CRONICON
OPEN ACCESS
EC GYNAECOLOGY
Research Article

Was Family Support Effective for Preventing Relapse Eating Disorder and Postpartum Depression among Women Who Recovered Completely from Eating Disorders?

Mariko Makino[1]*, Mitsuo Yasushi[2] and Masahiro Hashizume[3]

[1]Department of Psychosomatic Medicine, Toho University, Tokyo, Japan

[2]Department of Science and Engineering, Chuo University, Tokyo, Japan

[3] Department of Psychosomatic Medicine, Toho University

***Corresponding Author:** Mariko Makino, Department of Psychosomatic Medicine, Toho University, Tokyo, Japan.

Received: October 20, 2022; **Published:** December 13, 2022

Abstract

The aim of this study was that family support was effective for preventing relapse eating disorders (EDs) during pregnancy and postpartum depression among women completely recovered from EDs. We examined 24 EDs. We divided support group into 4 groups: Biological mother group (BMS), Husband support group (HS), Biological mother and Husband group (BM&HS), No support group (NOS). The result showed that there was no significant difference among these 4groups. However, it is suggested that BMS group is effective to prevent postpartum depression and HS group is helpful to prevent ED relapse during pregnancy. Thus Following-up past history of EDs was one of the prevention strategies for Women's health.

Keywords: *Eating Disorder; Pregnancy; Relapse; Postpartum Depression*

Introduction

Eating disorders (EDs), such as anorexia nervosa (AN) and bulimia nervosa (BN), are common Psychiatric disorders. However previous research showed that even they reached full recovery, they experienced some form of relapse [1].

On the other hand, family support for eating disorders played an important role to prevent relapse from eating disorders [2,3].

We previously reported that pregnancy and after birth were risk event for relapsing EDs [4]. The relationship between family and eating disorders may also play a big role for preventing relapse of EDs. Because of these reasons, the aim of this study was that family support was effective to prevent ED patients from relapsing EDs as well as postpartum depression.

We reported in the previous research that family support had not related to relapse and postpartum depression for women recovered completely from Eds [5]. However, in our previous report, we divided support groups into two groups only, namely support group and Non-support group. This study we divided support groups into four groups.

Method

This study was conducted at the Makino Clinic. The ethical committee of the Makino Clinic approved this research (Approved 002).

We treated 1008 EDs at our outpatient clinic between 1994-2004. Of these 55 patients experienced ED recovery, pregnancy and childbirth. Of them 21 BN and 4 AN agreed to participate in this study. However, we examined 24 patients, because one patient had miscarriage. These 24 patients had complete recovery from EDs.

We used Japanese version of EAT-26[6] and EPDS [7].

Chi square method was used to determine the statistical difference between means of two different groups.

The definition of ED recovery was: EAT-26≤9, healthy eating behavior, ability to do ordinary activities without difficulties, working for the members of the society to some extent, having no other psychotic disorders, having not irregular menstruation. For AN patient, normal menstruation, weight increase was not always necessary [4].

We directly asked the patients "Who was helpful for you during pregnancy and after birth?".

We made 4 groups to compare family support influence.

1. Biological mother support group (BMS): 12 cases
2. Husband support group (HS): 4 cases
3. Biological mother and husband (BM&HS): 5 cases
4. No support group (NOS): 3 cases.

There was no other type of support among 24 patients.

We compared these 4 groups as for relapse of EDs during pregnancy and after birth as well as postpartum depression.

Table 1 shows the characteristic of the patients.

Onset of disease	16.6 years
Age of recovery	26.1 years
Maternal age	28.1 years
Disease duration	9.5 years
Weeks of pregnancy	38.5 week
Family support	83%
Postpartum depression	50%
ED relapse after delivery	50%

Table 1: *The characteristic of the patients (n = 24).*

Results

Relapse rate during pregnancy

ED Relapse rate during pregnancy was BMS 75%, HS 25%, BM&HS 60%, NOS 100% respectively. There was no significant difference among 4 groups.

Table 2 shows the relationship between ED relapse during pregnancy and family support.

Supporter	N	Relapse	Non-Relapse	Relapse Rate
BMS	12	9	3	75%
HS	4	1	3	25%
BM&HS	5	3	2	60%
NOS	3	3	0	100%
Total	24	16	8	67%

Table 2: *The relationship between ED relapse during pregnancy and family support.*

Postpartum depression

The rate of postpartum depression rate was BMS 33%, HS 50%, BM&HS 80%, NOS 67%, respectively. There was no significant difference among 4 groups.

Table 3 shows the relationship between family support and postpartum depression.

	N	Postpartum Depression	Rate
BMS	12	4	33%
HS	4	2	50%
BM&HS	5	4	80%
NOS	3	2	67%
Total	24	12	50%

Table 3: *The relationship between family support and postpartum depression.*

The relationship between ED relapse during pregnancy and ED relapse after delivery

Among ED relapse group during pregnancy, 69% of them relapsed after delivery.

There was no significant difference between these two groups.

Table 4 shows the relationship between ED relapse during pregnancy and ED relapse after delivery.

	ED relapse during pregnancy	ED relapse after delivery	Rate
Relapse	16	11	69%
Non-relapse	8	1	13%

Table 4: *The relationship between ED relapse during pregnancy and ED relapse after delivery.*

The relationship between ED relapse during pregnancy and postpartum depression

Among ED relapse group during pregnancy, 63% of them had postpartum depression.

On the contrary, non-ED relapse group during pregnancy, 25% had postpartum depression. There was no significant difference between these two groups.

Table 5 shows the relationship between ED relapse and postpartum depression.

	ED relapse during pregnancy	Postpartum depression	Rate
Relapse	16	10	63%
Non-relapse	8	2	25%

Table 5: *The relationship between ED relapse and postpartum depression.*

The relationship between family support and ED relapse and postpartum depression

There was no significant difference among four groups.

Figure 1 shows the relationship between ED relapse during pregnancy and postpartum depression.

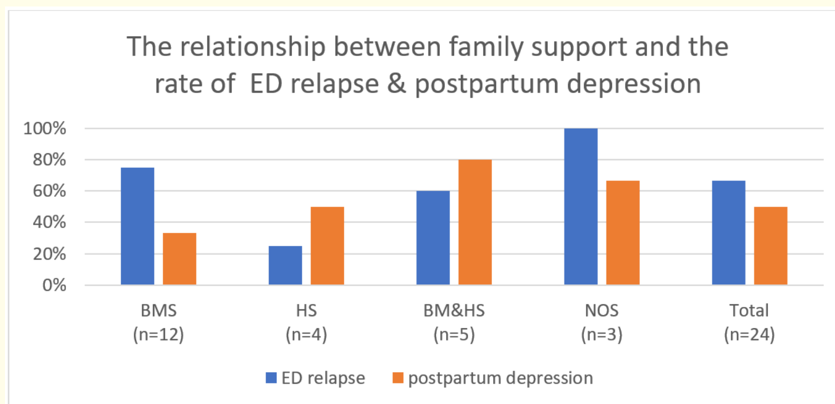

Figure 1: *The relationship between ED relapse during pregnancy and postpartum depression.*

Discussion

We hypothesized that family support was helpful for relapsing EDs during pregnancy.

Similar to our previous result, the result of this study did not support our thought.

Our sample size was small; thus we may not reach statistical difference, however we noticed some important things.

In Japan, there was a traditional custom of returning to one's parents' house to give birth.

Pregnant daughter was taken care of their parents during pregnancy and postpartum period (Especially by their mother). According to this custom, we thought mothers' support was more helpful to prevent ED relapse and postpartum depression. However, according to

our result (Figure 1), husband support was more helpful to prevent ED relapse during pregnancy. Contrary to this, mothers' support was more helpful to prevent postpartum depression. There was a report that although returning to parents' house to give birth was one of the supportive measures to help mother giving birth, there may have a demerit, such as generation gap of how to spend during pregnancy, the difference of values for raising a child etc [8]. In addition, mother of EDs have been taking care of their daughter from the onset of disease, they may have ambivalent feelings for their daughters and also may have anxiety and depressive feelings. Dimitra (2016) and John (2017) reported that compared to fathers, mothers showed higher levels of anxiety and emotional over-involvement and perceived to a greater degree the positive and negative aspects of their experiences as caregivers [9,10]. Amanda., *et al*. (2021) also reported that caregivers of individuals with ED experienced high level of distress, burden for a long time [11]. Our result may support these opinions.

On the contrary, husband may not have been taking care of ED wife from the onset of disease and they may not have ambivalent feeling for their ED wife. Thus, during pregnancy, ED wife was likely to accept husband's psychological support instead of mother. As a result, Husband support may be more effective than mother during pregnancy.

Wendy (2021) reported that supportive spouses may ameliorate negative body image and eating behavior [12]. According to Wendy, HS group may also send mixed message to the EDs, however, in the end they send positive and supportive message to their wives.

While biological mothers' role was very complicated, as we mentioned before, Mothers have been taking care of their ED daughters from the onset of disease, their felling to their daughter may be very ambivalent and complicated. We agreed this opinion, our previous study showed that the time to recovery for EDs was 26 years. During these long times, Mothers felt various kind of feelings such as depressive or self-condemnation. Sometimes they might show their ambivalent feelings to their daughters. It may not be helpful to prevent EDs.

Thus, HS group may be more important for pregnant ED not to relapse ED during pregnancy.

Our result showed that BMS group had less postpartum depression. The reason was unclear, however there was a possibility that Mother had experience to raise child, while compared to mother, husband had less knowledge about raising a child. Although husbands' psychological support may be necessary, after giving birth, practical support may be more effective for mother giving birth. As a result, BMS group may be more helpful to prevent postpartum depression.

Our result showed that the group of ED relapse during pregnancy had more ED relapse after delivery, compared to non-relapse group. It may suggest that preventing ED relapse during pregnancy is crucial to prevent ED relapse after delivery.

As for postpartum depression, ED relapse group during pregnancy had more suffer from postpartum depression. For ED patients, preventing ED relapse during pregnancy may also be effective not to prevent postpartum depression.

All of the NOS group had ED relapse during pregnancy and 67% of them had postpartum depression. Supporters may play an important role to prevent ED relapse and postpartum depression.

There was a report that among healthy women, 5% of them had EDs during pregnancy and of them, one third of the women, had postpartum depression [13].

Thus, continuing to highlight current and past history of ED was one of the prevention strategies for Women's health. In addition, enlightenment activities for the family caregiving in eating disorders should be done.

Limitation of this Study

1. We did not reach the significant difference among 4 groups. This may be due to small sample size. Larger sample should be needed to clarify and strengthen the difference among 4 groups.

2. The definition of real support should be discussed in detail. To clarify the real support for EDs will be beneficial for following up ED patients and contributing for women's health.

Conclusion

1. There was no significant difference among 3 kinds of family supports related to relapse ED during pregnancy and postpartum depression. (Biological mother support, husband support, biological mother and husband support).
2. We found interesting results:

a. During pregnancy, husband support was considered to be more effective not to relapse EDs.

b. After delivery, biological mother support was more effective to prevent postpartum depression.

3. Compared to healthy women, past history with ED patients were suffering from ED relapse during pregnancy and postpartum depression. We suggested that past history of ED patients have been followed-up during pregnancy and after giving birth.

Conflict of Interest

There was no conflict of interest.

Bibliography

1. Herzog DB., *et al*. "Recovery and relapse in anorexia and bulimia nervosa: a 7.5 year follow-up study". *Journal of the American Academy of Child and Adolescent Psychiatry* 38.7 (1999): 829-837.
2. Jeniffer S., *et al*. "Couple-based Interventions for Adults with Eating Disorders". *Eat and Weight Disorders* 23.4 (2015): 356-365.
3. Jenna W., *et al*. "Caring people with eating disorders: factors associated with psychological distress and negative caregiving appraisals in case of people with eating disorders". *British Journal of Psychiatry* 46 (2007): 413-428.
4. Mariko M., *et al*. "The risk of eating disorder relapse during pregnancy and after delivery and postpartum depression among women recovered completely from eating disorders". *BMC Pregnancy and Childbirth* 20 (2020): 323.
5. Mariko M and Mitsuo Y. "The relationship between family support and eating disorders recovered completely from eating disorders including sex ratio of the infants". *EC Gynecology* 11.8 (2022): 33-36.
6. UJiie T and Kono M. "Eating attitudes test in Japan". *Japanese Journal of Psychiatry and Neurology* 48.3 (1994): 557-565.
7. Okano T. "Validation and reliability of a Japanese version of the EPDS". *Psychiatric Diagnosis and Clinical Evaluation* 7 (1996): 525-533.
8. Sana K. "The study of biological mother and postpartum depression with their daughter". Tohoku University (2012).
9. Dimitra A., *et al*. "The relationship between dysfunction family patterns and symptom severity among adolescent patients with eating disorders: A gender-specific approach". *Women Health* 56.6 (2016): 695-712.
10. John Re Fox., *et al*. "The Experience of caring for or living with an Individual with an Eating Disorder: A Meta-Synthesis of Qualitative Studies". *Clinical Psychology and Psychotherapy* 24.1 (2017): 103-125.

11. Amanda B., *et al*. "Eating disorders, pregnancy and the postnatal period: a review of the recent literature". *Current Opinion of Psychiatry* 34.6 (2021): 563-568.

12. Wendy C B., *et al*. "Spousal influence: A study of women with eating and image concerns". *Journal of Health and Psychology* 26.9 (2021): 1339-1352.

13. Suzannne E M., *et al*. "Associations among postpartum depression, eating disorders, and perfectionism in a population-based sample of adult women". *International Journal of Eating Disorders* 39.3 (2006): 202-211.

Volume 12 Issue 1 January 2023
©All rights reserved by Mariko Makino., *et al.*