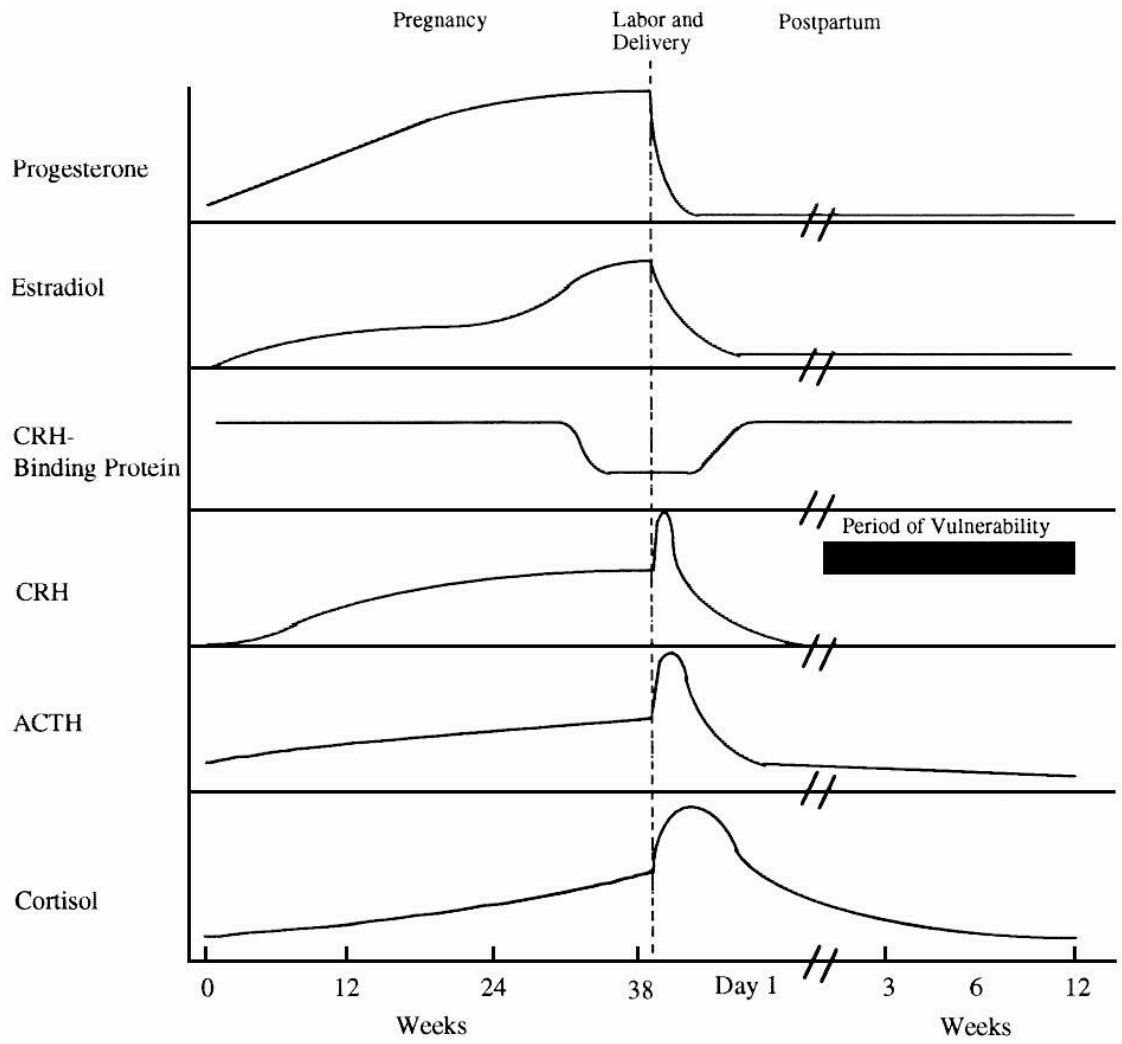
Perinatal mood and anxiety disorders

Learning objectives

Identify symptoms of perinatal preexisting and new onset mood and anxiety disorders

Baby blues

- Within the first two weeks postpartum
- Emotional instability, intense feelings (positive or negative), tearfulness
- Criteria for depression not met
- Likely due to hormonal fluctuations, sleep deprivation, huge life change



Hormonal changes and period of increased vulnerability to mood disorders and autoimmune phenomena during pregnancy and the postpartum period.[1]

Baby blues treatment

- Often resolves on its own
- Bolstering mom’s supports and making sure she is getting adequate sleep are good first steps
- Continue to monitor patient for potential transformation into postpartum depression

Perinatal depression

Major depressive disorder (DSM V):

- Five or more symptoms during the same 2-week period and at least one of the symptoms should be either:
  1. depressed mood or
  2. loss of interest or pleasure.
- Must cause marked distress or dysfunction

S: sleep-too little or too much
I: loss of interest in things previously found pleasurable
G: excessive feelings of guilt
E: low energy
C: poor concentration
A: appetite-increase or decrease
P: psychomotor retardation; moving or responding very slowly
S: suicidal thoughts

Depression can occur during pregnancy as well as postpartum. The DSM V puts more strict time frames on when a depressive episode can be called postpartum depression. In practice, we tend to give this diagnosis if the episode occurs within the first year postpartum.

Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless
3. Trouble falling or staying asleep or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead, or of hurting yourself

PHQ-9 scoring

Score	Severity
0-4	None-Minimal
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

CoCM inclusion

- Score is approximately >10
- Or if inclusion is clinically indicated

Question 9

- Further assess acuity of ideation to determine if CoCM is appropriate

Edinburgh Postnatal Depression Scale (EPDS)

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a CHECK MARK (✓) on the blank by the answer that comes closest to how you have felt IN THE PAST 7 DAYS—not just how you feel today.

Question stems

1. I have been able to laugh and see the funny side of things
2. I have looked forward with enjoyment to things
3. I have blamed myself unnecessarily when things went wrong
4. I have been anxious or worried for no good reason
5. I have felt scared or panicky for no good reason
6. Things have been getting to me
7. I have been so unhappy that I have had difficulty sleeping
8. I have felt sad or miserable
9. I have been so unhappy that I have been crying
10. The thought of harming myself has occurred to me

EPDS scoring

Score	Severity
7-13	Probable minor depression
14-19	Probable major depression
19-30	Probable severe depression

CoCM inclusion

- Score is approximately 10-18
- Or if inclusion is clinically indicated

Question 10/J

- Further assess acuity of ideation to determine if CoCM is appropriate

Bipolar disorders

- Both **episodes of depression and episodes of mania or hypomania**

- Mania/hypomania consist of periods of 3 or more days of:
  - Decreased need for sleep
  - Increased activity
  - Increased rate of speech
  - Elevated or euphoric mood, or irrationally irritable mood
  - Excessive spending or risk taking (causing significant consequences)
  - Increased sex drive
  - May have psychotic symptoms (paranoia, delusions of grandeur, hallucinations)

Bipolar disorder screening: Mood disorder Questionnaire (MDQ)

- MDQ is completed if suspicion arises for bipolar disorder
- Designed for screening purposes only; not to be used as a diagnostic tool
- Further assessment for bipolar disorder is warranted if patient:
  - Answers Yes to 7 or more of the events in question 1; and
  - Answers Yes to question 2; and
  - Answers Moderate problem or Serious problem to question 3

Case study: Sindhu

Sindhu has no history of mental health problems. She gave birth to her first child 3 months ago. She developed postpartum depression 6 weeks postpartum and was prescribed sertraline 50mg at bedtime. She reaches out to her BHCM a week later stating that she can’t sleep and feels “wired” and more anxious but feels slightly less depressed.

Perinatal anxiety

Generalized anxiety disorder (DSM V):

- Excessive anxiety and worry occurring most days for at least 6 months, about a number of events or activities
- Difficult to control the worry
- Anxiety or physical symptoms cause clinically-significant distress or impairment in social, occupational or other important areas of functioning

Anxiety associated with three (or more) of the following (with at least some symptoms having been present for more days than not for the past 6 months):

- Restlessness, feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance

Perinatal anxiety tends to be specific to certain topics, usually the health and safety of the baby, and we tend to make the diagnosis if symptoms have been present for 1–2 weeks (vs. 6 months). There is no formal DSM V designation for perinatal anxiety, but it is at least as common as perinatal depression.

Generalized Anxiety Disorder-7 (GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid, as if something awful might happen

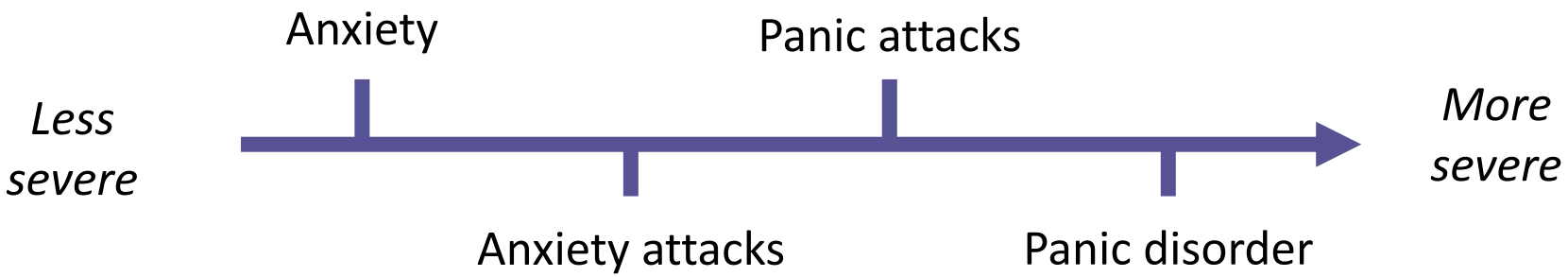
GAD-7 scoring

Score	Severity
0-9	None to Mild
10-14	Moderate
15+	Severe

CoCM inclusion

- Score is approximately 10+
- Or if inclusion is clinically indicated

Anxiety and panic



- **Anxiety attack**: heightened state of anxiety that can last for several hours
- **Panic attack**: severe state of anxiety (patients believe they are dying or about to "go crazy"), doesn't last for more than a few minutes. Usually includes physical symptoms of rapid heart rate, shortness of breath, sweating, tunnel vision
- **Panic disorder**: DSM V diagnosis involving relatively frequent panic attacks such that patient fears having more and avoids situations because of them (can lead to agoraphobia)

Intrusive thoughts

- Involuntary thoughts, images, or ideas that are distressing and hard to get rid of
- Not diagnostic of any disorder; most common in anxiety disorders
- Anxiety and intrusive thoughts are heightened in late pregnancy and postpartum period

Passive

- "What if I drop my baby?"
- "What if I get into a terrible car crash while driving with my baby?"

Active

- Visualizing shaking baby
- Visualizing throwing baby in a lake

Intrusive thoughts and OCD

- When intrusive thoughts are very intense or frequent, they may be representative of a diagnosis of OCD:
  - Intense, recurrent obsessions
  - May have compulsions (behaviors) they do to try to soothe obsessions
  - Obsessions or compulsions
    - take up a lot of patient's day
    - cause distress and impair functioning
- OCD can have new onset in the perinatal period

Postpartum anxiety and psychosis: continuum of worrisome thoughts

Anxiety: excessive worry about possible but relatively unlikely events

Psychosis: intense preoccupation with extremely unlikely or bizarre ideas (delusions)

OCD: “sticky” worry or fixation on moderately to highly unlikely events

Risk assessment for thoughts of infant harm

Low risk

- Ego dystonic (are upsetting to the patient)
- Mother doesn't want to harm baby, states she will not
- Mother has been avoiding certain objects or the infant, to avoid harm coming to them (i.e., putting away all knives)
- Generally, these are patients with isolated intrusive thoughts, anxiety or OCD
- In this case, having these thoughts does not at all increase the risk that an individual will act on them

High risk

- Ego syntonic (not upsetting or may be comforting to the patient)
- Patient has symptoms of psychosis (hallucinations, disorganized thinking, delusions)
- Patient thinks harming infant would benefit infant or society in some way (due to delusional beliefs)
- Has other bizarre beliefs
- Patient has a history of trauma and expresses wanting to get revenge on baby's other parent
- Generally, these are patients who are psychotic or who have severe personality disorders

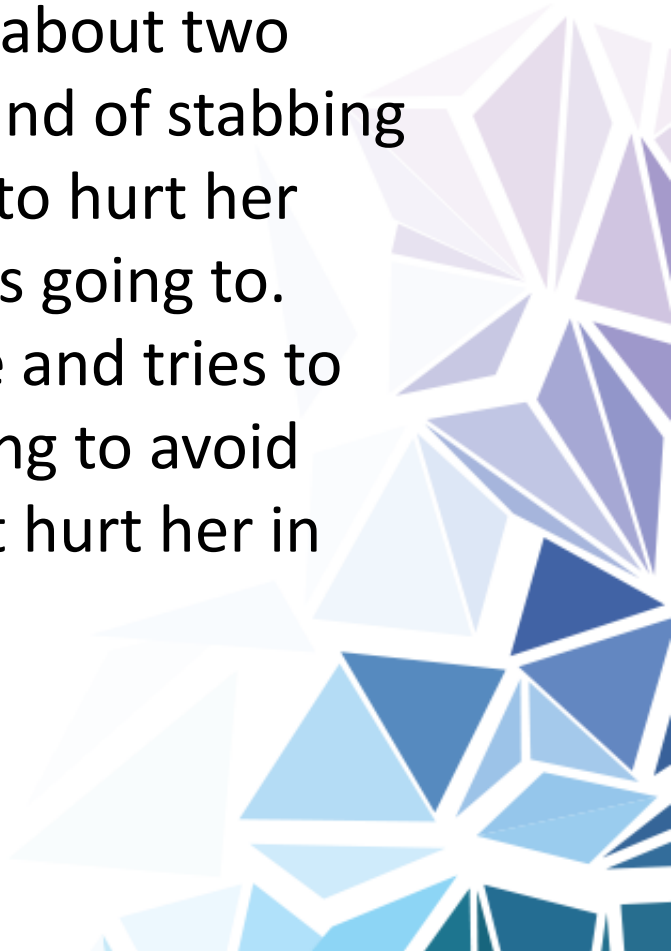
High risk patients should be directed to the nearest emergency room or have an ambulance called to escort them.

Case study: Lily

Lilly is a 28-year-old first time mom coming to see her OB for a postpartum mood check. She is 6 weeks postpartum and is not doing well. She comes in alone; her husband is watching their daughter. Lilly struggles to sleep due to worry that her daughter might stop breathing. She frequently checks on her daughter while she is sleeping to make sure she can see the baby's chest rise and fall. She has not yet left the house with the baby, as it's flu season, and she worries about her daughter getting ill. She feels exhausted and sick to her stomach with worry. She appears very thin. Her mind races with worst case scenarios and because of this she has found it hard to connect with her baby.

Case study: Lily (continued)

You meet with Lily a second time and she appears particularly anxious and fearful. After some time, she finally discloses to you that for about two weeks now she has been having images flash through her mind of stabbing her daughter with a knife. She knows that she doesn't want to hurt her daughter but is terrified that these thoughts mean that she is going to. Because of this, she has locked up all the knives in the house and tries to avoid being alone with the baby. She generally has been trying to avoid caring for her daughter over this time for fear that she might hurt her in some way.



Case study: Angela

Angela has a history of childhood neglect and abuse, depression, and anxiety. She has a baby that is 4 weeks old. Her pregnancy was uncomplicated, but her delivery was complicated by postpartum hemorrhage that was late in being discovered and ultimately required blood transfusion. She kept mentioning to her nurse that she felt light-headed, but her nurse kept reassuring her this was likely due to side effects of anesthesia. Finally, Angela noticed that there was blood soaking through her hospital sheets, at which time, Angela again alerted her nurse who paged the doctor, and the diagnosis of postpartum hemorrhage was made.

Since discharge to home, Angela has had nightmares of this event that wake her up from sleep. She has flashbacks to discovering the blood in her sheets and hearing that she was hemorrhaging and feels constantly on watch for another complication. She feel more irritable and on edge and has gotten into fights with her boyfriend. She is withdrawn from the baby and gets angry when it cries. She is moody and cries at times. She constantly worries that something bad will happen to her or her baby.

References

1. Chrousos GP, Torpy DJ, Gold PW. Interactions between the hypothalamic-pituitary-adrenal axis and the female reproductive system: clinical implications. Ann Intern Med. 1998;129(3):229-240. doi:10.7326/0003-4819-129-3-199808010-00012

Resources

- AIMS Center Patient Health Questionnaire 9 (PHQ-9) Resources
- Edinburgh Postnatal Depression Scale (EPDS)
- Mood Disorder Questionnaire (MDQ)
- Veterans Administration GAD Administration Guide