

Research Pioneer Honored for Work in Postpartum Depression

Psychiatrist Katherine L. Wisner Receives 2011 Women in Science Award

Fran Lowry

April 4, 2011 — University of Pittsburgh Medical Center (UPMC) psychiatrist Katherine L. Wisner, MD, MS, a pioneer in the study of postpartum depression in women, is the recipient of the 2011 Women in Science Award from the American Medical Women's Association.

The award, given to a female physician who has made exceptional contributions to medical science, especially in women's health, through research, publications, and leadership, was bestowed at the association's annual meeting in Washington, DC, on April 2. "I am excited and honored to receive this award," Dr. Wisner told Medscape Medical News. "I entered medicine at a time when little was known about perinatal mental health, and I accept the award in honor of the many women who have participated in studies that have advanced our knowledge about perinatal mental disorders and treatments."

Wanted to Be Vet

Dr. Wisner said she became a physician because she couldn't become a veterinarian. "I had horses as a girl and worked in a veterinary clinic. I had studied chemistry and biology in college, and I applied to vet school twice and was rejected twice," she recalled.

"The dean of the vet school told me point blank — this was in 1974 — that women don't make good large animal vets, which was what I wanted to be. Now, of course, the vast majority of graduates of veterinary school are women, and many are wonderful large animal vets. Anyway, I loved medicine and figured if I couldn't take care of animals I'd try to take care of people."

The medical school at Case Western Reserve finally opened its doors to her. She has a master's degree in nutrition from Case Western Reserve as well. She completed her residency at the University of Pittsburgh and then returned to Case Western in 1994 as a faculty member.

As it turned out, her timing for going into medicine was excellent.

"At the time, we were pondering as a society why all the data were based on men," she said. "We didn't want to include women with messy menstrual cycles and pregnancy — so I was able to carve out women's mental health as an area of research."

Lack of Understanding

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The lack of understanding about women's mental health around the time of pregnancy motivated Dr. Wisner to seek answers. "When I started in the mid-80s, I was seeing women patients who were pregnant and post partum, and I would go to the supervising, largely male faculty and I would describe the cases, and they would say 'women are fulfilled when they are pregnant, so they are not mentally ill.' This was in the mid-1980s, so really not that long ago," she recalled. "I had to go to

England to get a lot of my initial training because they were far more ahead with attention to perinatal psychiatric disorders in Europe than here."

Dr. Wisner studied in England at the Institute of Psychiatry in London and the University of Nottingham. "They have mother-baby units in England and much of Europe, as well as Japan. If a mother gets depressed she and the baby are admitted to the psychiatric unit together because the baby is viewed as important to the mom's treatment, plus it allows for breastfeeding continuity. There is only 1 mother-baby unit in America; so it's very rare. They are much more sophisticated about treatments for postpartum depression than we are."

Determination Comes From Dad

Dr. Wisner is the first in her extended family to have gone to college, and she credits her father for her interest in medicine.

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"My dad was a carpenter, and my mother was a secretary. I think my dad had very high expectations for me. He was a pharmacist's mate in the navy, and he really wanted to be a physician. He would show me the anatomy books that he had, and I knew how blood went through the heart in the sixth grade. I think he just instilled this interest in me," she said. Asked what advice she would give young people thinking of going into medicine today, she said, "I would tell them to follow their passion. So many people early in my career said, "there isn't any such thing as postpartum depression, women are fulfilled in pregnancy, you're never going to develop a research career with this topic, and on and on and on. But you have to be firm and not allow people to pull you away from the evidence in front of you." She adds that it would have been easier to study something that everybody else was studying. "But that's not what is needed. We must get data on things that aren't being studied, and pregnant women have been neglected for so long."

No Grass Growing Under Her Feet

Dr. Wisner currently has several research projects on the go. She has a grant funded by the National Institute of Mental Health to study the efficacy of the estradiol transdermal patch compared with citalopram in the treatment of postpartum depression. "We want to see whether we can actually use a hormone to treat postpartum depression. There's only 1 other study that was done in England and published in 1996, which showed very positive results, but it's never been replicated." She also heads a large screening program in which women who deliver at UPMC's Magee Hospital are offered screening for postpartum depression at 4 to 6 weeks after birth. If they screen positive, the women receive a home visit and are offered tips for finding appropriate treatment.

Then there are 2 studies of women with depression and women with bipolar disorder who are being followed up through pregnancy and the postpartum period to look at outcomes for the mothers and for the infants. One of Dr. Wisner's other areas of research has to do with changes in metabolism of drugs in unusual situations. One such topic is pregnancy; another is bariatric surgery.

"I'm interested in medication metabolism, so we just did a study to look at whether patients who have bariatric surgery actually absorb their antidepressants. So we're doing lots of stuff. It's a lot of fun."

Tackling the Hard Questions

Dorothy Sit, MD, a colleague of Dr. Wisner's at the Magee-Women's Research Institute at UPMC, told Medscape Medical News that Dr. Wisner's enthusiasm for her work promotes enthusiasm in those around her.

The work Dr. Wisner is doing is really helping people think about the risks and benefits of treatments and helping doctors and patients come to decisions about treatments based on data and science rather than on fear.

"She likes to tackle hard questions that other researchers may have been reluctant to examine, and this helps clinicians and researchers think hard about the importance of treatments to help mothers and women stay well, especially during times related to childbearing," Dr. Sit said.

Many clinicians feel uncomfortable treating patients who are pregnant, post partum, or breastfeeding with bipolar disorder or major depression because they worry that the prescribed medication will result in bad outcomes for the infant.

"The work Dr. Wisner is doing is really helping people think about the risks and benefits of treatments and helping doctors and patients come to decisions about treatments based on data and science rather than on fear. She is doing work that is valuable as we try to gather data about what really happens across pregnancy and postpartum periods," she said.

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