Identification and Management of Postpartum Depression

Dr. Meitra Doty
University of Texas Southwestern
Assistant Professor
Department of Psychiatry
February 25, 2017
Disclosures/Conflicts of Interest:
None
Current Clinical Duties:
UT Southwestern Department of Psychiatry:
Assistant Professor

Parkland Behavioral Health Center:
Postpartum Depression Clinic

Parkland Maternal Fetal Medicine Clinic:
Consult/liaison

Parkland Victim Intervention Program:
Adult Psychiatry
Goals/Objectives

1. Increasing knowledge regarding peripartum depression, risk factors, mortality/morbidity
2. Learning to identify/evaluate peripartum depression
3. Learning basic treatment strategies for peripartum depression
Defining Postpartum Depression
“Major Depressive Disorder with peripartum onset”

DSM-V Criteria
Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).
2. Markedly diminished interest or pleasure in all, or almost all, activities
3. Significant weight loss when not dieting or weight gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional)
8. Diminished ability to think or concentrate, or indecisiveness
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Major Depressive Disorder, *with peripartum onset*

Specifier- to highlight significant portion (about 50-60%) of women who develop the depressive episode DURING pregnancy, up until 4 weeks postpartum

In scientific literature, many studies may expand that postpartum period, including women who develop depression up to 1 year postpartum
Depression in the postpartum period

Rate of postpartum depression in general ~5-20%

Rate of PPD for a woman with a history of MDD ~25%

Rate of PPD for a woman with a history of previous PPD ~50%

Postpartum Psychosis: occurs in 0.1-0.2% of all deliveries
  • Bipolar d/o: 37% experience a mood episode recurrence, 17% of those experience psychotic features
  • Schizophrenia: 25% will have exacerbation of psychosis
  • Depression? Typically end up being revised to Bipolar d/o
  • In postpartum psychosis, 5% suicide, 4% infanticide

Postpartum Psychosis: Madness, Mania, and Melancholia in Motherhood
Postpartum Psychosis: Updates and Clinical Issues
  Monzon, et al; Psychiatric Times, online, January 15, 2014
Perinatal depression: a systematic review of prevalence and incidence.
Rates of depression in pregnancy and postpartum

Evaluation of 826 women who screened positive(1):
- 27% had developed depression prior to pregnancy
- 33% developed depression during pregnancy
- 40% developed depression within one month postpartum
Note: 22% of these women had bipolar d/o diagnosis

Sample of 974 women with no history of depression(2):
- 2% developed depression during pregnancy
- 7% developed postpartum depression
Same study—overall, 8.6% of women in the study had depression during pregnancy

1) Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings
   Wisner et al; JAMA Psychiatry. 2013;70(5):490-498
2) From the third month of pregnancy to 1 year postpartum. Prevalence, incidence, recurrence, and new onset of depression. Results from the Perinatal Depression—Research & Screening Unit study
   Banti et al; Comprehensive Psychiatry 52 (2011) 343–351
Who might be at greater risk?

Associated risk factors:
- History of depression
- Genetic predisposition (family history)
- Anxiety disorder
- Poor birth outcomes
- Poor social support

Antenatal risk factors for postpartum depression: a synthesis of recent literature.
Risks of Depression

Is the time of pregnancy “protective”?  
• Rate of occurrence ~7-12% (4)  
• Increased rate of recurrence(1)  
• Lower rate of suicide(2)

Is the postpartum period “protective”?  
• Increased risk of depression(3)  
• Lower rate of suicide(2)

Is pregnancy/postpartum protective against suicide?

Suicide during Pregnancy:
Pregnancy seems to be protective factors against suicide: very little information, but one study 1/20th the rate of the general depressed female population (another 1/3 but included abortion, so not exactly "pregnant")
*Teenagers- also lower rate than general teenage population, but at a rate 5x that of the adult female suicide rate

Postpartum suicide:
Lower rate than general female population: 1/6
Higher proportion had stillbirth or other adverse outcome, or were not married.
Also found methods to be more violent/lethal
Which is higher risk, immediate postpartum period or later? Highly variable

Combined data on suicide as cause of death (pregnant and up to 1 year postpartum)
Texas DSHS- all causes of maternal death during pregnancy and first year postpartum (about 200 deaths in 2012):
Suicide as the cause of death: ~2%
White: 4.5% of deaths are suicide
Black: <1%
Hispanic: 8%

North Carolina: 2.4% of all maternal deaths (all white, all postpartum; 4 out of 167 deaths)

CDC (collection of data from 17 states):
Death by suicide- breaking it down to female, pregnant within past year: 1.21%

How to assess?

Rating scales:

• 2 question screening tool-if positive, then administer full rating scale
  During the past month, have you often been bothered by feeling down, depressed, or hopeless?
  During the past month, have you often been bothered by little interest or pleasure in doing things?

• Edinburgh Postnatal Depression Scale- 10 item questionnaire. Validated for use both during pregnancy and after in the postpartum period. Validated in other languages.
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) I have been able to laugh and see the funny side of things.</td>
<td>As much as I always could</td>
</tr>
<tr>
<td></td>
<td>Not quite so much now</td>
</tr>
<tr>
<td></td>
<td>Definitely not so much now</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td>2) I have looked forward with enjoyment to things.</td>
<td>As much as I ever did</td>
</tr>
<tr>
<td></td>
<td>Rather less than I used to</td>
</tr>
<tr>
<td></td>
<td>Definitely less than I used to</td>
</tr>
<tr>
<td></td>
<td>Hardly at all</td>
</tr>
<tr>
<td>3) I have blamed myself unnecessarily when things went wrong.</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Yes, some of the time</td>
</tr>
<tr>
<td></td>
<td>Not very often</td>
</tr>
<tr>
<td></td>
<td>No, never</td>
</tr>
<tr>
<td>4) I have been anxious or worried for no good reason.</td>
<td>No not at all</td>
</tr>
<tr>
<td></td>
<td>Hardly ever</td>
</tr>
<tr>
<td></td>
<td>Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>Yes, very often</td>
</tr>
<tr>
<td>5) I have felt scared or panicky for no very good reason.</td>
<td>Yes, quite a lot</td>
</tr>
<tr>
<td></td>
<td>Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>No, not much</td>
</tr>
<tr>
<td></td>
<td>No, not at all</td>
</tr>
<tr>
<td>6) Things have been getting on top of me.</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>No, most of the time</td>
</tr>
<tr>
<td></td>
<td>No, I have been coping as well as ever</td>
</tr>
<tr>
<td>7) I have been so unhappy that I have had difficulty sleeping.</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>Not very often</td>
</tr>
<tr>
<td></td>
<td>No, not at all</td>
</tr>
<tr>
<td>8) I have felt sad or miserable.</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>Not very often</td>
</tr>
<tr>
<td></td>
<td>No, not at all</td>
</tr>
<tr>
<td>9) I have been so unhappy that I have been crying.</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Yes, quite often</td>
</tr>
<tr>
<td></td>
<td>Only occasionally</td>
</tr>
<tr>
<td></td>
<td>No, never</td>
</tr>
<tr>
<td>10) The thought of harming myself has occurred to me.</td>
<td>Yes, quite often</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td>Hardly ever</td>
</tr>
<tr>
<td></td>
<td>Never</td>
</tr>
</tbody>
</table>

When should you be screening?

Short answer - regularly!
During pregnancy
At time of delivery
Postpartum check up
Annual exam
Anytime you think you should
Now what?

Fears and concerns to address:
• Stigma
• CPS involvement
• Guilt/self blame
• Concern about medication and breast feeding

Appropriate referral-
Is this: grief? psychosocial stressors? mental illness?

Actions to take:
• Educate and reassess
• Therapy
• Medication
• Immediate hospitalization
Breast Feeding on antidepressant medication

Question of “non-preferred medication” versus “contraindicated”
Overall: safe to use during breast feeding

Safest considered are: paroxetine, sertraline, nortriptyline
Next safest- citalopram, escitalopram
Generally safe but some concerning case reports, higher levels than other drugs found in infant serum: fluoxetine

Limited information but generally safe: duloxetine, venlafaxine, mirtazapine
Some concerning case reports but little information: bupropion, doxepin

Resource:
Lactmed (via Toxnet):
 thorough online resource, no log-in or subscription needed, has an app!

Questions?
Thank you