Screening and Diagnosing Perinatal Women with Bipolar-Spectrum Disorder

Benita Dieperink, MD
Mother-Baby Program and The Redleaf Center for Family Healing
612-873-MAMA
Departments of Psychiatry and Ob/Gyn
Hennepin Healthcare
Benita.Dieperink@hcmed.org
Mortality

More than half of pregnancy-related maternal deaths occur after delivery.

Before delivery: 31%
Day of delivery: 17%
1-6 days pp: 18%
7-41 days: 21%
42-365 days: 13%

Psychiatric disorders are associated with an elevated risk of maternal mortality from suicide, which was responsible for 20% of deaths during pregnancy or the first year postpartum.

An American study from Colorado found that deaths related to psychiatric disease were the eighth most common cause of maternal death, more common than hemorrhage or complications of anesthesia, and when combined with drug overdose they were the leading cause of maternal mortality.

Most suicides in the postpartum period occurred between 9 and 12 months postpartum and were by highly lethal means (such as via firearm), suggesting that limiting follow up to 1, 3 or 6 months postpartum is insufficient. Intimate partner violence had occurred in half of the postpartum mothers who died by suicide.
60% of women with postpartum depression do not seek help

The U.S. Preventive Services Task Force, the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics all recommend to screen for depression during the perinatal period. The Council on Patient Safety in Women’s Health Care (www.safehealthcareforeverywoman.org) created a practice bundle

Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States, Mathematica 2019
Admissions to a Psychiatric Hospital: 2 Years Pre- and Post-Delivery

Postpartum Psychosis: Overview

- Prevalence: 0.1 to 0.2% of postpartum women
- 75% have onset within 2 weeks postpartum
- Spectrum of symptoms involving losing touch with reality --- symptoms can be subtle or very dramatic
- Delirium, confusion, memory impairment, irritability
- Paranoia, delusions, hallucinations

- **Medical emergency**
- Risk of harm to mother and infant, including 4% risk of infanticide

- *Risk for maternal suicide is significantly elevated among depressed perinatal women, and maternal suicides account for up to 20% of all postpartum deaths, making it one of the leading causes of maternal mortality in the perinatal period.*
Hospitalisation in postpartum period

Munk-Olsen, 2009
## Bipolar Mood Episodes Postpartum

<table>
<thead>
<tr>
<th>Clinical Group and Type</th>
<th>BD-I (N=479)</th>
<th>BD-II (N=641)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major depression</td>
<td>19.21</td>
<td>28.71</td>
</tr>
<tr>
<td>Mania/hypomania</td>
<td>7.93/1.25</td>
<td>0/2.34</td>
</tr>
<tr>
<td>Mixed states</td>
<td>1.25</td>
<td>2.50</td>
</tr>
<tr>
<td>Anxiety or panic</td>
<td>6.47</td>
<td>0.94</td>
</tr>
<tr>
<td>Psychosis</td>
<td>1.25</td>
<td>0.00</td>
</tr>
<tr>
<td>All episodes</td>
<td>37.99</td>
<td>34.49</td>
</tr>
</tbody>
</table>

Postpartum Mood and Anxiety Spectrum

PP Mood Disturbance
- Blues
- Depression
- Bipolar

PP Psychosis

PP Anxiety Conditions
- Excessive worry/insomnia
- GAD
- Panic d/o
- OCD
- PTSD
Factors increasing the probability of a diagnostic change from major depressive disorder to bipolar disorders (general, not only perinatal)

- Earlier age at onset (i.e. <25 years)
- Presence of psychosis
- Atypical depression (e.g., hyperphagia or hypersomnia)
- Number of depressive episodes (i.e. three or more previous episodes)
- A family history of bipolar disorders, an extensive family loading of psychopathology, or both
- Non-response to antidepressants or the induction of hypomanic symptoms by antidepressant treatment
- Mixed features
- Pattern of comorbidity (e.g. substance use disorder and migraine) and polymorbidity (three or more comorbid conditions)

(McIntyre et al. Lancet 2020)
Management of Postpartum psychosis

• Largest study (68 patients) showed stepwise sequence with short-term benzodiazepines, antipsychotics and lithium. 98.4% recovery.

• Another study (34 patients, many of whom had catatonia) treated with ECT

• Antipsychotics not protective against relapse.

• Lithium monotherapy was protective against relapse for at least a year postpartum.

• Lamotrigine used for bipolar depression, some use perinatally. Some evidence can help stabilize mood if woman does not tolerate lithium. Most likely in combination with benzodiazepines and SGAs
The perinatal woman with bipolar disorder

Weeks at risk after lithium discontinuation

Rapid vs. Gradual Discontinuation

Proportion Without Recurrence

- Gradual (n = 27)
- Abrupt (n = 35)

Time to 50% recurrence: 22 weeks (95% CI: 16-38 weeks)

Risk of Recurrence in Pregnant Women with Bipolar Disorder who Continued vs Discontinued any Mood Stabilizer

N = 89; Bipolar Type I and II
- Maintain (n = 27)
- Discontinue (n = 62)

Median time to recurrence >40 weeks (95% CI: indeterminate)

Median time to recurrence 9.0 weeks (95% CI: 8-13 weeks)

Mechanisms of Postpartum Psychiatric Disorders

- Sleep
- Psychosocial
- Neuroimmune
- Hormonal
- Genetics

S. Melzer-Brody et al., 2018
Mother-Baby Day Hospital; early evidence of where the streams meet, opportunities for generational trauma healing

- Adverse Childhood Experiences
  - History of at least 3 ACEs 70%
  - History of at least 5 ACEs 47%

<table>
<thead>
<tr>
<th>MB Day Hospital graduates (n=272)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive Status</td>
</tr>
<tr>
<td>Pregnant</td>
</tr>
<tr>
<td>More than one year PP</td>
</tr>
<tr>
<td>0-12 months PP</td>
</tr>
<tr>
<td>Demographics</td>
</tr>
<tr>
<td>Married/Partnered</td>
</tr>
<tr>
<td>Public Insurance</td>
</tr>
<tr>
<td>College or beyond</td>
</tr>
<tr>
<td>Lack of social support</td>
</tr>
<tr>
<td>First-time mom</td>
</tr>
</tbody>
</table>

N. Erickson and H. Kim (in progress)
3 Realms of Adverse Childhood Experiences

1. Household
   - incarceration
   - family member
   - physical and emotional neglect
   - divorce
   - homelessness
   - parental mental illness
   - alcoholism and drug abuse
   - bullying
   - domestic violence
   - depression
   - emotional and sexual abuse

2. Community
   - discrimination
   - structural racism
   - lack of jobs
   - substandard schools
   - violence
   - lack of social capital and mobility
   - structural racism
   - poor water and air quality
   - food scarcity
   - substandard wages
   - poverty
   - poor housing quality and affordability

3. Environment
   - climate crisis
     - record heat & droughts
     - wildfires & smoke
     - record storms, flooding & mudslides
     - sea level rise
   - natural disasters
     - tornadoes & hurricanes
     - volcano eruptions & tsunamis
     - earthquakes
     - pandemic
SENSE OF SELF AND OTHER, PERSONAL NARRATIVE: developmental trauma /S brain damage

- “the default mode network
- is the major resting network
- of the brain”

-R. Lanius
Bipolar Disorders: clinical variability in the presentation

Infliximab Superior to Placebo at Mitigating Depressive Symptoms in Adults with BD Reporting Physical and Sexual Abuse

No Physical Abuse

Physical Abuse

Genetics and ACEs

McIntyre RS et al JAMA in press 2019
A New Consensus Framework for Phenotyping and Treatment Selecting in Addiction and Obsessive-Compulsive-Related Disorders

Murat Yücel, PhD1, Rico S. C. Lee, PhD1; Leonardo F. Fontanella, MD1,2

S.ince Kraepelin,1 clinicians have focused on the art of differential diagnosis. Yet almost a century after the first edition of his seminal book, Kraepelin’s territory is still vast, and morphine is still in the same chapter of the DSM-5 as full-blown psychosis. In this Viewpoint, we present a new consensus framework for the phenotyping and treatment selecting of substance use disorders and obsessive-compulsive and related disorders.

JAMA Psychiatry. Published online April 7, 2021. doi:10.1001/jamapsychiatry.2021.0243
Drug Interactions of Clinical Importance among the Opioids, Methadone and Buprenorphine, and Other Frequently Prescribed Medications: A Review

Elinore F. McCance-Katz, MD, PhD, Lynn E. Sullivan, MD, Srikanth Nallani, PhD

1Department of Psychiatry, University of California, San Francisco, San Francisco, California
2Department of Internal Medicine, Yale University, New Haven, Connecticut
3Office of Clinical Pharmacology, CDER, FDA, Silver Spring, Maryland
Resources: web-based

- Womensmentalhealth.org
- Postpartum.net
- 4th Trimester Project
- Lactmed
- Hales’s Medications & Mother’s Milk
- MothertoBaby
- Reprotox.org
- PACES Connection
- NCRPtraining.org
- Harvard Center on the Developing Child
- Redleaf Center for Family Healing (HCMC)
- Masonic Institute for the Developing Brain (U of MN)