

Case Study #1. PPD due to medical complications

Your patient is a 27-year-old married woman who delivered her first child 2 months ago. Her baby was full-term, and the delivery was without complications. At her 6-week OB follow-up, she complained of fatigue and sleep problems, but on direct examination, she did not endorse either a depressed mood or a lack of pleasure in her normal activities, including caring for her newborn son. However, she scheduled an appointment with you shortly afterwards with concerns that she might be depressed.

Her complaints at this appointment include a great deal of fatigue, feelings that she cannot care for her child adequately, sleep problems, and a lack of interest in things. Her appetite is decreased, and she also reports feelings of hopelessness that she will regain her level of prenatal functioning since she is so tired. All of these problems have led her to feel depressed. Her Edinburgh Postnatal Depression Scale (EPDS) score is 16.

Questions

1. What potential medical diagnoses should you consider in making a diagnosis based on this patient's presenting complaints?

She may be depressed. She may also have a thyroid abnormality. Anemia is another likely medical diagnosis. You should also consider other medical problems which may mimic depression, such as endocrine abnormalities and diabetes.

2. What laboratory tests would you order at this point in her work-up?

You should obtain thyroid function tests and a Complete Blood Count for all postpartum women suspected of having depression. Generally a thyroid stimulating hormone level is sufficient to check thyroid functioning. It is estimated that 10% of postpartum depression is due to hypothyroidism.

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