HOW TO MANAGE PERINATAL PSYCHIATRIC PATIENTS

Prof.Dr.Nazan Aydın

Educational Objectives

- To increase awareness about the psychiatric disorders that occur in pregnancy and postpartum
- Understand the importance and impact of treatment of perinatal maternal psychiatric illness
- To guide for management of this patient group.

Outline

- ✧ **Why the focus on “maternal” psychiatric illness?**
- ✧ **Effect of stress during pregnancy and long term effects on the fetus and the child**
- ✧ **General treatment principles in perinatal period**

Why the focus on "maternal" psychiatric illness?

800,000 to 1 million women each year will experience some mood-related disorders in regard to their pregnancies and births

Barnes DL, Women's Reproductive Mental Health Across the Lifespan, 2014.

Why the focus on "maternal" psychiatric illness?

NEWS
OCTOBER 19, 2014

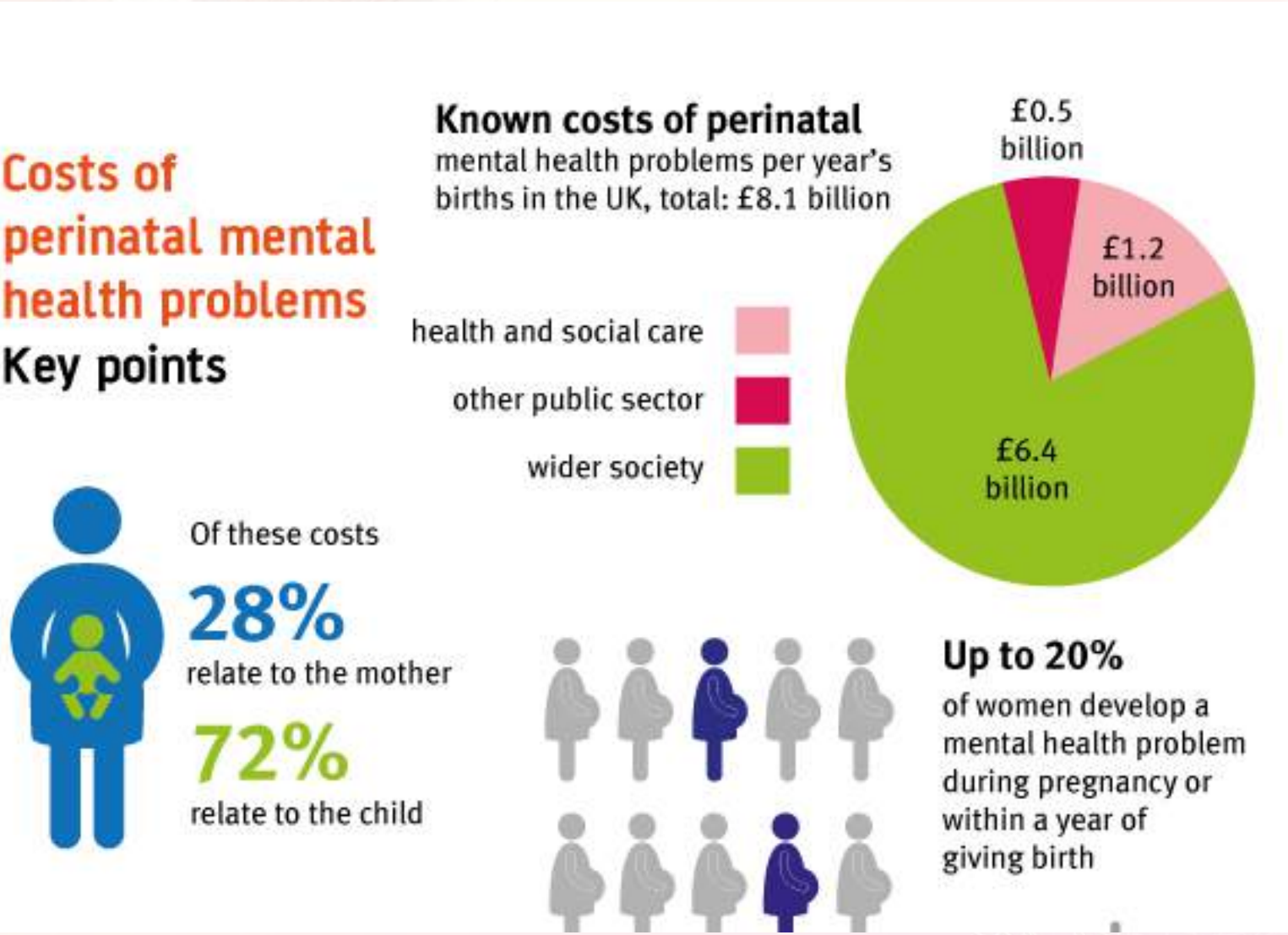
Failure to fully address mental health problems in pregnancy and following childbirth costs over £8 billion, report finds

Perinatal mental health problems carry a total economic and social long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK, according to a new report 'The costs of perinatal mental health problems' released today by the London School of Economics and Centre for Mental Health.

However the report also finds that the NHS would need to spend just £337 million a year to bring perinatal mental health care up to the level recommended in national guidance.

Maternal Mental Health Alliance's 'Everyone's Business' campaign, 2014

Why the focus on "maternal" psychiatric illness?



Maternal Mental Health Alliance's 'Everyone's Business' campaign, 2014

Why the focus on "maternal" psychiatric illness?

Psychiatry Section

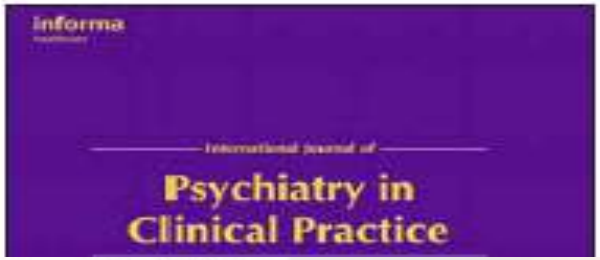
The Correlation Between Psychiatric Disorders and Women's Lives

Journal of Clinical and Diagnostic Research. 2013 April, Vol-7(4): 695-699

FUSUN SEVIMLI BURSALIOGLU, NAZAN AYDIN, ESRA YAZICI, AHMET BULENT YAZICI

- The women with psychiatric disorders had higher rates of unemployment, shorter durations of marriage and lower numbers of parity
- The onset or the exacerbations of illnesses during the postpartum period are also seen more in the schizophrenia and the bipolar groups

Why the focus on "maternal" psychiatric illness?



Maternal age and number of children are risk factors for depressive disorders in non-perinatal women of reproductive age

Neriman Aras, Elif Oral, Nazan Aydin, Mustafa Gulec

doi: 10.3109/13651501.2013.821493

Results: The prevalence of depressive disorders was 32.8%. Depressive disorders had high rates in women who were married at younger ages and who had three or more children. Although the prevalence of depressive disorders was 32.8%, only 10.4% of the women had follow up and treatment in a psychiatric outpatient clinic.

Why the focus on "maternal" psychiatric illness?

Article

I|J|S|P

International Journal of
Social Psychiatry
1–10

DOI: 10.1177/0020764014524738
isp.sagepub.com
SAGE

Prevalence of depressive disorders and related factors in women in the first trimester of their pregnancies in Erzurum, Turkey

Puren Akçalı Aslan[1], Nazan Aydın[2], Esra Yazıcı[3], Ayse Nur Aksoy[4], Tulay Sati Kirkan[5] and Gokhan Ali Daloglu[1]

Results: The total depressive disorder rate was 16.8% in women in the first trimester of their pregnancies (12.3% major depressive disorder, 1.5% double depression, 2.6% minor depressive disorder and 0.4% dysthymia). A history of

Why the focus on "maternal" psychiatric illness?

Article

I|J|S|P

International Journal of
Social Psychiatry
1–7

DOI: 10.1177/0020764014543713
isp.sagepub.com
SAGE

The depression in women in pregnancy and postpartum period: A follow-up study

Tulay Sati Kirkan[1], Nazan Aydin[2], Esra Yazici[3], Puren Akcali Aslan[4], Hamit Acemoglu[5] and Ali Gokhan Daloglu[6]

Results: In this follow-up study, the prevalence of PPD was 35% (*n* = 126). A depressive disorder in the first trimester of pregnancy, previous mental disorder, somatic disorder, exposure to domestic violence during pregnancy, baby's staying in the incubator and not breastfeeding were predictors of PPD. Exposure to violence and a history of previous depression predicted depression both in pregnancy and in the postpartum period.

Key Point #1

Active mental illness carries risks to the mother, fetus and neonate

XXX

Active mental illness carries risks to the mother, fetus and neonate

- ✧Poor prenatal care
- ✧ Risk of medical / obstetrical complications
- ✧Self-medication / substance abuse
- ✧Postpartum exacerbation
- ✧Suicide
- ✧Infanticide

Oates M. Br J Psychiatry. 2003, Bonari et al.(2004). Can J Psychiatry,

- ✧ preterm birth[1,2]
- ✧ low birth weight[1,2]
- ✧ Relative R frontal EEG asymmetry[1]

1) Diego MA et al. Psychiatry. 2004; 67(1):63-80
2) Grote NK et al. Arch Gen Psychiatry. 2010; 67(10):1012-24
3) Bonari, L et al.. (2004). Can J Psychiatry, 49, 726-735

Key Point #2

The mother's emotional state in pregnancy can have a long lasting effect on the neurodevelopment her child

XXX

The mother's emotional state in pregnancy can have a long lasting effect

✧Poorer language development during first 3 years

Stein, Malmberg, Sylva, et al. Child: Care, Health, and Development,2008

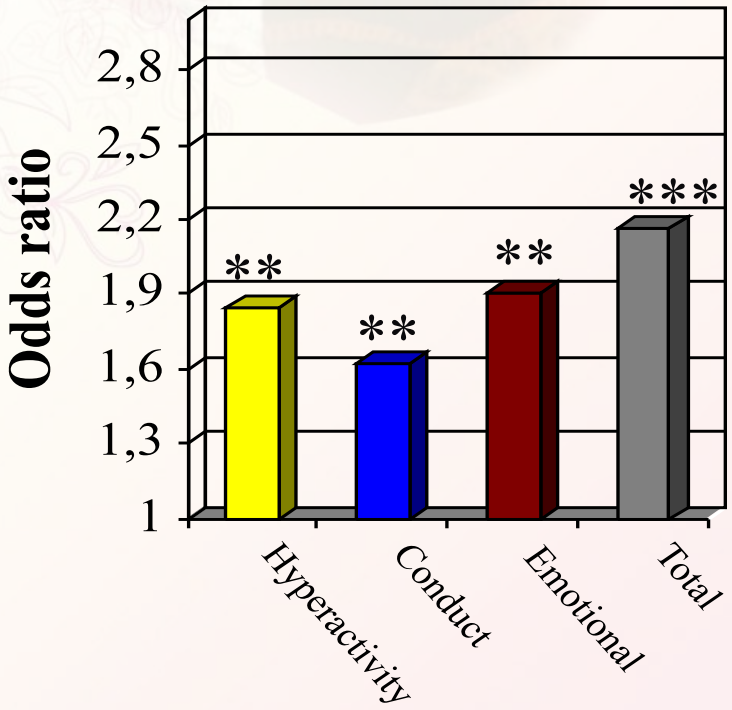
Chronic maternal depression results in higher rates of:

- ♦ Anxiety Disorders[1,2] (may be mediated by cortisol level[3])
- ♦ Depressive Disorders[1,2]

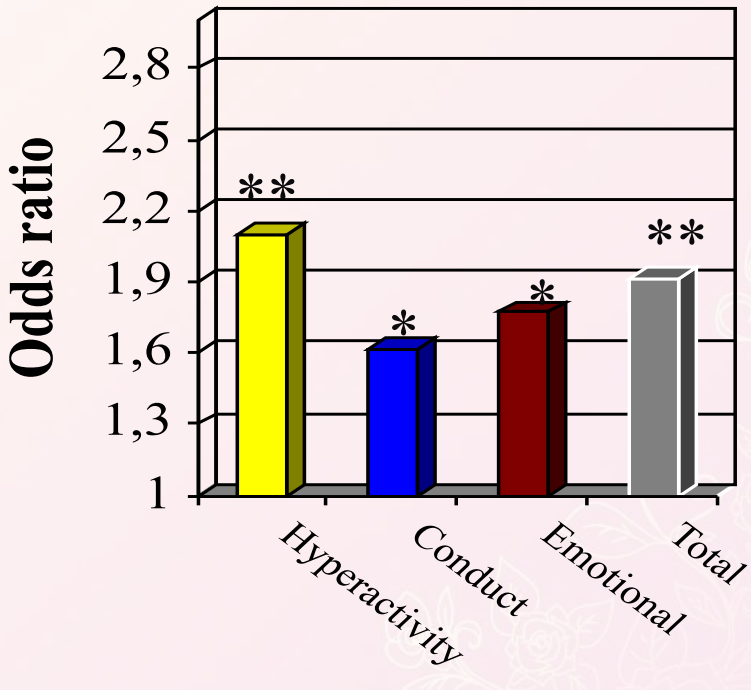
1) Misri S et al. Am J Psychiatry. 2006; 163(3): 1026-32
2) Weissman MM et al. JAMA. 2006; 295(12):1389-98
3) Brennan PA et al. J Child Psychol Psychiatry. 2008;49(10):1099-107

Multivariate analysis–ALSPAC cohort at 7 years Behavioural/emotional problems and maternal antenatal anxiety at 32 weeks

BOYS



GIRLS



O' Connor et al 2003

FETAL PROGRAMMING

Environment in utero,

during different critical periods for specific outcomes,

can alter the development of the fetus,

with a permanent effect on the child

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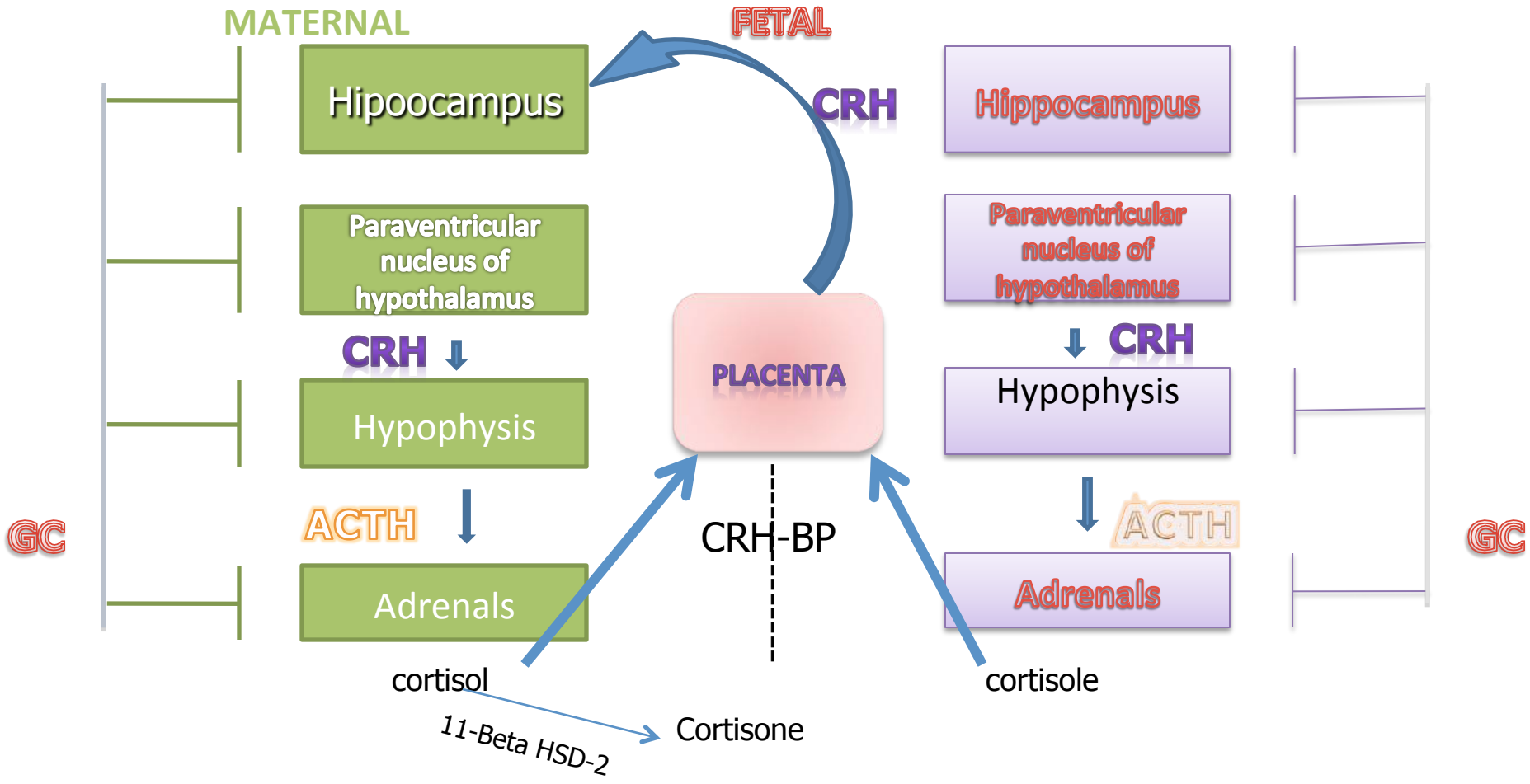
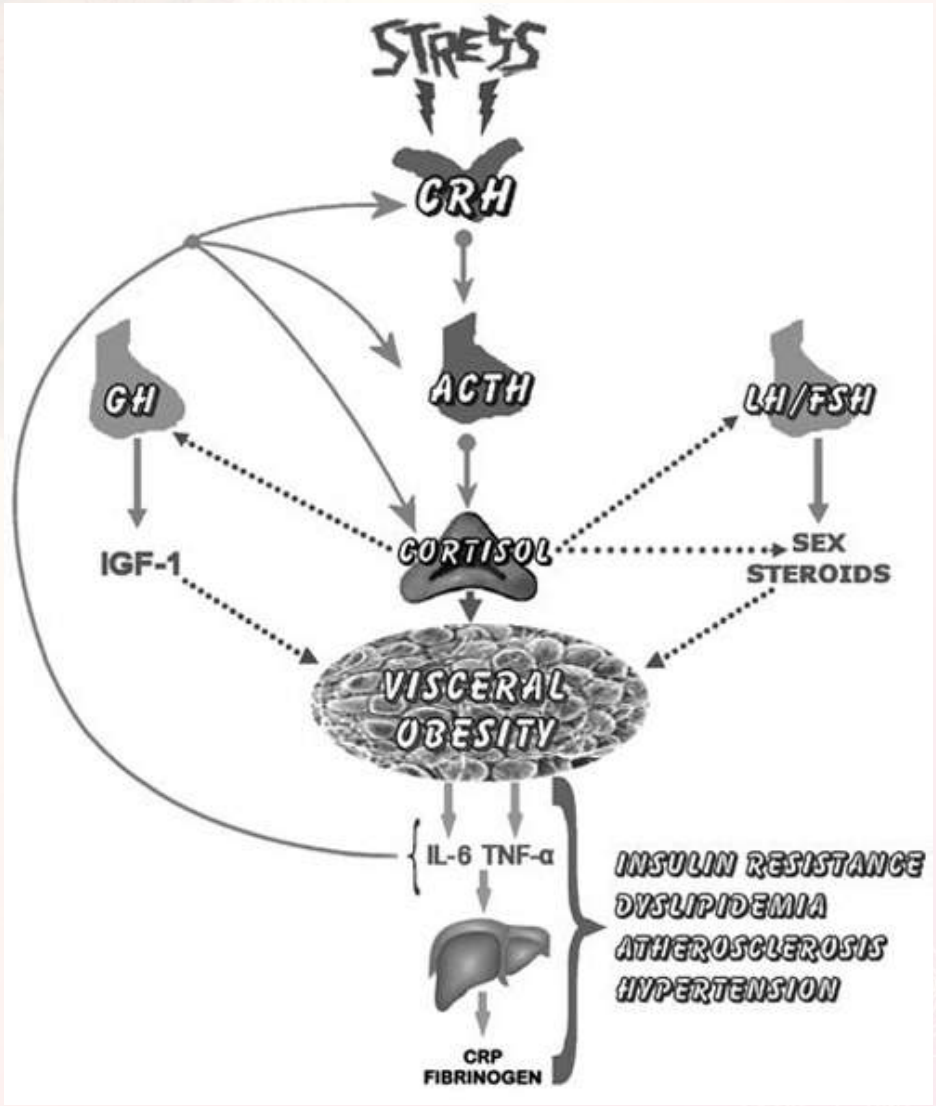
Environment in utero can alter the development of the fetus

Maternal stress and fetus



Environment in utero can alter the development of the fetus



prenatal stress results with permanent effects

Low birth weight
Smaller cranial size
Low APGAR score
Neural tube defects

Birth

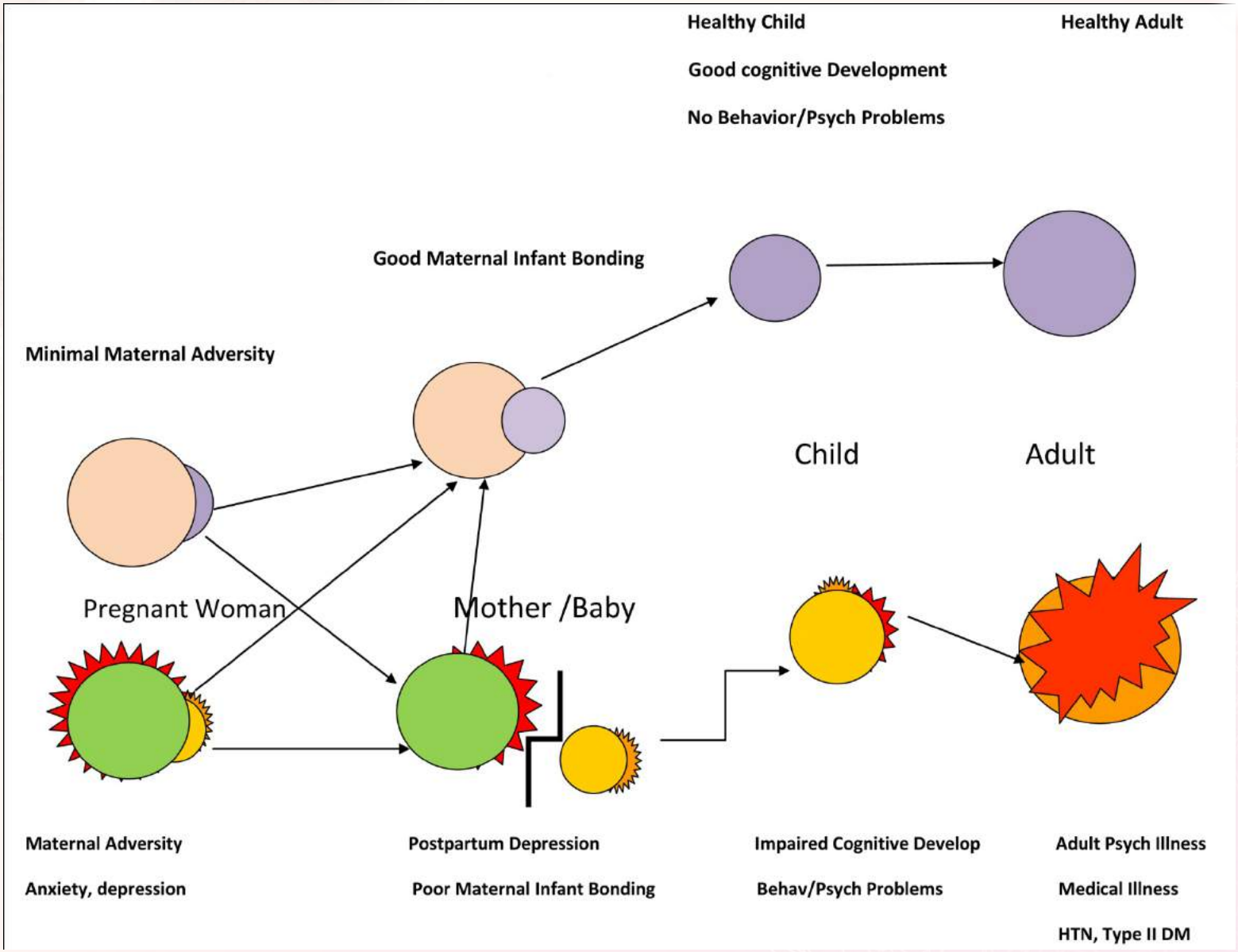
Developmental period

Adulthood

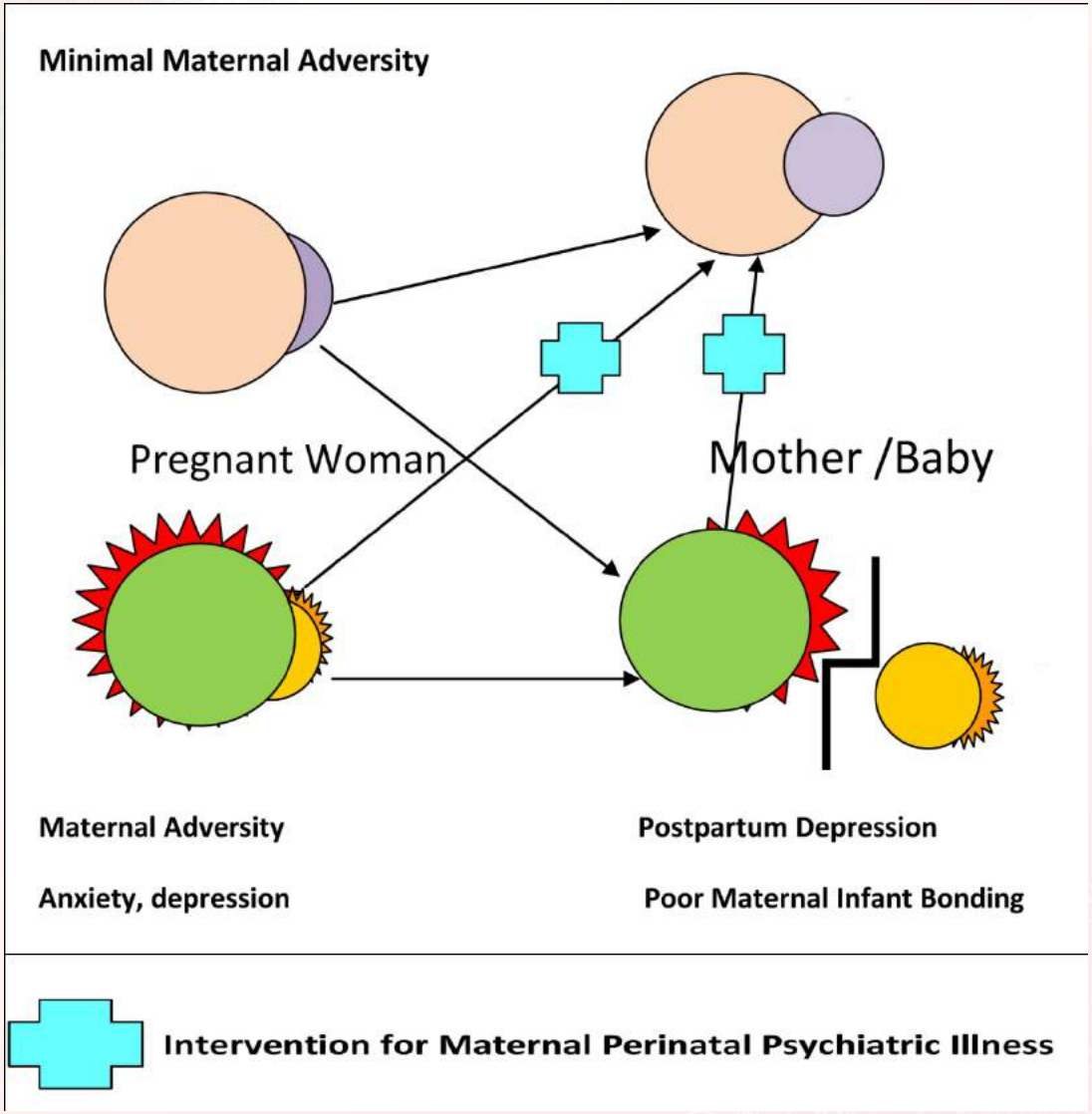
ADHD
Gilles de la Tourette's Syndrome
Learning and behavioral problems
İncreased rates of diseases and mortality
Decerased immun response

Anxiety and depression
Increased risk of schizophrenia
Metabolic and endocrine diseases
Paradoxical sleep changes

Why the focus on "maternal" psychiatric illness?



TO EARLY INTERVENTION....



Key Point #3

DON'T WAIT, TREAT!!!

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Key Point #4

Treatment Choice

An individual decision

that's made on a case by case basis!

Key Point #5

Minimize exposures: mental illness vs. medication

The goal of treatment is to minimize fetal/neonatal exposure to both maternal mental illness and medication.

Myth: Stop all medications immediately!

"I' m pregnant, I was told to stop my meds, will my mania return?"

Key Point #6

Abrupt discontinuation is associated with higher relapse rate!

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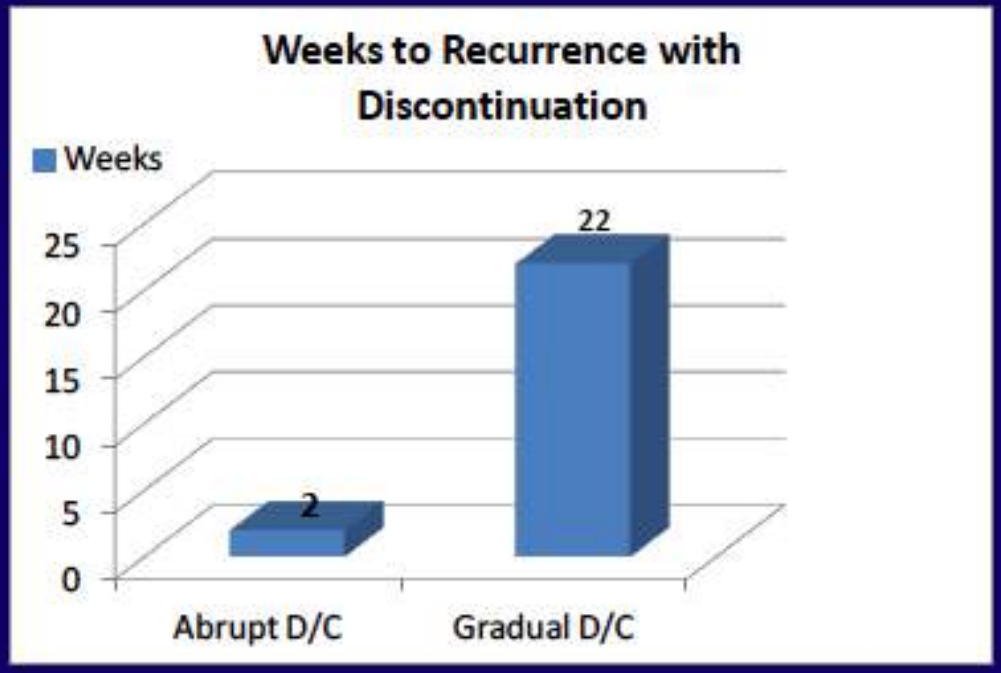
Mood Stabilizers in Pregnancy



Key Point #7

Treatment Choice

Use what has worked in the past

(Single exception: Valproate in pregnancy)

Key Point #8

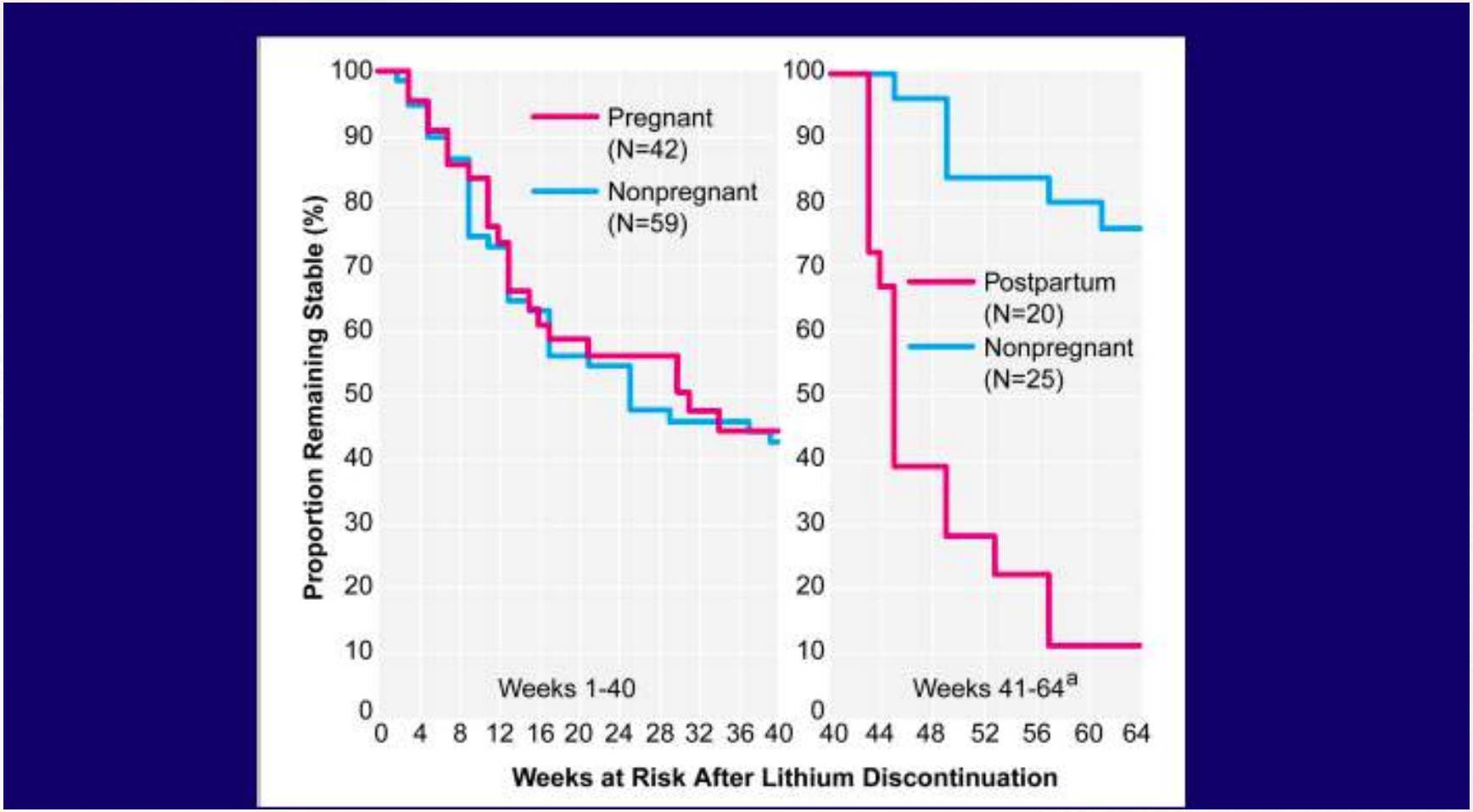
Treatment Choice

Management guided by severity (hospitalization)

Key Point #9

Women are at very high risk of recurrent episode in the first month postpartum

Bipolar Relapse Rates off Lithium



Viguera AC et al. Am J Psychiatry. 2000

Key Point #9

Women are at very high risk of recurrent episode in the first month postpartum

- Do consider postpartum prophylaxis
- Do discuss postpartum planning during pregnancy with partner present

Key Point #10

Document! Document! Document!

"I have explained the risks, benefits, and alternatives of psychiatric medications in pregnancy. Ms. X (and her partner) have given consent."

XXX


We must prioritize the mental health
of the mothers of our next generation!