



Structure of Mood and Anxiety Disorders during the Perinatal Period: Implications for Assessment and Treatment

Gennady Verkhivker*

Department of Psychiatry, University of Santiago de Compostela, A Coruña, Spain

ABOUT THE STUDY

The perinatal period, which includes the time during pregnancy and up to one year after childbirth, is a critical time for the mental health of women. Mood and anxiety disorders are among the most common mental health conditions experienced by women during this period. However, the structure of these disorders in the perinatal period is not well understood. A recent study titled "The structure of mood and anxiety disorder symptoms in the perinatal period" by Di Florio, et al. aimed to address this gap in knowledge.

The study used data from two large samples of women, one from the UK and one from the US, who were in the perinatal period. The UK sample consisted of 2,509 women who completed an online survey at 32 weeks of pregnancy and at eight weeks postpartum. The US sample consisted of 1,019 women who completed an online survey at six weeks postpartum. Both samples included measures of depression, anxiety, and stress symptoms.

The results of the study revealed that the structure of mood and anxiety disorder symptoms in the perinatal period is similar to that found in non-perinatal samples. Specifically, the study found that depression, anxiety, and stress symptoms were distinct but related constructs. Depression was characterized by symptoms such as low mood, loss of interest, and feelings of worthlessness. Anxiety was characterized by symptoms such as worry, restlessness, and irritability. Stress was characterized by symptoms such as feeling overwhelmed, feeling unable to cope, and feeling tense.

The study also found that there were some differences in the structure of mood and anxiety disorder symptoms between the UK and US samples. Specifically, the UK sample had a clearer separation between depression and anxiety symptoms, whereas the US sample had more overlap between these two constructs. This finding may reflect cultural differences in the expression of mental health symptoms between these two countries.

Overall, the study contributes to our understanding of the structure of mood and anxiety disorder symptoms in the perinatal period. By identifying the distinct but related constructs of depression, anxiety, and stress, the study highlights the importance of assessing each of these constructs separately when evaluating the mental health of women during this period. This is particularly important given that different treatments may be more effective for different types of symptoms. For example, cognitive-behavioral therapy may be more effective for anxiety symptoms, whereas interpersonal therapy may be more effective for depression symptoms.

The study also has implications for the assessment of perinatal mental health. Current diagnostic systems, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), categorize mood and anxiety disorders separately. However, the results of this study suggest that a dimensional approach, which assesses symptoms on a continuum rather than in discrete categories, may be more appropriate. This approach would allow for a more nuanced understanding of the complex and overlapping nature of mood and anxiety disorder symptoms in the perinatal period.

Furthermore, the study highlights the importance of cultural factors in the assessment and treatment of perinatal mental health. The differences in the structure of mood and anxiety disorder symptoms between the UK and US samples suggest that cultural factors may play a role in the expression and interpretation of these symptoms. This finding underscores the importance of culturally sensitive assessment and treatment approaches that take into account the cultural context in which symptoms are experienced.

Overall, the study by Di Florio, et al. provides important insights into the structure of mood and anxiety disorder symptoms in the perinatal period. The findings have implications for the assessment and treatment of perinatal mental health and underscore the need for a nuanced and culturally sensitive approach to understanding and addressing these complex

Correspondence to: Gennady Verkhivker, Department of Psychiatry, University of Santiago de Compostela, A Coruña, Spain, E-mail: verkhivkergennady@usdc.edu

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conditions. Further research is needed to replicate and extend these findings and to develop more effective treatments for women experiencing mood and anxiety disorders during the perinatal period. Additionally, future studies could investigate the role of other factors, such as sleep disturbances and social support, in the structure and presentation of these disorders.

Ultimately, a better understanding of the structure and presentation of mood and anxiety disorders during the perinatal period can help to improve the identification, assessment, and treatment of these conditions, ultimately improving the mental health and wellbeing of women and their families.