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MODERN STRATEGIES IN PERINATAL DEPRESSION TREATMENT

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Introduction. Perinatal depression is one of the most common complications of pregnancy and childbirth affecting as many as one out of five women in high-income countries. The prevalence is even higher in low- and middle-income countries [1]. Modern publications convincingly prove that peripartum depression negatively impacts parent-infant interactions and infants' cognitive, social, and emotional development [2]. These findings emphasis the need for early intervention and support for mothers to reduce the risk of these disorders in their children [3].

The **purpose** of this review is to analyze current research highlighting modern strategies in perinatal depression treatment.

Material and methods. The search query was carried out among the publications of 2025 in the database PubMed and included the phrase "perinatal depression treatment". Several dozen scientific articles were processed. A final number of 8 sources were included in this narrative review.

Results and discussion. A recent systematic review of clinical guidelines relating to peripartum depression has revealed a significant inconsistency in recommendations [4].

Moreover, some scientists believe that, historically, perinatal depression has lacked effective evidenced-based treatment guidelines [1].

Therefore, modern studies aimed to collect up-to-date evidence on the effectiveness of interventions and provide recommendations for prevention, screening and treating [4].

At the same time, the very first thing to start with is the earliest possible educational programs. The fact is that up to 50% of perinatal depression cases remain undiagnosed due to patient reluctance to disclose symptoms, partly because of the stigma around perinatal depression, which includes fears of abandonment and lack of support upon disclosure [5]. Raising awareness about perinatal depression, reducing stigma, and ensuring access to mental health resources are essential steps in supporting pregnant people and new parents to promote healthy family dynamics [5].

Current first-line treatment options include psychotherapy, psychopharmacology, or both, but lack specificity regarding good clinical practice guidelines [1].

New approaches consist of a combination of early screening, preventative psychoeducation, optimizing timely diagnosis, and novel synergistic psychotherapy and psychopharmacology approaches to provide a comprehensive therapeutic approach [1].

Evidence-based interventions, such as psychopharmacologic treatment, including selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, and neuroactive steroids (e.g., brexanolone and zuranalone), as well as non-pharmacologic therapies, like bright light therapy, and evidence-based psychotherapies, such as cognitive behavioral therapy, interpersonal psychotherapy, mindfulness-based interventions, have demonstrated efficacy in reducing maternal depressive symptoms [6].

In 2025 the Canadian Network for Mood and Anxiety Treatments (CANMAT) published clinical practice guidelines for perinatal mood and anxiety disorders [7]. The guideline covers 10 clinical sections in a question-and-answer format that maps onto the patient care journey: case identification; organization and delivery of care; non-pharmacological (lifestyle, psychosocial, psychological), pharmacological, neuromodulation and complementary and alternative medicine interventions; high-risk clinical situations; and mental health of the father or co-parent [7].

The international guidelines were developed according to the GRADE framework and AGREE II Checklist recommendations in 2025. Psychological and psychosocial interventions are strongly recommended for preventing PPD in women with no symptoms and women at risk [4]. Screening programmes for depression are strongly recommended during pregnancy and postpartum. Cognitive-behavioural therapy is strongly recommended for PPD treatment for mild to severe depression [4]. Antidepressant medication is strongly

recommended for treating severe depression in pregnancy [4]. Electroconvulsive therapy is strongly recommended for therapy-resistant and life-threatening severe depression during pregnancy [4].

It has also been established that infant sleep duration buffered risk of chronic depressive symptoms and amplified the protective effects of patterns of symptom reduction, underscoring infant sleep duration as a key intervention target [8].

Future initiatives and research should evaluate improving screening tools, enhancing patient engagement, and exploring the efficacy of therapy utilizing multiple treatment modalities, to refine good clinical practice guidelines [1].

Conclusions. Modern guidelines combine early educational interventions, psychotherapy, pharmacological support, programs to strengthen sensitive parental interaction, and social assistance. Promising areas are increasing the evidence of interventions and standardizing integrated models for global application.

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ОЦІНКА ЗАСТОСУВАННЯ РІЗНИХ ПІДХОДІВ У ЛІКУВАННЯ ТА ПРОФІЛАКТИКИ ЕНДОМЕТРІОЗУ ПРИ ЕНДОСКОПІЧНИХ ОПЕРАЦІЯХ

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На сьогоднішній день ендометріоз є досить поширеною проблемою серед жінок репродуктивного віку. Згідно з даними Всесвітньої організації охороги здоров'я (ВООЗ), ендометріоз діагностується у близько 17% жінок репродуктивного віку. Однак точка поширеність може бути значно більша через труднощі у діагностиці. Ендометріоз – це розростання, подібні до будови зі слизовою оболонкою матки, за межами звичайної локалізації ендометрію. Відповідно до сучасних уявлень про природу ендометріозу, це захворювання слід розглядати як патологічний процес із хронічним, рецидивуючим перебігом.

Ендометріоз формується та розвивається на тлі порушених імунних, молекулярно-генетичних та гормональних взаємин у жіночому організмі. Ендометріоїдний субстрат має ознаки автономного росту та порушень проліферативної активності клітин. Ендометріоз може локалізуватися