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Obsessive-compulsive disorder in fathers during pregnancy and postpartum

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Paternal postpartum psychiatric disorders have been increasingly recognized in the last decade. However, most research has focused on depression, whereas

Table 1 Adjusted relative risks (RR) and 95% confidence intervals (95%CI) for the concordance of obsessive-compulsive disorder (OCD) in mothers and fathers during pregnancy and postpartum period

	Adjusted RR*	95%CI
Maternal and paternal OCD concordance during pregnancy	6.13	1.77-21.20
Maternal and paternal OCD concordance in the postpartum period	5.89	1.22-28.42

* Adjusted for age, social class, living with partner, parity, and mood episodes in mothers and fathers.

anxiety disorders, such as obsessive-compulsive disorder (OCD), remain neglected.[1] Previous reports noted that transition to parenthood could be accompanied by anxious intrusive thoughts associated with harm-avoidant behaviors, resembling those of OCD, in both males and females.[2] Nevertheless, only a small case series reported clinically diagnosed OCD in fathers after childbirth,[3] and no data are available concerning predictors of OCD in this specific population. Therefore, we conducted a follow-up study to describe prevalence rates and correlates of OCD in fathers in the third trimester of pregnancy and in the first 2 months postpartum.

The sample comprised fathers whose children were born in maternity wards of the municipality of Pelotas, state of Rio Grande do Sul, Brazil, from April 2007 to May 2008. Visits were made at two time points: T1 (between 28 and 34 weeks of pregnancy) and T2 (30 to 60 days postpartum). In all assessments, a validated Portuguese version of the Mini International Neuropsychiatric Interview[4] (MINI) was used to identify OCD, other anxiety disorders, and mood episodes. The study was approved by the local research ethics committee.

Of the 739 fathers eligible at baseline, 726 (98.2%) were assessed at T1 and 707 (95.7%) at T2. Mean paternal age was 29.5±8.1 years; 55.1% of fathers belonged to socioeconomic class C, and 49% had less than 7 years of formal schooling. The prevalence of OCD was 3.4% in the third trimester of pregnancy and 1.8% in the postpartum period. Most postpartum cases were of new onset (92.3%). After controlling for sociodemographic variables and psychiatric comorbidity, OCD in fathers during pregnancy was significantly associated with bipolar mixed episodes (relative risk [RR] = 7.79; 95% confidence interval [95%CI] 2.01-30.23) and with manic episodes (RR = 15.84; 95%CI 2.54-99.00). In the postpartum period, we found significant associations with mixed episodes (RR = 17.36; 95%CI 3.13-96.17) and with unipolar depressive episodes (RR = 28.23; 95%CI 6.68-119.38). Of interest, OCD in fathers was significantly associated with OCD in mothers, both during pregnancy and in the postpartum period (Table 1). Bipolar mixed episodes during pregnancy predicted OCD diagnosis in the postpartum period (RR = 10.88; 95%CI 2.75-42.87).

To our knowledge, this is the first study to investigate the prevalence, comorbidity patterns, and predictors of OCD in fathers during pregnancy and in the postpartum period. The prevalence of postpartum OCD resembles that found in the National Comorbidity Survey – Replication.[5] However, the prevalence during pregnancy was threefold higher. The large correlation found between OCD and mixed episodes in both assessments suggests that OCD in fathers during pregnancy and in the postpartum could be related to bipolar spectrum disorders. We also found significant concordance between OCD in fathers and in mothers. Leckman et al.[2] observed that the transition to parenthood could be a period of increased susceptibility to the occurrence of obsessions and compulsions in males and females. From a cognitive-behavioral standpoint, the increased responsibility of maintaining the helpless newborn could confer a pressing need to suppress or neutralize normal ego-dystonic thoughts about harm.[3] From an evolutionary perspective, it has been hypothesized that OCD could be a consequence of a disruption of the neural circuits involved in threat detection and harm avoidance.[6] In "normal" parenthood, these behaviors could confer an adaptive advantage for the offspring[6]; however, when OCD is established, negative effects on the parent-infant relationship are to be expected.[3]

Finally, OCD appears to be relatively common in fathers during pregnancy and postpartum, and comorbidity with bipolar-spectrum episodes is frequent in this population. Moreover, given the concordance of OCD within couples, mothers with diagnosed OCD should have their partners evaluated for this disorder.

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Disclosure

The authors report no conflicts of interest.

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