NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Overview

Progressive Case Conference: Across the Reproductive Life Cycle

Facilitator's Guide

Contributors

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Pre-Session Assignment

Before attending this session, please review the following:

1) The reproductive life cycle self-study power point
2) The physiology of pregnancy self-study power point [link to self-study materials here]
3) Pre-reading:

Sramek J, Murphy M, Cutler N. Sex differences in the psychopharmacological treatment of depression. Dialogues in Clinical Neuroscience 2016 18 (4) 447-457.

Dutton and Rymer, "Physiology of the menstrual cycle and changes in perimenopause," in *Managing the Menopause: 21st Century Solution*, Cambridge University Press, 2015.

Soares, C. Depression and menopause: current knowledge and clinical recommendations for a critical window. Psych Clin North Amer 40 (2017) 239-25

Joffe H, Soares CN, Cohen LS. Assessment and treatment of hot flushes and menopausal mood disturbance; Psychiatr. Clin. North Am., 26 (2003), pp. 563-580.

Reddy DS. Clinical pharmacokinetic interactions between antiepileptic drugs and hormonal contraceptives. Expert Rev Clin Pharmacol. 2010 Mar 1;3(2):183-192.

Christensen J, Petrenaite V, Atterman J, Sidenius P, Ohman I, Tomson T, Sabers A. Oral contraceptives induce lamotrigine metabolism: evidence from a double-blind, placebo-controlled trial. Epilepsia. 2007 Mar;48(3):484-9.

Overview

This case conference will follow a woman from early adult life (normal menstrual cycle) through conversations about contraception, premenstrual symptoms, and perimenopause. Pregnancy will not be covered as it is the focus of other sections of this curriculum. It is assumed that trainees will have reviewed the self-study materials for the reproductive life cycle prior to participating in this case conference.

Session Outline

- Discussion of self-study materials (10 min)
- Apply knowledge to a clinical case (40 minutes)
- Wrap-up/review (10 minutes)

Learning Objectives

At the completion of this session and accompanying self-study materials, participants will be able to:

1. Describe the stages of the menstrual cycle and their clinical impact

2. Describe the prevalence and symptoms of premenstrual disorders, including premenstrual syndrome, premenstrual dysphoric disorder (PMDD), and premenstrual exacerbation of another mood disorder
3. Understand treatment options for PMDD and premenstrual exacerbation of mood disorders
4. Understand how to distinguish among symptoms in premenopause, perimenopause, and post-menopause and be able to counsel patients on the risk of psychiatric illness during these times
5. Discuss treatment options for both depression and physical symptoms of perimenopause

Clinical Case
Part 1: Early adult life, normal menstrual cycle

Felicity C., a 26-year-old G0P0 Caucasian single woman who works as an event planner, presents for routine care to her psychiatrist. She is currently taking escitalopram 10 mg PO daily, which has been effective for a single episode of moderate depression. She wishes to know whether her psychiatric medication will make a difference in the type of contraception she chooses.

1. Do we need to worry about interactions between Felicity's psychiatric medication and contraception? If not, in what circumstances would we worry?

Part 2: Premenstrual symptoms

Felicity's treatment with escitalopram is successful, and she tapers off the medication after one year with no withdrawal effects and no resumption of her mood symptoms. Two years later, however, she returns to her psychiatrist with a chief complaint of "there's something wrong with my hormones." She reports no acute gynecologic issues or sexually transmitted infections, and no medical problems beyond obesity (BMI 31) and mild intermittent asthma that she controls with an albuterol inhaler. She underwent menarche at age 12, the same age as her mother and older sisters, one of whom has fibroids and menorrhagia. Her periods were irregular and scant for the first two years, but by age 14 she was experiencing heavy and prolonged bleeding, accompanied by severe pain and mood changes. Her mother took her to the pediatrician, who recommended oral contraceptives, which Felicity used for the next 12 years; her pain and mood symptoms improved with the oral contraceptive, and have not been interfering with her life (except during her one prior episode of depression two years ago).

Recently, however, Felicity's middle sister was diagnosed with Factor V Leiden, and Felicity's gynecologist mentioned that the blood clotting disorders were relative contraindications for hormonal contraception. Felicity stopped her oral contraceptive, and within two months she was again experiencing heavy bleeding and severe cramping during her menses, along with mood changes, bloating, and breast tenderness in the two weeks prior to menses. She wants to know what she can do about these symptoms.

2. What is the differential diagnosis for Felicity's symptoms at this point?

3. What risk factors for premenstrual disorders are already mentioned in the case presentation? What additional risk factors are there that may or may not be present for this patient?

Case continued

On subsequent conversation, Felicity reports that she is lashing out at other people during the week prior to menses; she has gotten into several fights with her boyfriend, and was nearly fired for insubordination and has been mandated to go to anger management classes at work. At times she also reports suicidal thoughts in the week prior to menses, and has been thinking about two full bottles of ibuprofen in her medicine chest as a means to overdose; she has gone as far as taking the bottles out of the cabinet but has not opened them. She reports that her symptoms begin about 10 days prior to menses and clear up entirely on the second day of bleeding.

4. What diagnosis do you most strongly suspect now?

5. What do you need to do now to confirm this diagnosis?

6. How do we know this is not PMS?

7. How do we know this is not premenstrual exacerbation of an underlying mood disorder?

Case continued

Felicity's physician advises her to fill out the Daily Record of Severity of symptoms for the next two cycles, and after that gives her a diagnosis of PMDD. Felicity asks what she can take to feel better.

8. How do we treat PMDD?

9. Does it make sense to use SSRIs in luteal phase dosing? Don't they take 6-8 weeks to work?

10. How does treatment differ if the patient is found to have premenstrual exacerbation of an underlying disorder?

Part 3. Perimenopause

Felicity is successfully treated for her PMDD and has no further episodes of depression across her reproductive years. At age 47, she presents again with 8 weeks of difficulty sleeping, low energy, increased anxiety about her family and work, higher irritability, feeling more "moody," having trouble getting tasks done at home and at work, and feeling that she is failing at her many obligations. She told her OB/GYN during a routine pap smear that sometimes she has days where she wonders if she can go on with life anymore and was tearful, prompting this referral.

11. Which questions can you ask to determine where she is in the transition to menopause and why is this relevant?

12. If you determine that Felicity is in perimenopause, what are some of the physical symptoms/changes that may overlap with and complicate mood and anxiety disorders?

13. What are some rating scales you could use if you wanted to track or measure some of these symptoms?

Case continued

On further discussion, Felicity describes forgetfulness, physical aches and pains, vaginal dryness, irritability, worry, weight gain, sleep latency, and frequent nocturnal awakenings. Her provider asks further questions to determine what else is going on in her life and what other physical symptoms she may be having.

14. What are some social stressors common to this age group that you might screen for?

15. What are important medical issues to rule out, investigate, or consider in this population, basic labs to get?

Case continued

Felicity reports further difficulty "coping with everyday stresses," and acknowledges that she has increased her consumption of wine from one glass 3-4 times weekly to two glasses every night. She mentions feeling guilty and exhausted nearly all the time.

16. Based on what you've heard so far, what diagnoses are on your differential?

17. What are some pharmacologic treatment options you could recommend? What published summaries are helpful for understanding the evidence for these recommendations?

18. What are the contraindications for Hormone Therapy?

19. Which types of psychotherapy would likely to be helpful for this patient, and which topics might she benefit from exploring?