HIGHLIGHTS

Breastfeeding difficulties and risk of postpartum depression

We know that difficulty with breastfeeding is common and stressful, but does it increase a woman's risk of postpartum depression? This prospective cohort study looked at the experiences of 442 women without depression who gave birth in Calgary and who intended to breastfeed. After analyzing the results of questionnaires administered at birth and at 6 weeks and 6 months postpartum, as well as qualitative inquiry around breastfeeding support, the researchers found that most women (n = 386, 87.3%) reported moderate to severe breastfeeding difficulties and nearly all (n = 437, 98.9%) had received some form of breastfeeding advice or support. The prevalence rates of postpartum depression were 13.7% and 14.9% at 6 weeks and 6 months, respectively. Among those with breastfeeding difficulties, those who did not report a negative breastfeeding support experience were at decreased risk of postpartum depression (risk ratio 0.35, 95% confidence interval 0.16–0.77) (Table 1). In the final regression model, a negative breastfeeding support experience was a significant effect modifier of the relationship between breastfeeding difficulties and postpartum depression. The authors conclude that the quality of breastfeeding support is important not only for breastfeeding promotion, but also for maternal mental health. ***CMAJ Open* 2016;4:E103-9**

Table 1: Risk ratios for postpartum depression with exposure to breastfeeding difficulties, stratified on negative breastfeeding support experience(s) (no confounding)

Had negative breastfeeding support experience(s)	RR (95% CI)
Yes	3.11 (0.93–18.22)
No	0.35 (0.16–0.77)
Crude (unadjusted)	0.750 (0.39–1.43)
Pooled (Mantel–Haenszel combined)	0.068 (0.35–1.33)

Note: CI = confidence interval, RR = risk ratio.

Sex differences in the outcomes of peripheral artery disease

Although it is the third most common cause of death from cardiovascular disorders, there are many unanswered questions about peripheral artery disease. One of these is whether there are sex-based differences in outcomes, as is seen in coronary heart disease. Nearly 7000 patients (n = 6915) aged 40 years or older from Ontario who visited a vascular surgeon between 2004 and 2007 and were diagnosed with peripheral artery disease were included in this population-based cohort study. Comprising 35.6% (n = 2461) of the study group, women with peripheral artery disease tended to be older than their male counterparts (mean 71.6 years v. 68.7, respectively) and have fewer comorbidities. Despite these factors, there were no significant differences in the risk of primary outcome (composite of death or hospital admission for stroke or myocardial infarction) between men and women after up to 7 years of follow-up. Women were less likely to undergo minor amputation and arterial bypass surgery, but more likely to be admitted to hospital for acute myocardial infarction (Table 2). There were no differences in the rates of major amputation or transluminal percutaneous angioplasty. These results highlight the need to target both men and women in promoting early diagnosis and management of peripheral artery disease, say the authors. ***CMAJ Open* 2016;4:E124-31**

Table 2: Outcomes by sex

Outcome	Men, no. (%) (n = 4454)	Women, no. (%) (n = 2461)	Adjusted HR* (95% CI)
Primary outcome†	2860 (64.2)	1644 (66.8)	0.99 (0.92–1.05)
Secondary outcome			
Acute MI	618 (13.9)	360 (14.6)	1.15 (1.00–1.31)
Stroke	229 (5.1)	140 (5.7)	1.02 (0.82–1.27)
Death	2562 (57.5)	1468 (59.6)	0.96 (0.90–1.03)
Major amputation	764 (17.2)	375 (15.2)	0.95 (0.84–1.08)
Minor amputation	583 (13.1)	211 (8.6)	0.73 (0.62–0.85)
Arterial bypass surgery	685 (15.4)	311 (12.6)	0.82 (0.71–0.94)
PCTA	609 (13.7)	330 (13.4)	1.04 (0.90–1.19)

Note: CI = confidence interval, HR = hazard ratio, MI = myocardial infarction, PCTA = percutaneous transluminal angioplasty.
*Adjusted for patient age, income level, medical comorbidities and overall comorbidity burden, medication use, use of health care services (including hospital admissions, emergency department visits and outpatient physician visits) and ambulatory care group classification.
†A composite of death or hospital admission for acute MI or stroke.

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