

Postpartum Depression and Attempted Suicide in a 28-Year-Old Man: A Case Report

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Abstract- Postpartum depression (PPD) is a mood disorder that can affect women after childbirth, and this disorder can strike fathers as well as mothers. The study reports a 28-year-old man who attempted suicide three times following his wife's delivery and newborn baby boy. The psychiatric assessment showed that the man revealed major depression following childbirth. So effective mental disorders screening and health care services must be provided for fathers as well as mothers and children.

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Introduction

Mental disorders have a high prevalence in society. The prevalence of mental disorders is high in most countries of the world, and the global burden of disease (GBD) study has described the largest contributions being for mental disorders worldwide. Suicide is a mental disorder that is generally linked to depressive disorder (1). A depressive disorder is the main disorder associated with a higher risk for suicide that affects health patients (2). Postpartum depression is a major depression that occurs after childbirth, and 13% of women experience symptoms of PPD (3). The 13th reason for death in the world is Suicide (4). Depressive disorder and drug abuse are associated with more than 90% of all cases of suicide. So to provide timely and effective counseling may protect people from risks of suicide (5). Chronic physical illnesses are known to play a role in increasing the risk of suicide increase the risk of suicide. Other sociological related factors for suicide and suicide attempt included men living alone, low educational level, and low economic income (6). The aim of this study was to report a patient with a history of depression and suicide with hanging following his wife's delivery.

Case Report

A 28-year-old man with neck pain was referred to the

trauma center of Emergency Department of Imam Khomeini Hospital Ilam, in southwest Iran. Physical examination revealed that the patient was suspected of near hanging. Diagnostic and therapeutic procedures were performed for the patient. The patient did not need any extra, and special treatment and psychiatric consultation were requested for the patient. In the history obtained from the patient by the psychiatrist, "near hanging" was confirmed. The patient stated that he had apathy and did not feel comfortable with the newborn baby and of his wife's delivery. He had a strong emotional attachment to his wife. He said it was difficult and unbelievable for him to accept a new family member. This newborn boy was the first child of the family. On the sixth day after the birth newborn, he attempted to commit suicide by fifty pills of clonazepam. The reason for this was the feeling of confusion and dissatisfaction with this living condition. The number of working days lost severely diminished due to the suicide attempt, and his colleagues were aware of these changes for this patient. The patient condition was not as good as before, even with changes in the workplace. At four months old, He intended to suffocate the baby with a pillow because he was crying, but deterrent thought had discouraged him from doing so. The thought of homicide has happened twice again, but the same deterrent mechanism it has been prevented. During the first four months after the initial attempt, the patient committed re-suicide with an

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herbicide that has failed again. A 3rd time recently, he hanged himself because he thought his life would continue to hurt the child and other family members. The economic status of the family was high, and He had no history of mental, physical, and suicidal disorders in himself and his family. After the first suicide attempt, the patient was diagnosed as having a depressive disorder; citalopram was used for patient treatment but did not take the prescribed medication correctly. The patient was consulted by the psychiatrist, and the diagnosis of PPD was made based on DSMIV. He was treated with SSRI drugs, psychotherapy, and monitored by the family. At one of the counseling sessions, he began to cry and stated that he felled guilty, and that indicated a successful treatment. Continuing treatment, patient appetite, and sleep quality was improved.

Discussion

In this study, the patient reported confusion and dissatisfaction after the childbirth, and he was diagnosed with depression. Many studies have shown that men experience pregnancy and childbirth stress, as well as women, which may lead to depression in them. The incidence rate of depression among men six weeks after first childbirth was reported to be between 2% and 5% (7). PPD in mothers is well considered, but there are also indications that men develop depression after childbirth, and there is an associated link between paternal and maternal depression (8). Therefore, fathers also suffer from depression after childbirth as well as mothers. The level of PPD was rare prevalent among fathers because of the focus of health care services childbirth on mothers and children than fathers (9). The patient mentioned that he had attempted suicide several times before, but he did not succeed. Since then, the family has severely monitored the patient's condition, and these caused to decrease in suicide attempts. Studies have shown that family members play an important role in the recovery of depressed patients and reduce the risk of suicide (10). It can be concluded from the patient's history that he experienced a complete crisis after childbirth and who unable to cope with the crisis. Then, he became depressed and committed suicide attempts three times. Cognitive-behavioral therapy (CBT) is a psychosocial intervention that aims to reduce depression, hopelessness, and suicidal ideation and increases patient's problem-solving skills (11).

On the basis of the above, timely diagnosis and appropriate screening can prevent postpartum depression in fathers as there is for mothers. And we can conclude

that health care services must be provided for fathers as well as mothers and children.

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