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Postpartum Depression

TO THE EDITOR: Stewart and Vigod (Dec. 1 issue)¹ discuss various strategies for managing postpartum depression. We would emphasize the important role of electroconvulsive therapy (ECT) for severe postpartum depression and psychosis. Suicide and infanticide are the most dangerous outcomes associated with undertreated severe postpartum mental illness, as highlighted by the Andrea Yates tragedy in 2001.^{2,3} ECT is a well-established treatment in modern psychiatry that is indicated to quickly resolve severe postpartum mood and psychotic episodes when treatment delay could endanger the mother or baby.⁴ And yet, despite a long history of safety and efficacy, ECT remains underused largely because of stigma and misperceptions about its current use. Evaluation of severe postpartum depression and psychosis should include consideration of ECT for these potentially devastating illnesses.

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Dr. Kellner reports receiving fees from *Psychiatric Times*. No other potential conflict of interest relevant to this letter was reported.

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THE AUTHORS REPLY: Hart et al. emphasize the role of ECT in the acute management of severe postpartum depression and psychosis. Although

ECT is not typically used as first-line therapy, especially given the need for general anesthesia, we most certainly agree, as stated in our article, that ECT may be required “for severe cases that are unresponsive to drug therapy or when active suicidal intent or psychosis is present.” Hart et al. also highlight the serious risks of undertreated severe postpartum mental illness, such as suicide and infanticide, and the underuse of effective treatments in these patients. A major barrier to treatment relates to concern, not completely unfounded, about fetal or infant exposure to antidepressant drugs during pregnancy or breastfeeding.¹ When psychotherapy does not induce remission but ECT is not clinically indicated, women who are hesitant to use antidepressants are at risk for undertreatment. More research is needed to assess whether focal brain stimulation therapies such as transcranial direct-current stimulation and repetitive transcranial magnetic stimulation, which may be more acceptable to some women than antidepressants,² are effective and safe for the treatment of postpartum depression.

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Dr. Vigod reports being the principal investigator of an ongoing pilot study of transcranial direct-current stimulation for major depression in pregnancy (ClinicalTrials.gov number, NCT02116127). No further potential conflict of interest relevant to this letter was reported.

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