Post Partum Depression

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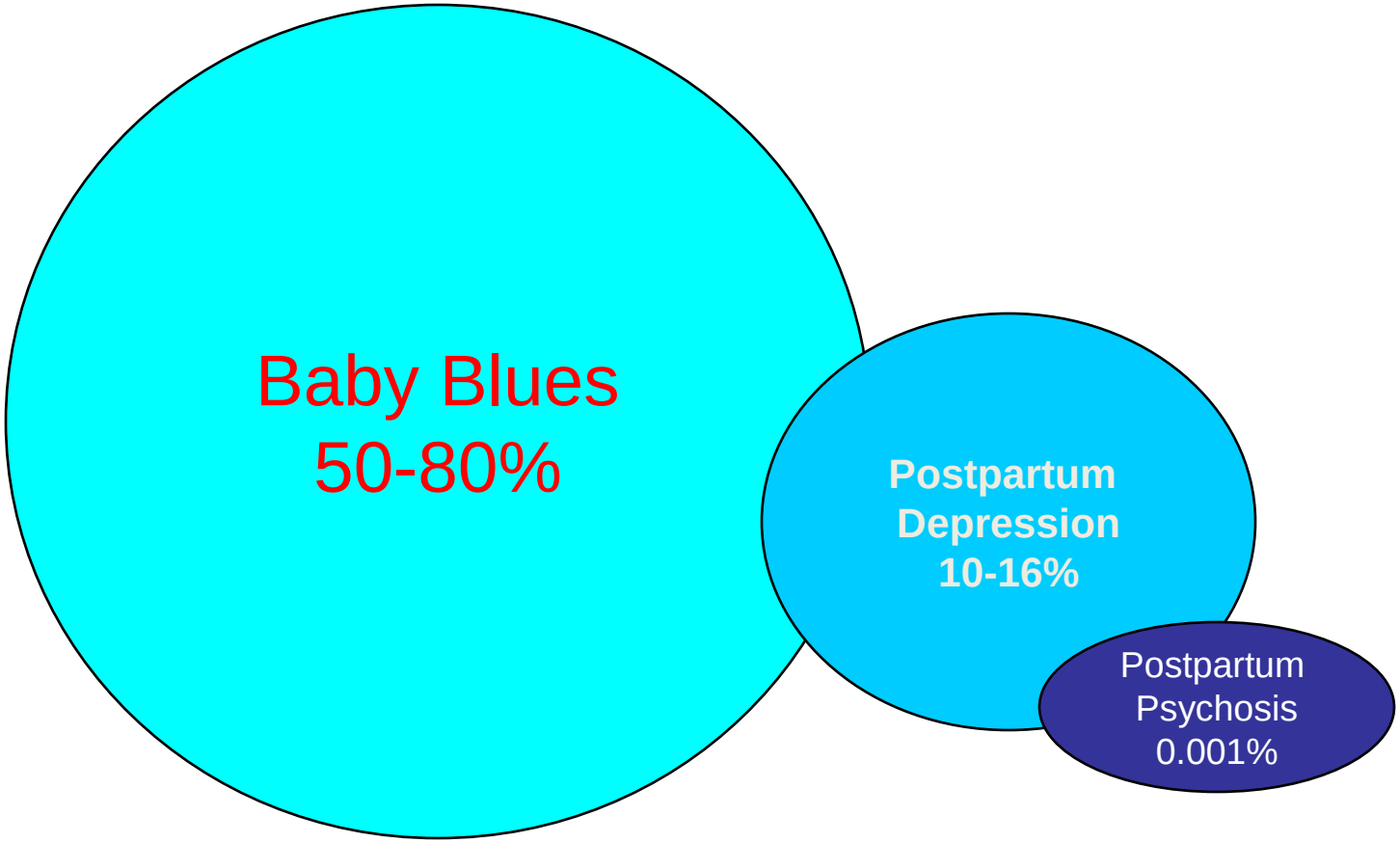
Outline of Presentation

- Postpartum Mood Disorders
  - Postpartum Blues
  - Postpartum Depression
  - Postpartum Psychosis
- Meds during pregnancy and breastfeeding
- Impact of untreated perinatal depression
- Important take-home messages

Postpartum Mood Disorders

- Definition:
  - Begin after delivery
  - DSM 5: “peripartum onset” modifier
    - onset within 4 wks postpartum
  - Range in severity:
    - Postpartum Blues
    - Postpartum Depression
    - Postpartum Psychosis

Postpartum Mood Disorders



Postpartum Blues

- Prevalence: 50 - 85%
- Mild and transient
- Symptoms: low mood, crying, mood lability, irritability, anxiety, insomnia, memory & concentration problems
- Course: begins 3-4 days after delivery peaks at day 5-6 and back to normal in 2-3 weeks

Postpartum Psychosis

- Incidence: 1-2/1000 births
- Onset: 1-3 wks pp, usually within 8 wks
- Symptoms:
  - Early - insomnia, mood lability, restless
  - Later - marked mem & conc impairment, incoherence, suspiciousness, irrational/obsessive concerns, delusions and hallucinations

Postpartum Psychosis

- High rates of maternal and infant morbidity and mortality - 4% infanticide

Risk factors:

-Primiparity

-Pers/fam hx. of pp psychosis (70-90% recurrence rate)

-Mood d/o (Bipolar Disorder)

Postpartum Psychosis

- Etiology: ? Fall in estrogen levels pp
- Treatment: mood stabilizer, antipsychotic, benzodiazepine, ECT
- Prevention:
  - Mood stabilizer prophylaxis
  - Minimize sleep deprivation
    - 5 Day/ 5 Night Program at MSH

Postpartum Depression

- Prevalence: 15% of women
- Most vulnerable time for women
- Onset: within 6 weeks after delivery
  85% reported having PP Blues
- Duration: a few wks to many months

Postpartum Depression

- Symptoms: depressed mood, fatigue, changes in sleep and appetite, anhedonia, guilt, suicidalilty
- Risk factors:
  pers/fam hx of depression
- hx of PPD (50-65% recurrence rate)

  stressful life events, marital discord
  few social supports, preg/delivery complications

  ?personality type

Postpartum Depression

- Etiology:
  - Psychodynamic theories - reactivation of mother-daughter conflicts
  - Psychosocial theories - role adaptation
  - Neuroendocrine theories
    - hormonal withdrawal
    - ?pp autoimmune thyroiditis

Postpartum Depression

- Treatment:
  - Interpersonal psychotherapy / CBT / Groups
  - Psychosocial interventions
  - Antidepressants
  - Estrogen
  - ECT
- Prophylaxis: start antidepressant pp
- Close follow up

Medications in Pregnancy: The Doctor's Dilemma

- The risk of untreated illness vs. The risk of treatment
- Non-exposure does not exist

Don’t Believe the Hype!

- We know more about psychotropic meds than most other categories of drugs
- Most MDs/HCPs rely on Health Canada (or FDA) or CPS recommendations
- Data does not make it to CPS

Indicators for Pharmacotherapy

- Moderate→severe depression/anxiety
- Considering pregnancy/pregnant and prior attempts to d/c meds failed
- Hx of relapse during pregnancy

Medications: Which Antidepressant?

- All antidepressants are equal in efficacy, differ in side effects
- Personal and family history of response
- Cost
- Side effect profile
- Drug interactions
- Monotherapy

First Trimester Exposure

- SSRIs: as a group are not linked to an increased risk for major malformations (thousands of cases)

Simon et al. Am J Psych 2002
Malm et al. Obset Gynecol 2005
Einarson et al. Pharmacoepidemiol Drug Saf. 2005.
Kallen et al Birth Defects Res 2007
Louik et al N Engl J Med. 2007.
Alwan et al. N Engl J Med. 2007
Davis et al .Pharmacoepidemiol Drug Saf.2007
Berard et al A BJ Psychiatry 2008
Einarson et al. Can J Psychiatry 2009
Wichman et al. Mayo Clinic 2009
Andrade et al Pharmacoepidemiol Drug Saf 2009

First Trimester Exposure

-Paroxetine and cardiac anomalies (GSK):

-increased risk (1.5% vs. 1%)

- Motherisk study (2008):
  - outcomes of almost 1170 infants exposed to Paroxetine in utero vs. non-exposed
  - no increased risk in cardiac anomalies
  - Supported by another large study (*Wichman, 2009)*

Recent Studies

- Meta-analysis of 11 studies, found small increase risk for heart defects associated with paroxetine

(Wurst et al. Birth Defects Res 2009 Sep)

- Prescription data base study found no increase risk for heart defects with paroxetine but did with citalopram and sertraline

(Pedersen L et al. BMJ. 2009 Sep)

Oct 2009; GSK was ordered to pay a mother of a child born with a heart defect $2.5million dollars. First case of more than 600 cases filed against the company

SSRI and Spontaneous Abortion

- Meta-analysis: Rates of SA in 1534 women exposed to antidepressants in early pregnancy vs. 2033 non exposed.
  - 12.4 vs 8.7% RR 1.4

Hemels et al. Ann Pharmacother. Mar 2005

Prospective comparative study of 937 women exposed to antidepressants in early pregnancy vs. non-exposed

- 13.0 vs. 8.0% RR 1.6

Einarson et al. JOGC May 2009

Long term effects

First trimester exposure only and throughout pregnancy

- No differences between exposed and non-exposed babies
  - *Nulman I.et al N Engl J Med 1997; 336: 258-62*
  - *Nulman I.et al Am J Psychiatry 2002; 159:1889-95*
  - *Casper RC et al J Pediatr. 2003 Apr*
  - *Misri S et al. Arch Pediatr Adolesc Med Jan 2007*

Long Term Sequelae

- Fluoxetine and tricyclics
  - First trimester use only
  - Exposed throughout pregnancy
- 7 year follow-up by neurologist, psychologist, pediatrician
- No differences between exposed and non-exposed babies

Nulman I et al N Engl J Med 1997
Nulman I et al Am J Psychiatry 2002

Third Trimester Exposure: Neonatal Adaptation Syndrome

- Symptoms: feeding & breathing problems, seizures, altered muscle tone, jitteriness, absent crying
- Recent studies:10-30% of newborns have symptoms, self limiting
- Health Canada/FDA warnings to reduce meds in T3! (2004)

Management of Neonatal Adaptation Syndrome

- Symptoms are transient, resolve in 2-4 days, no long term effects
- Infants should be monitored closely for 48 hours, longer if symptoms are severe
- Do not suggest patient stop medication

Untreated Depression: Physiological Effects

- Adverse effects have been linked to increased risk for spontaneous abortion, bleeding during gestation, growth retardation, pre-eclampsia, premature labour and delivery

- Untreated depression in pregnancy is the biggest predictor of postpartum depression

Bonari et al Can J Psychiatry 2004

Untreated Depression: Psychological Effects

- Women suffering from depression are less likely to get appropriate prenatal care, more likely to smoke and use alcohol

- Women who are depressed are less likely to bond well with their baby

Buist. Aust Fam Physician 2000

Medications in Pregnancy

- Antidepressants (TCA, SSRI, SNRI):
  - No proven teratogenic effects (?paxil)
  - Warn about potential withdrawal
  - no neurobehavioural problems
- Benzodiazepines:
  - ? Cleft lip/palate- small doses, short time
  - ?Withdrawal: floppy infant syndrome- try to wean off in last month

Medications in Pregnancy

- Lithium:
  - Risk of Ebstein's anomaly 1-2/1000- fetal cardiac U/S
- Valproic Acid:
  - 5-9% risk of NTD, 11% risk of major malformations
- Carbamazepine:
  - 1% risk of NTD, 6% risk of major malformations
- Folate 5mg/day, lowest dose in divided doses, oral vitamin K in last month to prevent coagulopathy

Medications in Breastfeeding

- Many benefits of breastfeeding
- All medications are excreted in breast milk
- Look at benefits vs. risks
- Guilt of not breastfeeding

Postpartum Depression: Impact on Child

- Increased incidence of insecure attachment
- Reduced quality of interaction with mom at 19 months
- Behavioural disturbances, low social competence
- Cognitive delay (specific to maternal depression during the first year of life) - assessed at age 4

Take-home Messages

- If you ask it, they will respond
  - Screen for depressive symptoms routinely
- Pregnancy is not protective for depression
  - Treat like past depressive episodes
- Postpartum Blues: common, normal
- Postpartum Depression: anxiety, guilt
- Postpartum Psychosis: psychiatric emergency, think bipolar disorder

For more information…

- MGH Women's Mental Health Pgm
  - www.womensmentalhealth.com
- B.C. Reproductive Mental Health Pgm
  - www.bcrmh.com
- Motherisk416-813-6780
  - www.motherisk.ca
- Postpartum Support International
  - www.postpartum.net
- Perinatal Bereavement Services of Ontario
  - www.pbso.ca

QUIZZES

QUIZ 1

- The highest risk of neural tube defects has been associated with the use of the following mood stabilizer during pregnancy:

A. Lithium
B. Valproic Acid
C. Carbamazapine
D. Topiramate

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QUIZ 2

- Which of the following statements is NOT TRUE regarding post partum blues:
- A. The symptoms are mild and transient
- B. The prevalence is 50-80%
- C. The symptoms begin 3-4 days post delivery
- D. Mood lability is common

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