

122 Self-Injurious Behavior in a Community Sample of Young Women: Relationship With Childhood Abuse and Other Types of Self-Damaging Behaviors

132 Postpartum-Onset Obsessive-Compulsive Disorder: Incidence, Clinical Features, and Related Factors

Refining the Questions in Women's Mental Health

As we begin a new year, 2 articles in our "Focus on Women's Mental Health" section bring us new data in the areas of postpartum obsessive-compulsive disorder (OCD) (Uguz et al.) and self-injurious behavior in women (Favaro et al.). These areas are obviously important to women's health but, at first glance, are not closely related to each other. Both remind us, however, that even in 2007—with all the advances in psychiatry over the past decades—we are still refining the questions that we ask rather than celebrating our ability to cure.

Uguz et al. assessed the prevalence of obsessive-compulsive symptoms at 6 weeks postpartum in a sample of 302 postpartum women. They found that 4% of the sample was suffering from postpartum OCD, higher than the prevalence of OCD in the general population and in women of reproductive age. Favaro et al. assessed a community sample for self-injurious behaviors and associated risk factors. They found high rates of self-injurious behavior, noted in almost a quarter of the women screened. Among psychiatric illnesses, most of which carry the burden of stigma and shame for most patients, postpartum diagnoses and self-injurious behaviors may be particularly stigmatizing.

Mood disorders are known to affect from 10% to 20% of women after delivery, but less is known about anxiety disorders. Many of the anxiety disorders are more prevalent among women than men,¹ although interestingly, this is not the case with OCD. Anxiety symptoms appear to be common in the postpartum, and women with postpartum depression appear to be at risk for anxiety symptoms as compared with women who experience depression that is not in the postpartum context.^{2,3}

Considering the absolute neediness of a newborn baby, an evolutionary need for heightened vigilance in postpartum mothers very likely exists; in women with postpartum OCD, it may be the case that normal reactions go awry and produce suffering and difficulty with functioning. As found by Uguz et al., it is not uncommon for obsessions to include aggressive thoughts that may involve harm to the baby. For a new mother with no understanding of what she is experiencing, the symptoms of OCD are frightening and painful. Postpartum obsessions and compulsions can also lead to isolation, as a woman may experience great shame in revealing intrusive and/or aggressive thoughts about her baby. It is too often the case that when she does share such thoughts, lack of understanding and education among health care providers prevents her from accessing and receiving care in an informed way. Several cases of mothers killing their children have come under the media spotlight and emphasize the need for careful evaluation of all aggressive thoughts. The relatively high prevalence of postpartum OCD and its common presentation with aggressive thoughts require that health care providers understand postpartum OCD and its presentation and differentiate aggressive obsessions from homicidal ideation and psychosis. Also, with a prevalence of 4%, postpartum OCD might be considered a common complication of childbirth that should be discussed routinely at obstetrical visits and childbirth courses.

Favaro et al. report on the rate of self-injurious behavior in a community sample in Italy. They found that 24% of participants reported self-injurious behaviors, with strong associations with eating disorders and childhood abuse. With such a high representation of women in the community endorsing self-injurious behaviors, it would make sense to screen for such behaviors routinely, and to investigate whether the risk for self-injurious behavior is as high in men as well. Favaro et al. highlight the need for clinicians to screen for common problems such as self-injurious behaviors, disordered

eating, and histories of trauma and abuse. Their findings also underscore the need for a better understanding of the etiology of self-injurious behavior. The field of psychiatry is gaining a better understanding of the influences of early trauma and risk for psychopathology, as well as the neurobiological consequences of childhood abuse.⁴

With the first "Focus on Women's Mental Health" section of 2007, I am reminded that often we are not problem solving, but rather refining questions. Both articles featured in this special section have important clinical relevance, as they highlight a need to screen and address areas that may deeply impact the lives of our patients. Both articles suggest a need for better psychoeducational efforts, so that the public and health care providers are better prepared to help women who experience the described conditions. Both articles also highlight the need for research that will provide a better understanding of etiology and treatment responses and ultimately offer excellence in treatment and prevention.

Please contact me at marlenef@email.arizona.edu with any comments or questions about the "Focus on Women's Mental Health" section. I welcome your feedback.

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