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Post-Partum Depression ***(Patient Safety)***

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Disclosures:

Speaker has no disclosures and there are no conflicts of interest.

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Post-Partum Depression

Karla Campanella MD

Disclosure

- Dr. Karla Campanella has no conflict of interest, financial agreement, or working affiliation with any group or organization.

Post-Partum Blues

- Normal Variant
- Occurs in 50-85% of women
- Peaks 4-5 days after delivery and remits by 2 weeks
- Not sad but reports tearfulness, anxiety, irritability and mood liability
- No trouble with functioning

Depression, Peripartum Onset

- Meets Criteria for Major Depressive Disorder
  - 2 weeks of depressed mood or loss of interest
  - With 4 additional symptoms of depression
    - Changes in sleep
    - Changes in appetite
    - Feelings of worthlessness
    - Inappropriate guilt
    - Recurrent thoughts of death
    - Decreased concentration
    - Loss of energy
    - Can also have agitation

Depression, Peripartum Onset

- Symptoms occur during pregnancy or within 4 weeks after delivery
- Occurs in 10-15 % of women
- Often associated with anxiety
  - Preoccupation with infant well-being
  - Can also have decreased interest with infant
  - Fear of being alone with infant
  - Over intrusive behaviors that interfere with infant rest

Risk Factors for Peripartum Depression

- Previous episode
- History of mood disorder
- Recent stressful life events
- Inadequate social support
- Marital issues
- History of childhood sexual abuse

Etiology

- Subgroup of women are sensitive to rapid fall in estrogen and progesterone
- Stressful life events increase vulnerability

With Psychotic Features

- Rare- 1-2/1000 births
- Most common in primiparous women
- Risk of recurrence is 30-50%
- Often presents as delusional thoughts about the infant
- Infanticide is most often associated with
  - Delusions that the infant is possessed
  - Command hallucinations to kill the infant

With Psychotic Features

- Early signs:
  - Insomnia
  - Agitation
  - Odd behavior
  - Elation
  - Mood lability
  - Rambling Speech
  - Distractibility

Risk Factors for Psychosis

- Primiparity
- Prior post partum mood episodes
- Prior history of Bipolar I Disorder
- Family history of Bipolar I Disorder
- History of psychotic illness

Risk Factors for Psychosis

- Maternal age over 35
- Low Birth Weight Baby
- Perinatal Death
- Autoimmune Thyroid Disease
  - In one study 19% had elevated thyroperoxidase Antibody Levels

Case Presentation

- 28 y/o married white female
  - 3rd baby
  - Supportive husband
  - 6 weeks postpartum
  - Distressing, recurrent thoughts of hurting her baby
  - Afraid to go near the kitchen knives
  - Is becoming afraid of going near the baby

  - Is this Post Partum Psychosis?

Postpartum Anxiety

- Anxiety spectrum illness as common as depression in post partum period
- 50% of mothers with depression experience intrusive obsessional thoughts which are aggressive and directed toward infant
- Often afraid to report
- Careful history to distinguish obsessions versus ideations of infanticide with plan to carry out

Diagnosis

- Evaluation for symptoms of depression should be part of every postpartum visit
- 2005 study in UK 44% admitted to lying to conceal depressive symptoms
- Barriers to accurate assessment
  - Stigma/Fear of Judgment
  - Fear of baby being taken away
  - Not wanting to take medications
  - Not feeling comfortable with provider

Quick Screen/NICE Guidelines

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?
- If yes to both:
- Is this something you feel that you need or want help with?

Edinburgh Postnatal Depression Scale

- Developed by Cox in 1987
- Most accepted screening tool
- Can get at http://psychology-tools.com/epds/
- A score of greater than 12 or yes to thoughts of harming self indicates clinical depression
- Asks the questions in a way that eliminates confounding from normal postpartum issues with sleep, energy, concentration

Case Presentation

- GM is a 29 y/o married female who presents at 10 months postpartum with increased irritability, increased guilt, crying spells, depressed mood, anxiety, low energy, poor self esteem, decreased interest and poor decision making. No SI. Symptoms began after birth of second child 8 months ago. Good support from husband but limited peer supports. Father died when she was a teen.
- What is missing?

Risk of Harm to Infant

- Screen for intrusive thoughts
- "It is not uncommon for new mothers to experience intrusive and unwanted thoughts that they might harm their baby. Have any thoughts like that happened to you?"
- If no, be sure to document:
  - No thoughts of harm to infant

Red Flags for Infanticide or abuse

- Mother making statements about harming herself, other children or baby even if subtle
- Mother reporting command auditory hallucinations
- Mother believing that her baby
  - has changed in some way
    - Looks strange
    - Is not hers
    - Is evil

Risk of Suicide

- Always ask directly if having thoughts of harming self or can look at answer to question 10 on EPDS
- Can't guess since profile of woman at risk of suicide after delivery is:
  - White, older
    - Married
    - Second or subsequent pregnancy
    - Living in comfortable circumstances
    - Recent contact with psychiatric services

Complications of Unrecognized PPD

- Postpartum suicides are typically violent
- Infanticide
- Increased risk of child abuse and neglect
- Dysfunctional parental attachment
- Impaired infant cognitive, social, emotional and behavioral development
- Increased risk that the child will go on to develop mental health problems

Management of severe symptoms

- Psychiatric Emergency so get patient to a hospital
  - Meets criteria for involuntary commitment
  - If pt. tells you by phone call crisis or the police to go to her house and get her to the hospital or to be sure she has gotten herself there on her own
  - If in your office call an ambulance to transport even if family there since higher risk of violent acts like jumping from the car

Medical Comorbidity

- Acute medical or surgical problem which looks like psychiatric illness
  - Post anesthesia delirium
  - Subdural hematoma
  - Meningioma
- Thyroid Illness
- Anemia

Psychotherapy

- Can be as therapeutic as medications with fewer side effects
- Study in UK with trained health visitors doing cognitive behavioral counselling showed their intervention was as effective as antidepressant medications (done in 1997)
- Intervention was: childcare advice, reassurance, encouraging participation in enjoyable activities, accessing support

Netmums

- Online CBT course for 11 weeks
- "Netmums Helping Depression"
- Two goals:
  - "to become more effective in getting support and communicating with others
  - "to restructure patterns of negative thinking that go with negative mood
  - www.netmums.com

Psychotherapy

- Dynamic Therapy-uses the relationship with the therapist
- RCT in 2003 showed that was superior to control in reducing depression
- Interpersonal Therapy-grief, interpersonal disputes, role transitions
- RCT in 2000 showed efficacy in addressing issues with relationships with baby and partner and returning to work

Other therapies

- Hormones
  - Cochrane review (2000) "no place for synthetic progestogens in treatment of PPD"
  - One RCT of estrogen as adjunct to SSRI showed benefit but not enough data to know if worth the risk of thromboembolism or tumors
- Omega-3 fatty Acids
  - Good data for general depression but no studies in PPD
  - 500 mg to 2,000 mg a day

Other Therapies

- Light Therapy
  - Some evidence from small RCT in pregnancy but not studied in PPD
  - 30 minutes in the morning with 10,000 lux light
  - Can cause manic switch in Bipolar Disorder
- Transcranial Magnetic Stimulation
  - FDA approved in depression
  - Good preliminary data in pregnancy, none for PPD
  - Expensive

Antidepressants

- Few studies in PPD
- Fluoxetine, sertraline and venlafaxine have shown efficacy
- Use standard doses
- Start 15 hours after delivery for prevention

Breastfeeding

- All psychotropic meds are secreted in breast milk
- Peak concentration 6-8 hours after dose
- Breast feed before or just after taking dose
- Fluoxetine and sertraline well tolerated due to minimal drug exposure and few reported complications
- Not recommended for infants who are premature or with elevated bilirubin

Breastfeeding

- Study from Denmark (2014) found that mothers who took antidepressants for depression were more successful at maintaining breastfeeding for 6 months
- Studies have found that undiagnosed/untreated anxiety and depression in postpartum period is associated with early cessation of breastfeeding

Case Report

- CM is a 21 y/o who presents with her mother at 4 weeks postpartum. She lives with her mother but has a supportive FOB. Has symptoms of depression and anxiety. Having financial stress. Also noted to have head lice. Started on sertraline.
- At follow up appointment reports that sertraline, "made me like a bear"

Antidepressant Switch

- Antidepressants can cause a hypomanic switch with or without a history of bipolar disorder
- Can add an antipsychotic as a mood stabilizer
- Low dose (25 mg) quetiapine added to CM's treatment but did not keep f/u appointment
- Follow up phone call indicated the patient was kicked out of parent's house and moved to another city but the quetiapine helped with sleep and irritability

Quetiapine

- FDA approved for mania, bipolar depression
- Evidence based but not FDA approved for anxiety
- Start with very low dose-25 mg
- Advantage is sedating but not addicting
- Limited data in breastfeeding but appears to cause low concentration in breast milk and no adverse effects reported

Benzodiazepines

- Useful Adjunct for anxiety associated with PPD
- Low incidence of adverse effects in breastfeeding
  - Observe baby for sedation but not likely unless mother is on multiple sedating meds
  - Most data is for lorazepam

Antidepressants in Pregnancy

- If mother is on SSRI going into pregnancy and stop has a 68% chance of relapse
- Helpful to make decision before pregnancy if possible
- Refer to maternal fetal specialist for a consultation visit
- Refer to www.womensmentalhealth.org

Risk of SSRIs

- For Fluoxetine no increased risk of congenital malformations
- Increased PPHN risk not substantiated in literature
- 25% of exposed babies develop transient neonatal distress syndrome
  - Benign, self-limited, lasts 1-4 days
  - Tremor, restlessness

Risk of Depression

- Low birth weight
- Fetal growth retardation
- Increased risk of operative delivery
- Increased risk of infant respiratory distress
- Increased risk of infant hypoglycemia

Take Home Points

- Keep www.womensmentalhealth.org on toolbar for quick reference
- Always ask about and document suicidal ideation and thoughts of harming infant
- 44% of women hide symptoms from provider
- Antidepressants are safe and well tolerated even in breastfeeding