Mental Health Disorders in Pregnancy: What is Your Responsibility?

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Disclosures:
None

Outline

• Prevalence of MI in Pregnancy
• Screening for MI in Pregnancy
• Treatment of MI in Pregnancy

Depression in Pregnancy

• The reproductive years are the most common for onset of mood disorders
• Prevalence rates for depression range from 7-13%
• Frequently under-diagnosed
  — Similar symptoms to those of normal pregnancy experience
Risk Factors of Depression in Pregnancy

• Previous episodes of depression
  – Risk of recurrence high off of medication
• Limited social support
• Marital conflict
• Multiple other children
• Ambivalence about pregnancy

Untreated Depression in Pregnancy

Poor perinatal outcome
- Lower APGAR scores
- Higher rates of preterm labor and delivery complications

Increased rates of substance use
Poor nutrition
Less follow through with prenatal visits
Impaired sleep

Increase risk of PP Depression

Generalized Anxiety in Pregnancy

• Prevalence: 9.5% at some point in the pregnancy.
  – Highest rates in the first trimester (7%)
  – 2nd Trimester: 2% and 3% in the third trimester.

• Risk Factors:
  – Previous history of GAD was the strongest predictor
  – Decreased levels of social support
  – Less education
  – History of child abuse

Previous patient questionnaire studies demonstrate higher rates

Panic Disorder and OCD in Pregnancy

• Mixed results during pregnancy
  – Subgroup with improved symptoms
    • Possible anxiolytic effects of progesterone
  – Subgroup with worsened symptoms
    • Requiring higher doses

• Increased risk postpartum
Psychosis in Pregnancy

• Extremely rare
• Most commonly due to an affective disorder (depression with psychotic features or bipolar disorder), rarely schizophrenia

Eating Disorders in Pregnancy

• Disordered eating behaviors often improve in pregnancy, except binging
• Prevalence in large recent study:
  – Anorexia Nervosa 2.1% (0.3% in last year)
  – Bulimia Nervosa 3.0% (0.9% in the last year)
  – Both 1.8% (0.1%)
  – No differences were found in mean birth weight, prevalence of a small-for-gestational-age, or premature birth.

• Active Symptoms may be different

Substance Use Disorders in Pregnancy

• 2003 National Household Survey on Drug Use and Health indicated that 9.3% of pregnant women used alcohol and 4.3% percent of pregnant women used illicit drugs.

• Pregnancy Risk Assessment Monitoring System (PRAMS) found about 13% (as high as 28% in certain states) of women smoked during the last 3 months of pregnancy.

• Risks associated with the substance and risks associated with the addiction behaviors

Screening

• Who to screen?
• When to screen?
• How to screen? Which tools?

->Screening for medical conditions (such as thyroid dysfunction)
Who to Screen

- Postpartum screening for depression is now recommended universally
- Awareness of risk factors
  - Prior mental illness
  - Psychosocial stressors: un/underemployment, financial problems, housing issues, lower education
  - Family history
  - Complicated pregnancy or delivery

When to Screen

- First prenatal visit
- First postpartum visit
- 4-8 weeks postpartum

How to Screen

- Insufficient data to suggest the use of any one particular scale universally
- Commonly used tools include:
  - MDQ (Mood Disorders Questionnaire)
  - PHQ 2 or PHQ 9
  - Edinburgh Postnatal Depression Scale

Edinburgh Postnatal Depression Scale

*This page contains a table with the Edinburgh Postnatal Depression Scale. The table is not included in this text representation.*
When There Is a Positive Screen

- Thorough medical evaluation for organic cause of symptoms
- In-home supportive services
- Treatment
  - Therapy -> supportive, cognitive-behavioral, group, family
  - Medication

Treatment

- Pharmacotherapy
- Psychotherapy
  - Individual supportive therapy
  - CBT/DBT
  - Group psychotherapy
- Support groups/Mothers’ groups
- Psychoeducation

Psychopharmacology

- SSRI/SNRI
- Wellbutrin
- Benzodiazepines
- Buspar
- Antipsychotic medications
- Mood stabilizers

Resources for Referral

- Perinatal Psychiatry (examples include UCSF OB/Psych Clinic or Mood Assessment Clinic, SFGH High Risk OB Clinic
- General outpatient psychiatry and psychotherapy
  - Community mental health clinics
  - Private psychotherapy and psychiatric practices
  - Psychology Today website
  - University affiliated clinics (such as UCSF’s Langley Porter)

Resource for Education:
Womensmentalhealth.org
Take-Home Points

- Mental illness is common during pregnancy, with depression and anxiety the most prevalent disorders.
- Mental illness during pregnancy is associated with a variety of risks and complications.
- All patients should be screened for mental illness during pregnancy.
- Treatment is available. Pharmacotherapy requires a risk/benefit analysis on effects of untreated/undertreated mental illness versus effects of medication.