Postpartum psychiatric disorder

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Definition

- **:Postpartum disorder**
  is a psychiatric disorder that occur in the first couple weeks of .childbirth

:Types

Postpartum blues , Postpartum depression, Postpartum psychosis are 3 of the most common psychiatric disorders .experienced in the postpartum period

.**Postpartum blues:** very common, Up to **80%** of pregnancies .

.**Postpartum depression:10%–25%** of pregnancies .

Postpartum Psychosis: rare, <1-2 per 1000 births (rare but .more serious)

:Pathophysiology

- .The exact mechanisms are **unclear** and often **multifactorial**
- **Estrogen** can affect the monoaminergic system (serotonin and .dopamine)
- **Drastic changes in hormone levels** are thought to be major contributing factors in pp psychiatric disorders, early pp period is characterized by a marked decrease in both estrogen and .progesterone
- .**Genetic factors** may contribute

:DSM-V

- Does not classify PP psychiatric disorders as distinct .entities
- Allows providers to use the “with peripartum onset with .diagnosis
- According to the DSM-V , **to use the “with peripartum onset” modifier, the onset of symptoms must occur .during pregnancy or whithin 4 weeks pp**

:Risk factors

.young age(<25years) ✓

Poor social support ✓

.Difficulties with breastfeeding ✓

.Complicated birth

Women with infant's having health problems and/or infants admitted to the NICU

.History of psychotic illness (especially anxiety and depression)

.Family history of psychiatric illness

.Previous episode of postpartum psychiatric disorder

.Stressful life events (during pregnancy and near delivery)

.Childcare stress (e.g. inconsolable crying infant)

.History of sexual abuse and /or domestic violence

.Financial difficulties

Postpartu m Blues

Definition: Mild depression symptoms that are transient and self-limiting in the .perinatal period

:Symptoms

.Feeling guilty and/or overwhelmed (especially about being a mother) (1

.Crying, sadness (2

.Rapid changes in mood and irritability

.Anxiety

.Poor concentration

.Eating too much or too little

.Insomnia or frequent awakening at night

Management: Resolves spontaneously

:Note

- .Symptoms are **mild** and **don't interfere** with activities of daily living ❑
- .Onset of symptoms: Within a **couple of days after birth** ❑
- .Duration of symptoms: Lasting up to and **no more than two weeks** ❑
- .Does **not meet** the criteria for major depressive disorder ❑

Postpartu
m
depression

Definition: depressive symptoms beginning within 4 weeks following child .birth and lasting for at least 2 weeks

:Etiology

- There is no single cause of postpartum depression, but genetics, .physical changes and emotional issues may play a role

- Genetics: Studies show that having a family history of postpartum depression especially if it was major increases the risk of .experiencing postpartum depression

:Symptoms

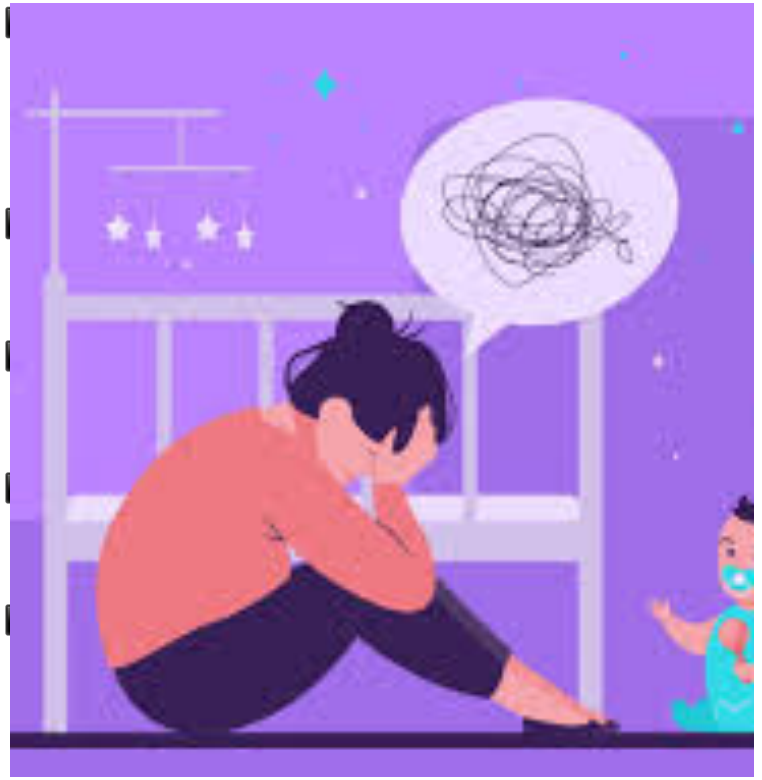
Disinterest in self, in child, and in normal activities Feeling isolated, .unwanted, or worthless

.Feeling a sense of shame or guilt about parenting skills

.Anger outbursts

.Suicidal ideation or frequent thoughts of death

.Symptoms are more severe and patients have an inability to cope



:Diagnosis

- Postpartum depression is a clinical diagnosis, which may be assisted by using screening questionnaires and the DSM-5 criteria, as well as .excluding any contributory medical conditions (hypothyroidism)

- :Screening questionnaires

.e.g., EPS, PDSS, or Patient Health Questionnaire-g

:DSM-5 criteria

- :DSM-5 criteria for major depressive disorder with peripartum onset Patients must meet at least 5 out of 9 symptoms for ≥ 2 weeks
  1. .Depressed mood, almost every day
  2. .Anhedonia
  3. .Appetite/weight changes
  4. .Sleep disturbances (unrelated to caring for the new born)
  5. .Psychomotor agitation or retardation (patient is anxious and moves alot, or barely moves)
  6. .Loss of energy/fatigue
  7. .Feeling worthless or excessively quilty
  8. .Trouble concentrating
  9. .Suicidal ideation and/or attempts
- .Depressed mood or anhedonia (reduced pleasure from previously enjoyable habits) must be among the patient's symptoms
- .Symptoms cause a significant decline in function in social and occupational/school settings
- The patient does not have a history of Other psychiatric disorders (especially bipolar disorder), Substance use, Medical conditions such as .hypothyroidism, nutritional deficiency, and cerebrovascular disease, which cause depressive mood

:Management

- :1st line treatments
  - .Mild depression: psychotherapy alone
  - Moderate-to-severe depression: psychotherapy plus an antidepressant.

- :Psychotherapy
  - .Psychotherapy Cognitive behavioral therapy
  - .Family-centeredtherapy
  - .Non directive counseling

Management: ....cont

:Medication

- .Selective serotonin reuptake inhibitors (SSRIs): 1st line treatment; best studied ✓
- .Avoid Patoxetine during pregnancy due to potential risk of cardiac anomalies ✓
- Choose a medication with the lowest side effects possible and minimal breast milk transfer, ex: .Sertraline ✓
- .Target doses are similar to those used in the general adult population but monitor closely ✓
- .Electroconvulsive therapy (ECT) can also be considered (no risk to infant)
- .Most women recover within 6-12 months

:Complications

- Risk of developing major depressive disorder .later in life
- .Suicide (preventable with adequate treatment)
- .Infanticide

Postpartum Psychosis (PPP)

Definition: A psychiatric manifestation with **abrupt onset after delivery** that is characterized by .psychotic symptoms

:Etiology

There is no clear evidence on what causes postpartum psychosis, but there are .some factors which mean you may be more likely to develop it

:For example, if you have

family history of mental health problems, particularly a family history of .psychosis postpartum

.A diagnosis of bipolar disorder or schizophrenia

.A traumatic birth or pregnancy

.Experienced postpartum psychosis before

But you can develop postpartum psychosis even if you have no history of mental .problems health

:Symptoms

(1 .Hallucinations

(2 .Delusions

(3 .Thought disorganization

(4 .Disorganized behaviours

(5 .Mood symptoms (e.g., mania, depression, or both)

(6 .Obsession with caring for the infant

(7 .Severe insomnia or frequent awakenings at night

(8 .Irritability, anxiety, hyperactivity, and psychomotor agitation

(9 .Homicidal or violent thoughts related to the infant

(10 .Suicidal ideation or attempts

:Management

- .Postpartum psychosis is considered a psychiatric emergency

:Hospitalization (1

- Especially if there is homicidal or suicidal ideation, the patient should be under .the care of a psychiatrist (not an obstetrician)
- .Ensure safety of the patient and infant
- .Mother should remain hospitalized until stable
- .Mother should not be left alone with the infant
- .Supervised visits with the infant may be possible

Management: ....cont

:Medical therapy (2

:Antipsychotics

- .Typically considered 1st line therapy
- Consider risks of medication for breastfeeding infants: Medications do enter the breast milk, though levels tend to be low.
- .During lactation, choose options with more safety data

Best options (expert opinion): <u>older 2nd-generation antipsychotics</u>
(start with the following initial doses, with a higher dose given for severe symptoms)

.Quetiapine
.Risperidone
.Olanzapine

Management:
....cont

:2nd Line treatment ❑

:1st generation antipsychotics ■

.More side effects: e.g. extrapyramidal effects •

.haloperidol •

:2nd generation antipsychotics ■

.Minimal safety data

.Aripiprazole, ziprasidone

Management: ....cont

:Mood stabilizers

- **.Used in bipolar disorder**
- **.Lithium (if not breastfeeding) 300 mg twice a day, Requires serum monitoring**
- **.Valproate (if breastfeeding) 500 mg once or twice daily, titrated until blood levels are 50-125 ug/mL**

Antidepressants: **Are added to antipsychotics in women with :Major depression with psychotic features, .Schizoaffective disorder with affective symptoms**

.Benzodiazepines: **Consider benzodiazepines for insomnia**

Management: ....cont

- **:Psychotherapy (3**
  - .Generally only useful after the initial crisis
  - .May help prevent recurrence (no clinical trials)
  - . Family-centered therapy can provide support for recovery
  - .ECT can be used to reduce depressive symptoms

:Complications

A. Risk of behavioral problems and/or developmental delay in the infant.

B. Suicide and/or homicide (usually preventable with adequate treatment).

Thank you for listening!