INTRODUCTION
Pregnancy and post-partum are characterized by emotional as well as endocrine changes, in particular thyroid function.
Post-partum depression (PPD) affects about 10-13% of women within the first year after childbirth and thyroid dysfunction has been proposed playing a role.
Alexithymia, the inability to describe emotions with words, is an emergent disorder that seems coexists with depression sometimes.

AIM OF THE STUDY
The aim of our study is to evaluate the correlation between thyroid function and postpartum depression and/or alexithymia at 48 h, 2 and 6 months postpartum.

MATERIALS AND METHODS
We enrolled 55 women and we evaluated thyroid function, depressive and alexithymics symptoms with blood samples and psychotics tests (BDI,TAS).
We included 27 women, because we checked them after 8 weeks.

RESULTS
Patients were 31+5 years old, married or living with a partner, employed, had low to upper education levels.
At 48 h post-partum 8 women had subclinical hypothyroidism (mean TSH 4,66 + 0,49) and four had positive autoantibodies, one with TSH>4.
5 patients (18,5%) were depressed and 22 (81,5%) were non depressed
Among the depressed women 3 had significant high TSH levels (mean 4,61 + 0,3), but none have positive autoantibodies.
Cesarean delivery and parity didn't correlate with depression.
There were 3 border positivity alexithymia, 2 in the depressed group.
At the second month postpartum we found a complete resolution of hypotirodism and depression cases (only in one woman persists BDI>14) and a new depressed case in only one with developing autoimmune thyroiditis. There is also a reduction in TAS score.

DISCUSSION
Our preliminary data show that elevated level of TSH can be correlated with postpartum depression immediately and two months after delivery.
Therefore TSH at 48 h postpartum is useful to predict PPD and eventual alexithymia susceptibility.