Other perinatal mental health disorders

Learning objectives

- Identify symptoms of perinatal preexisting and new onset psychosis, substance use disorders and trauma and stressor-related disorders

Trauma

Trauma is common among women

- 25% have been sexually abused in childhood[1]
- 20% experience intimate partner violence (IPV) in their lifetime
- 4–8% experience IPV during pregnancy[2]
- 30% of births subjectively experienced as traumatic[3]

How common is PTSD in women?

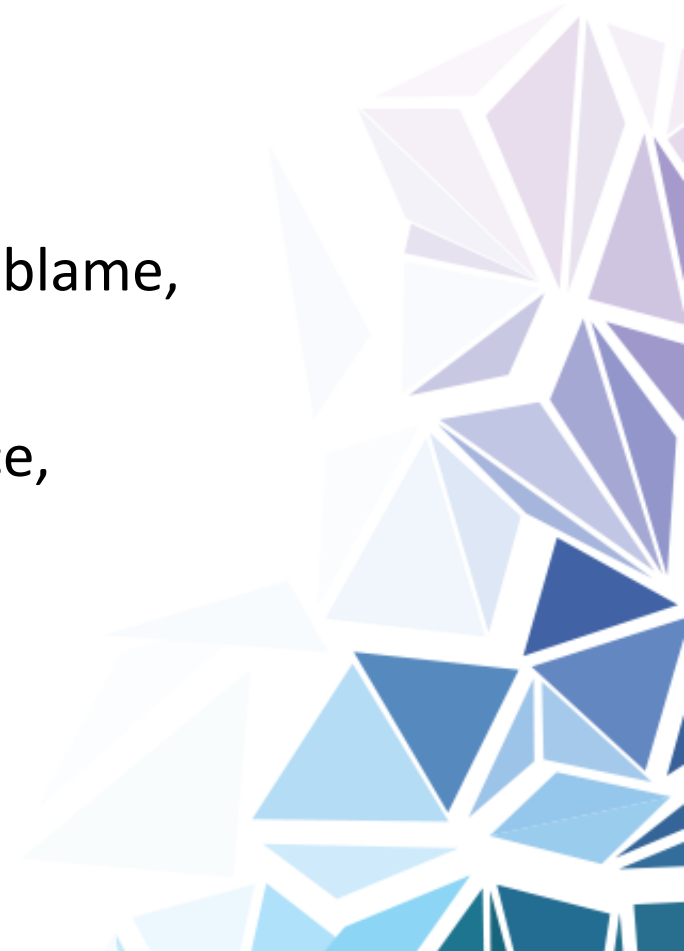
- Lifetime prevalence of 12% (compared to ~6% in males)[4]
- Childhood sexual abuse strongest single predictor
- 3% have new onset PTSD after traumatic birth[5]
- Overall, 3–7% have perinatal PTSD[6]
- PTSD is a waxing and waning chronic disorder: pregnancy, antenatal care, and birth are major potential triggers for symptom exacerbation

Intimate partner violence screening[7]

Intake	Yes	No
In the last year have you been afraid of someone close (or less close) to you?		
In the last year have you been hit, slapped, kicked, pushed, shoved, or otherwise physically hurt by someone close (or less close) to you?		
In the last year have you been frequently made upset, ashamed, or embarrassed by someone close (or less close) to you?		
In the last year have you been forced to have sex by someone close (or less close) to you?		
Intake and Monthly	**Yes**	**No**
Do you currently feel safe?		

Symptoms of Post-traumatic stress disorder (PTSD)

- Trauma involving threat and overwhelm
- Intrusive re-experiencing and fearfulness
- Emotional numbing and avoidance
- Negative alteration in mood and cognition (e.g., persistent self-blame, negative mood)
- Negative alteration in arousal and reactivity (e.g., hypervigilance, recklessness, destructive behaviors)
- Lasting more than one month



Primary Care PTSD Screen (PC-PTSD)

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example: a serious accident or fire; a physical or sexual assault or abuse; an earthquake or flood; a war; seeing someone be killed or seriously injured; having a loved one die through homicide or suicide

Have you ever experienced this kind of event? YES/NO
If no, screen total = 0. Please stop here. If yes, please answer the questions below.

In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to? YES/NO
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? YES/NO
3. Been constantly on guard, watchful, or easily startled? YES/NO
4. Felt numb or detached from people, activities, or your surroundings? YES/NO
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? YES/NO

DSM V: Unspecified Trauma- and Stressor-Related Disorder

- Symptoms cause significant stress or dysfunction, but patient does not meet criteria for any of the disorders in the trauma- and stressor-related disorders diagnostic class

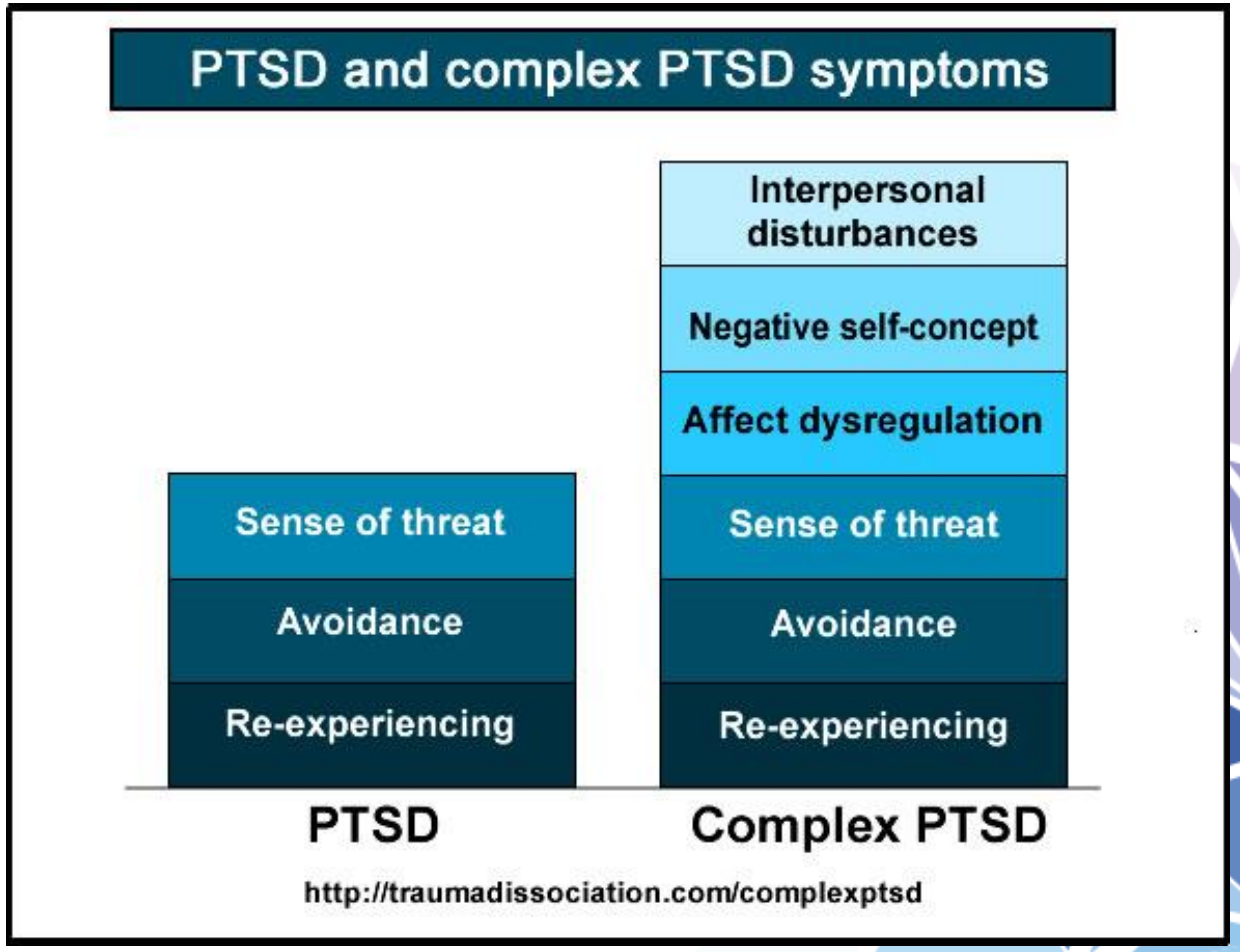
- Helpful when provider does not have sufficient information to make a more specific diagnosis

Borderline Personality Disorder

- The personality disorder that is most interfering with perinatal care
- Pervasive pattern of instability of interpersonal relationships, self image and affects, and marked impulsivity beginning by early adulthood, five or more of the following:
  - Frantic efforts to avoid abandonment
  - Unstable and intense personal relationships in which alternate between extremes of idealization and devaluation
  - Identity disturbance: unstable self image or sense of self
  - Impulsivity in at least two areas that are self damaging (spending, sex, substance abuse, reckless driving, binge eating)
  - Recurrent suicidal behavior, gestures, or threats, or self harming behaviors
  - Affective instability due to a marked reactivity of mood, usually intense but relatively short-lived episodes of dysphoria, irritability, anxiety
  - Chronic feeling of emptiness
  - Inappropriate intense anger or difficulty controlling anger
  - Transient, stress-related paranoid ideation or severe dissociative symptoms

The concept of complex PTSD[8]

- Multiple traumatic events occurring over a period
- Examples: multiple incidents of child physical abuse and child sexual abuse, prolonged domestic violence, torture, genocide, etc.



PTSD, trauma- and stressor-related disorders and personality disorders

- Trauma history is extremely important as it greatly impacts the treatment plan
- The argument has been made that the above diagnoses may exist and evolve in the same individual over time:
  - PTSD symptoms can improve over time such that a patient no longer meets criteria for the disorder and only qualifies for Unspecified Trauma- and Stressor-Related Disorder
  - Because borderline personality disorder is generally rooted in a history of childhood trauma, one could argue that it is also an Unspecified Trauma- and Stressor-Related Disorder

Perinatal psychosis

- Usually rapid postpartum onset (first couple weeks)
- Hallucinations: hearing, seeing things that are not really there
- Especially concerning if voice(s) telling them to do things (command auditory hallucinations)
- Delusions: false beliefs that are held despite significant evidence to the contrary (i.e., paranoia)
- Bizarre or non-sensical behavior
- For patients who do not have a history of these symptoms, they are in most cases reflective of a previously undiagnosed bipolar disorder (as opposed to schizophrenia, etc.)

Postpartum psychosis is a psychiatric emergency

Because individuals with psychosis do not perceive their environment correctly, they are not equipped to appropriately care for an infant:

- Do not accurately assess danger in the environment, so can put themselves and child(ren) in dangerous situations
- Can perceive danger in safe environments, making them less likely to seek care
- Can become so preoccupied with symptoms that they are not capable of being sufficiently attentive to child(ren), leading to neglect
- Can develop delusions or hallucinations that lead them to harm their child(ren)

Case study: Naia

Naia is a 32-year-old with a **history of depression** who **gave birth two weeks ago** and is presenting for a postpartum check up. She appears anxious and her eyes dart around the room. She is unkempt. She brings her son with her and holds him close to her. **It is summer, but she has him bundled up in multiple layers of clothing**. The baby's face is flushed. She looks at you intently and asks, **"are there any cameras in here?"** Naia only sleeps "when it's safe" and can't really tell you how many hours she is getting. She is not breastfeeding.

The father of the baby is not involved, and Naia's parents live an hour away. She is currently living with a roommate. She has a few local friends. When you ask Naia what she does during the day, she abruptly starts crying and shaking and **tells you she "can't do anything" because it's "not safe."** When you look at her chart, it appears she has lost 15lbs since she was discharged after her delivery.

You encourage Naia to try to take some deep breaths. You reassure her that she is safe right now. You try to **engage her in more questions, but she doesn't answer them**. You ask if you can call her roommate. Patient's **roommate states that she is worried about Naia**. Naia is usually very neat but lately has been leaving her room and the kitchen a mess. She hears the baby crying a lot at night.

Case study review: Naia

- Patient needs to be evaluated at an emergency department and needs admission
- Let patient know that you believe that she is quite ill and needs to be evaluated at the hospital
- Continue to reassure her that you are doing your best to help keep her safe
- In-person: Fill out a petition, call an ambulance to take patient to emergency department
- Remotely: Encourage patient to present to emergency department; if she will not go consider a police welfare check

Attention-Deficit/Hyperactivity Disorder (ADHD)

Prevalence

- 4.4% among 18- to 44-year-olds in United States[9]
- Majority of people diagnosed with ADHD in childhood continue to meet criteria as adults

Comorbidity

- Mood disorders, odds ratio (OR) = 2.7 to 7.5 (95% CI 3.0-8.2)[10]
  - Anxiety disorders, OR = 1.5 to 5.5 (95% CI 2.4-5.5)
  - Intermittent explosive disorder, OR = 3.7 (95% CI 2.2-6.2)
- Substance use disorders
  - Any substance use disorders, OR = 3.0 (95% CI 1.4-6.5)
- Can be hard to differentiate from PTSD

ADHD symptoms in adult life

Executive dysfunction

- Poor sustained attention
- Poor organizing and prioritizing or time management
- Poor task follow-through or completion

Inattention

- Not completing tasks in a timely manner
- Driving errors
- Frequently losing things
- Struggling to focus on one thing at a time (e.g., has to be on phone while watching TV or fidgets during meetings)

Impulsivity

- Engaging in activities with high potential for negative consequences
- Premature termination of relationships or jobs

Hyperactivity

- Fidgety or restless
- Talking too much or interrupting others

Emotional dysregulation

- Mood lability or irritability
- Low motivation

ADHD screening

- We do not regularly screen patients for ADHD
- However, it can significantly affect patient's ability to function, as well as mood, anxiety, and substance use
- Therefore, it is important to pay attention to this diagnosis and treat appropriately (discuss with perinatal psychiatrist)
- It may be reasonable for some patients to continue stimulant medications during pregnancy and postpartum

Case study: Ashanti

Ashanti has her intake into the program when she is 8 months pregnant. She was late to getting prenatal care. She endorses symptoms of “mood swings” and states that she has a history of bipolar disorder. When asked about substance use, she pauses for a long time before answering, and finally states that she did abuse cocaine at one time but has discontinued in pregnancy.

Potential red flags for substance misuse in pregnancy

- Patients who are abusing substances may:
  - Seek prenatal care late in pregnancy
  - Have poor adherence to appointments
  - Experience poor weight gain
  - Exhibit symptoms of sedation, intoxication, withdrawal or erratic behavior
  - Have track marks from intravenous injection or lesions from intradermal injections or “skin popping,” abscesses or cellulitis
  - May have positive results of serologic tests for HIV, hepatitis B or hepatitis C

Risky behaviors: pregnancy and addiction

- Risky behaviors undertaken to support habit:
  - Prostitution
  - Theft
  - Violence

- Such activities expose women to sexually transmitted infections, becoming victims of violence and legal consequences including loss of child custody, criminal proceedings or incarceration

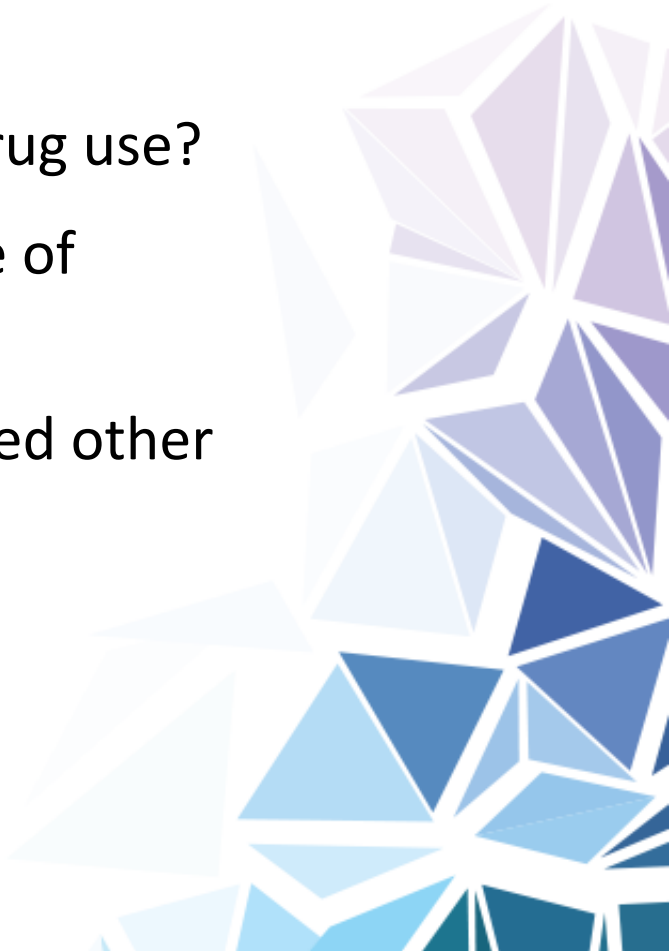
Substance use disorders

- Especially important to identify and treat in pregnancy due to:
  - Impact on fetus
  - Risk of harm to fetus related to high-risk behaviors associated with substance use
- High comorbidity with mental health issues
- Suggested question:
  - “At our clinic as part of standard of care all patients are asked about their use of prescribed and non-prescribed substances as it may impact the health of mom and baby. Is it okay that we talk about any use of such substances now?”

Substance use screening: 4 Ps

1. **Parents**: Did any of your parents have a problem with alcohol or other drug use?
2. **Partner**: Does your partner have a problem with alcohol or drug use?
3. **Past**: In the past, have you had difficulties in your life because of alcohol or other drugs, including prescription medications?
4. **Present**: In the past month, have you drunk any alcohol or used other drugs?

Scoring: Any YES should trigger further questions



Substance use screening: CRAFFT

For individuals under 26

- **C**: Have you ever ridden in a **CAR** driven by someone (including yourself) who was high or had been using alcohol or drugs?
- **R**: Do you ever use alcohol or drugs to **RELAX**, feel better about yourself or fit in?
- **A**: Do you ever use alcohol or drugs while you are by yourself? Or **ALONE**?
- **F**: Do you ever **FORGET** things you did while using alcohol or drugs?
- **F**: Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- **T**: Have you ever gotten in **TROUBLE** while you were using alcohol or drugs?

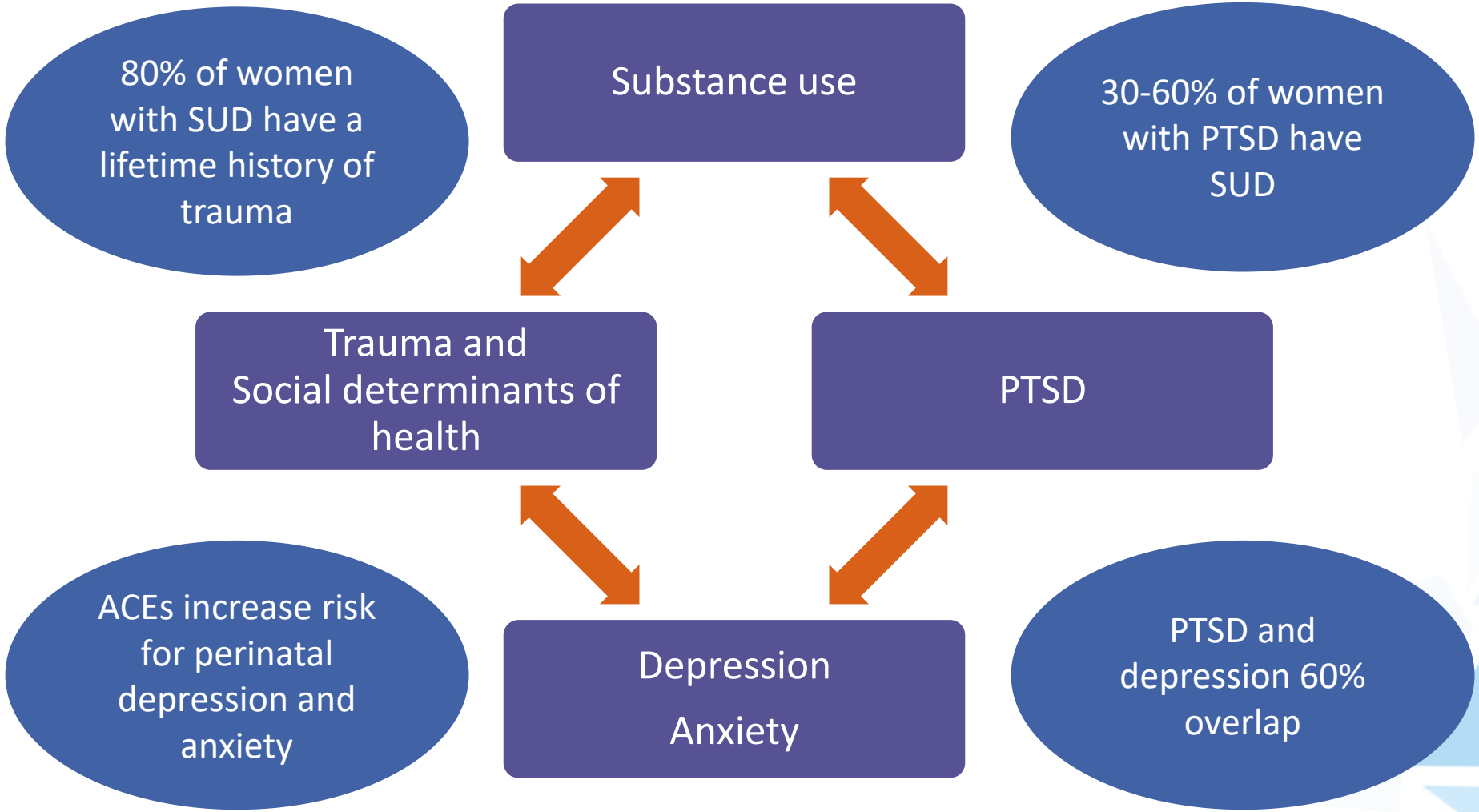
Scoring: Two or more YES answers suggest a serious problem and need for further assessment

Substance use screening: NIDA quick screen

In the past year, or since you became pregnant, how often have you used the following?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Alcohol • For men, 5 or more drinks a day • For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

- If patient says YES to one or more days of heavy drinking, patient is an at-risk drinker
- If patient says YES to use of tobacco, patient is at risk
- If the patient says YES to use of illegal drugs or prescription drugs for non-medical reasons, inquire further about which ones (cocaine, stimulants/crystal meth, pain medicines, heroin, fentanyl) and when last
- Marijuana has been legalized in many states since this screen was created, so must be asked about in a separate question

Perinatal illness often presents as comorbid conditions



Resources

- Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
- CRAFFT Questionnaire
- National Institute on Drug Abuse (NIDA) Quick Screen

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