta G, Biernesser C, et al: The Burden of Bereavement: Early-Onset Depression and Impairment in Youths Bereaved by Sudden Parental Death in a 7-Year Prospective Study (*Am J Psychiatry* 2018; 175:887–896, September 2018 issue, first published online June 20, 2018 [doi: 10.1176/appi.ajp.2018.17070792])

Brent D, Melhem N, Ferrell R, et al: Association of FKBP5 Polymorphisms With Suicidal Events in the Treatment of Resistant Depression in Adolescents (TORDIA) Study (*Am J Psychiatry* 2010; 167: 190–197, February 2010 issue [doi: 10.1176/appi.ajp.2009.09040576])

Brent D, Melhem N, Donohoe B, et al: The Incidence and Course of Depression in Bereaved Youth 21 Months After the Loss of a Parent to Suicide, Accident, or Sudden Natural Death (*Am J Psychiatry* 2009; 166:786–794, July 2009 issue [doi: 10.1176/appi.ajp.2009.08081244])

Brent DA, Emslie GJ, Clarke GN et al: Predictors of Spontaneous and Systematically Assessed Suicidal Adverse Events in the Treatment of SSRI-Resistant Depression in Adolescents (TORDIA) Study (*Am J Psychiatry* 2009; 166:418–426 April 2009 issue [doi: 10.1176/appi.ajp.2008.08070976])