What is the problem?

WOMEN HAVE TWICE THE RATE OF DEPRESSION AS MEN. With 1 in 5 women suffering from major depressive disorder, the need for action is great. As these studies demonstrate, Dr. Wisner and her colleagues are dedicated to finding the underlying mechanisms for depression—understanding the reasons it occurs and offering the right treatment at the right time for the right person—possibly preventing its onset altogether.

What are some previous approaches?

FAILURE TO INCLUDE WOMEN IN RESEARCH. For decades the treatments have been antidepressant medication and psychotherapy, which are effective for about half of patients treated. We must explore causal mechanisms and improve therapies. Minimal data are available to direct treatment during childbearing; “Pregnancy is the final therapeutic orphan.”

What is our approach now?

WE OFFER WOMEN THE OPPORTUNITY TO PARTICIPATE IN RESEARCH. The Asher Center at Northwestern Medicine focuses on behavioral health and the female life cycle. Patients are invited to participate in research studies that will lead to knowledge that can help prevent suffering to mothers and risks to the healthy development of their children.

What is our approach work?

Optimal Medication Management of Mothers with Depression (OPTI-MOM)

Katherine L. Wisner, MD MS (Psychiatry), Catherine Sika MD (Obstetrics), Alfred George (Pharmacology)

This NICHD USA Obstetric Fetal Pharmacology Research Center focuses on constructing guidelines for optimal antidepressant drug dosing across the changing milieu of pregnancy to maximally reduce disease burden while minimizing adverse effects.

Affective Reactivity and Brain Function—Women Across the Lifespan

Jackie Gollan, PhD

These magnetic resonance imaging (fMRI) and Diffusion Tensor Imaging (DTI) studies investigate affective reactivity among women with depression during the reproductive life cycle.

ASHER Registry

Crystal Clark, MD, MSc

A “living” database for all of our patients to generate new approaches to treatment.

Identification and Therapy of Postpartum Depression

Katherine L. Wisner, MD, MS

Women with bipolar disorder have chronic depression, mild or few symptoms of mania, and low physical and mental functioning across pregnancy. Half were unmremitted.

Teens: Building Options and Opportunities for Mothers

Katherine L. Wisner, MD, MS

From 32% to 50% of adolescents experience postpartum depression. The qualitative data analysis identified four themes: (a) social support, (b) differences between teen and adult mothers, (c) parenting ability, and (d) increased maturity.

Transdermal Estradiol for Postpartum Depression

Katherine L. Wisner, MD, MS

We are testing whether Estradiol skin patch will treat postpartum depression.

Lamotrigine Treatment in Pregnancy: Guidelines for Dosing

Crystal Clark, MD, MSc

Lamictal is commonly used to treat Bipolar Disorder. The goal of this research study is to understand how the dose of Lamictal should be modified for women who are pregnant.

Cerebrospinal Fluid Cytokines — Risk for Postpartum Depression

Emily Miller, MD, MPH

Pro-inflammatory cytokines in cerebrospinal fluid and serum will be evaluated for association with depressive symptoms and potential to predict postpartum depression recurrence.

Can prenatal plasma oxytocin level predict postpartum depression?

Suena Massey, MD

Plasma oxytocin will be assessed in women at risk for postpartum onset major depressive disorder in order to improve the prediction of which women develop the disorder.

Fathers Are Important Tool

Sheelam Fisher, PhD

Examine the shared and unshared socio-environmental and hormonal factors that may clarify the differences in risk of developing PPD symptoms for mothers and fathers.

Eating the Placenta: Myth or Magic?

Crystal Clark, MD, MSc and Cynthia Coyle, PhD

We are investigating the attitudes, perceptions and practice of placenta eating, eating one’s placenta after childbirth, for perceived health benefits.

Mind-Body Complementary Health Approaches for Depression in High-risk Disadvantaged Populations

Inger Burnett-Zeigler, PhD

Mind-body approaches are being used at increasingly higher rates as treatments for depression and anxiety for high-risk disadvantaged individuals.

What have we experienced?

SUBSTANTIAL INTEREST FROM PATIENTS, ACADEMIC PARTNERS, POLICY MAKERS AND THE MEDIA. The need for research in women’s health is compelling, as evidenced by CDC initiatives: Treating for two, FDA pregnancy labeling guidelines, NIH grant requests, and media attention—7/17/14 NPR’s Diane Rehm Show; NYT 6/16/14 Thinking of Ways to Harm Her; NYT 6/19/14 Looking After the New Mothers for Signs of Postpartum Depression.

Where are we going?

EXPANDING OUR ROLE AS WOMEN’S MENTAL HEALTH LEADERS. A conference will be held every 2 years, hosted by the Asher Center and the Departments of Psychiatry and Obstetrics and Gynecology, to highlight our rapidly expanding research, encourage interdisciplinary collaboration, and increase our national and international presence.

What is the impact?

HEALTHY MOTHERS, HEALTHY BABIES, HEALTHY FAMILIES. As a society we must embrace Surgeon General David Satcher’s wisdom — “Mental health is fundamental to health” (1999), or from the 19th century: “A sick thought can devour the body’s flesh more than fever or consumption.” Our mission is: 1) to create a nationally prominent center of excellence for research and clinical practice pertaining to the depressive disorders; and 2) to develop and maintain a program of cutting-edge research that contributes to breakthroughs in the scientific understanding of the affective disorders and the clinical application of research findings to alleviate the suffering of individuals afflicted with mood disorders. The Asher Center is the premier women’s perinatal mental health research center in America.