

Person-Centered Language and Major Depressive Disorder with Peripartum Onset:

A cross-sectional study



COLLEGE OF
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at the Cherokee Nation

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INTRODUCTION

The American College of Obstetrics and Gynecology recommends that clinicians screen women for anxiety and depression at least once during the perinatal period.¹ However, under-diagnosis, inadequate referral mechanisms, and lack of treatment capacity can result in untreated Major Depressive Disorder with Peripartum Onset (MDD-PPO).² Removing systemic barriers to mental health screening and treatment may decrease the morbidity and mortality linked to MDD-PPO. A potential strategy for overcoming the systemic barriers that prevent screening and treatment for MDD-PPO includes implementing person-centered language (PCL). The language used in medical literature guides physician education, eventually impacting clinical patient care. Thus, improvements in PCL usage can reduce stigma and improve perinatal health equity.

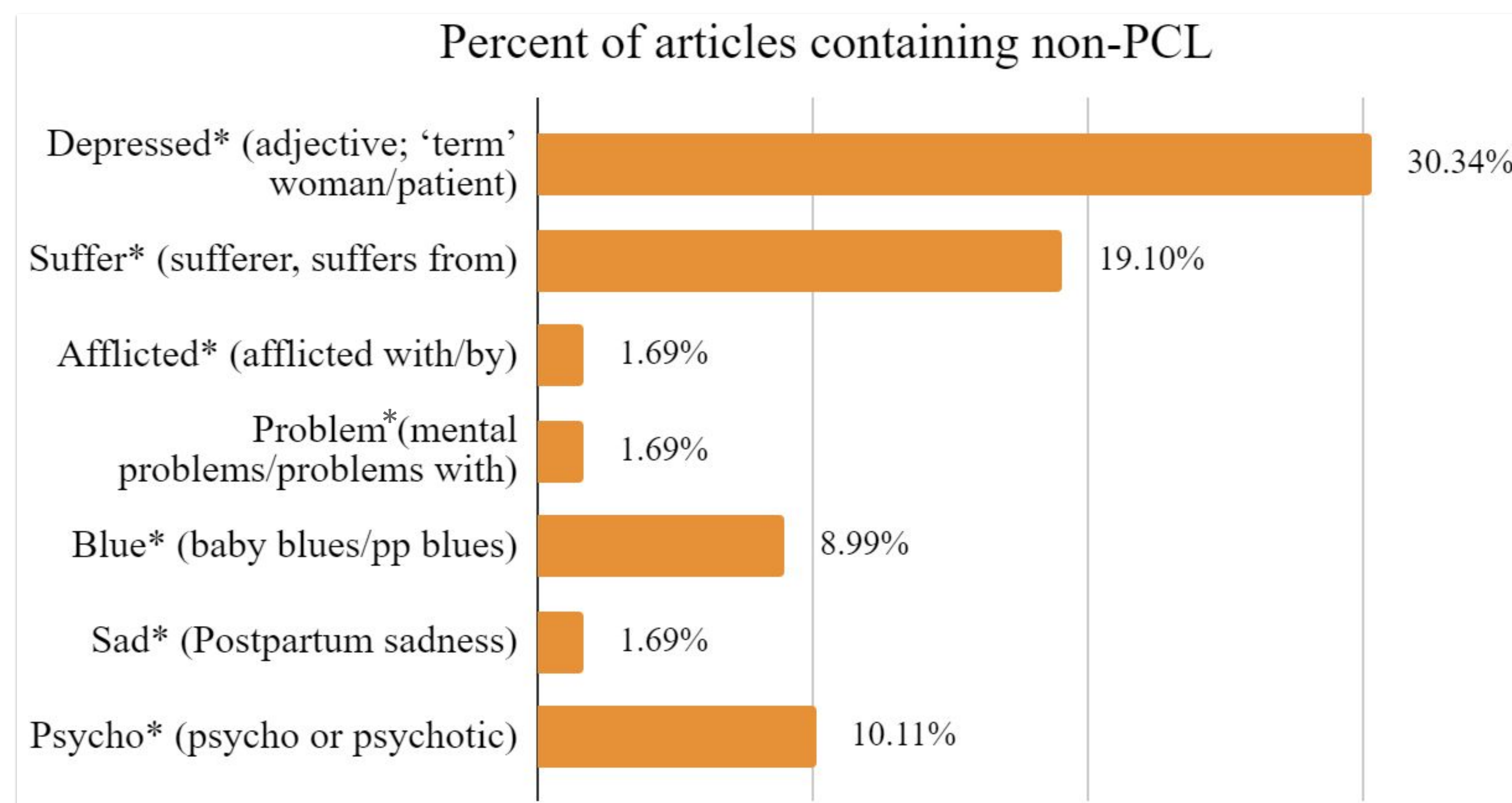
OBJECTIVES

Our primary objective was to quantify adherence to PCL guidelines among journals publishing literature on MDD-PPO since 2013 — following the publication of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)³ — when the qualifier “with peripartum onset” was established for MDD related to pregnancy.

METHODS

This cross-sectional analysis included a systematic search of PubMed for MDD-PPO-related articles published from January 1, 2014, to March 7, 2021. Search returns were randomized, and 500 articles were examined for pre-specified, non-PCL terminology. Data extraction were conducted in a masked, duplicate fashion. Articles were assessed for deviance from guidelines or terms out of conformity with American Medical Association’s Manual of Style (AMAMS) guidelines. Specific study characteristics for adherence to PCL were included by conducting chi-square tests. The Type 1 error rate was set at 0.05 and performed using STATA 16.1.

RESULTS



From the screening, 178 articles were included and were searched for non-PCL. We found that 50.56% (90/178) publications were PCL adherent. The most commonly used non-PCL were ‘depressed,’ found in 30.3% (54/178) of articles, ‘suffer’ found in 19.10% (34/178), ‘psycho/psychotic’ found in 10.11% (18/178), and ‘blue’ found in 8.99% (16/178). Other terms searched included ‘disabled’, ‘mentally ill’, ‘manic’, ‘anguished’, ‘unstable’, ‘irritable’, ‘crazy’, ‘sick’, and ‘insane’, but were not found within the articles. We found no statistically significant associations between PCL adherence and type of article, intervention, funding source, or first author employment (private, university, or government).

RECOMMENDATIONS

List of alternative words and phrases to use in medical literature and patient interaction	
Instead of this...	Use that...
Depressed	Women diagnosed with MDD-PPO; postpartum depression
Suffering	Currently diagnosed with; experiencing
Psychotic/Psycho	Women diagnosed with MDD-PPO, postpartum psychosis
Blue	Women diagnosed with MDD-PPO

Implementing our recommendations would likely lead to increased PCL usage for medical literature, researchers, physicians, and the greater medical community. PCL reduces systematic barriers by reducing negative patient experiences, which can lead to delays in treatment and avoidance of health care.¹⁰ This is critical for professionals encountering MDD-PPO, as previous studies demonstrated that derogatory behaviors occur most commonly in the obstetrics-gynecology setting.^{6,9} Furthermore, adherence to timely treatment and follow-up care for MDD-PPO is vital due to the potential severity of adverse events, including fetal morbidity.³ Adverse experiences during the perinatal period can lead to extended social, behavioral, and physical consequence, and even maternal mortality.¹⁰

CLINICAL IMPLICATIONS

Reports of patients experiencing judgment, disrespect, or verbal abuse while accessing patient care are common.⁵ For example, one study found that negative attitudes expressed by medical professionals were targeted not just towards the disease, but towards the person with the disease.⁶ Utilizing PCL is a first step in practicing person-centered care; which emphasizes individual preferences, needs, and values along with the importance of informed decision making, respect, privacy, confidentiality, and non-discrimination.^{7,8} PCL is congruent with the osteopathic principles and philosophy of recognizing the body as a unit, and that the person represents a combination of body, mind, and spirit. Therefore, PCL should be integrated into the osteopathic physicians’ clinical practice.

CONCLUSION

We found that nearly half of the scientific literature on MDD-PPO was not adherent to PCL guidelines. PCL is viewed more positively by patients, may lead to better patient-provider relationships, and is recommended by the AMA and APA. Thus, PCL should be adhered to by authors of MDD-PPO research. Implementation of PCL requirements within journals and accountability within the medical community will aid in continuing the shift toward reducing stigma and increasing advocacy for the treatment of individuals with MDD-PPO.

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