NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Primary Psychotic Disorders

Progressive Case Conference: Psychotic Disorders in Pregnancy

Trainee Guide

Contributors
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Pre-assessment learning

Before you attend the classroom didactics on this module, please review some concepts of primary psychotic disorders during pregnancy in the following articles:

Vigod, S. N., Kurdyak, P. A., Dennis, C. L., Gruneir, A., Newman, A., Seeman, M. V., ... & Ray, J. G. (2014). Maternal and newborn outcomes among women with schizophrenia: a retrospective population-based cohort study. *BJOG: An International Journal of Obstetrics & Gynaecology*, *121*(5), 566-574.

Zhong, Q. Y., Gelaye, B., Fricchione, G. L., Avillach, P., Karlson, E. W., & Williams, M. A. (2018). Adverse obstetric and neonatal outcomes complicated by psychosis among pregnant women in the United States. *BMC pregnancy and childbirth*, *18*(1), 120.

NCRP Self-Study Module on Perinatal Psychopharmacology Decision-Making

NCRP Self-Study Module on Second Generation Antipsychotics

Optional supplemental reading:

Huybrechts, K. F., Hernández-Díaz, S., Patorno, E., Desai, R. J., Mogun, H., Dejene, S. Z., ... & Bateman, B. T. (2016). Antipsychotic use in pregnancy and the risk for congenital malformations. *JAMA psychiatry*, *73*(9), 938-946.

Miller, L. J. (1997). Sexuality, reproduction, and family planning in women with schizophrenia. *Schizophrenia Bulletin*, *23*(4), 623-635.

Ramsauer, B., & Achtergarde, S. (2018). Mothers with acute and chronic postpartum psychoses and impact on the mother-infant interaction. *Schizophrenia research*, *197*, 45-58.

Vigod, S. N., Seeman, M. V., Ray, J. G., Anderson, G. M., Dennis, C. L., Grigoriadis, S., ... & Rochon, P. A. (2012). Temporal trends in general and age-specific fertility rates among women with schizophrenia (1996–2009): a population-based study in Ontario, Canada. *Schizophrenia research*, *139*(1-3), 169-175.

Wan, M. W., Moulton, S., & Abel, K. M. (2008). A review of mother–child relational interventions and their usefulness for mothers with schizophrenia. *Archives of women's mental health*, *11*(3), 171-179.

Overview

The goal of this module is to utilize a clinical case presentation to solidify the learner's knowledge of the management of psychotic disorders during pregnancy. This session is designed to last 60 minutes but can be modified for a longer or shorted session. The session is best utilized for psychiatry residents who have some clinical experience with pregnant or postpartum patients. Prior to the session, residents should complete the required pre-reading this module.

Learning objectives
At the completion of this session, participants will be able to:

1. Understand the potential impact of antipsychotic medications on fertility
2. Describe how to approach decision-making around antipsychotic pharmacotherapy during pregnancy and breast-feeding
3. Discuss pharmacokinetic considerations during pregnancy and breast-feeding
4. Identify specific challenges that women with chronic psychotic disorders face when parenting

Resources required
1. A faculty (or senior resident) facilitator
2. Relevant articles for pre-reading

Session outline
1. Clinical vignette read-aloud: 5 min
2. Residents divide into working groups and discuss questions 1-3: 10 min
3. Facilitator-led large group discussion of questions 1-2: 10 min
4. Residents divide into working groups and discuss questions 4-6: 10 min
5. Facilitator-led large group discussion of questions 3-5: 10 min
6. Debrief and summarize take-home points from case: 5 min

Case presentation: Part 1

Crystal is a 32 y/o woman who was brought into the emergency room by the police after her friend Cathy called 911 with reports of bizarre and threatening behavior. Cathy states she was surprised today to find Crystal in her backyard; they haven't spoken in some time, and had made no plans for this visit. Per Cathy, Crystal told her that she needed to stay with her for a while. "She thinks her neighbors are messing with her, she's making no sense. When I told her I didn't think this was true, she began threatening me. She thought I was in on it too and told me she has a knife in her bag. I didn't know what to do, so I went back inside and called the police."

On interview, Crystal reports "my neighbors are harassing me, I can't go back there." She reports that her neighbors planted cameras and recorders in her house, and have been monitoring her for several weeks. As evidence, she relays that the neighbors strategically park their car on the street to get a view into her home. She also notes that they walk their dog by her house "more than once a day," and have been sending her coded threats by placing trash in her yard. She has been hearing strange sounds in her home which she attributes to the cameras. She is certain that they have been tampering with her food and reports "they don't fool me, I haven't eaten any of their poison."

When asked about her health history, Crystal appears guarded and asks "what does that have to do with anything?" In a cursory way, she denies any chronic mental or physical health conditions and states she takes no medications. She denies any history of pregnancy. She estimates her periods come "every few months" but isn't sure when her last menses occurred. She denies any previous surgeries. She smokes approximately 10 cigarettes a day and denies alcohol, cannabis, or other drug use. Crystal reports she lives alone but refuses to answer questions about employment, trauma, or sources of financial support. She denies suicidal ideation. When asked about the knife that the police did find in her bag, she reports this is for self-protection. "A girl has a right to protect herself!"

MSE: Crystal is an obese female, slightly unkempt and malodorous. She appears her stated age, and is guarded with intense eye contact. Her mood is anxious. Her affect is constricted but stable and

appropriate to context. Thought process is mostly linear and goal-directed, although at times she stops speaking suddenly mid-sentence without explanation. Thought content is notable for paranoid delusions and ideas of reference. She denies auditory or visual hallucinations but at times appears internally preoccupied during the interview. Crystal denies suicidal or homicidal ideation at the time of interview. She is oriented to person, place, situation and date. Insight and judgment are poor.

Through the medical record, Dr. B is able to identify an emergency contact to gather collateral information. Crystal's mother reports that she was diagnosed with schizophrenia at age 19. She had been an "A-B student" in high school and completed one semester of college before suddenly failing all of her classes. She returned home expressing paranoid beliefs and responding to voices. Her parents had suspected drug abuse, however when they brought her to the hospital, her urine toxicology screen was negative. She was admitted to psychiatry and eventually diagnosed with schizophreniform disorder. Since that time, she has had two additional psychiatric hospitalizations, both for acute psychosis characterized by delusions and hallucinations in the setting of non-adherence to treatment. During her last hospitalization, approximately 4 years ago, she was discharged on long-acting injectable paliperidone. With monthly injections, she has been free of delusions and hallucinations, though she continues to display negative symptoms such as lack of motivation, constricted affect, and reduced social interactions. Nonetheless, she has held down a part time job working concessions for a local professional sports team.

Over the past 2 months, Crystal has not kept in close contact with her family. Her mother states she isn't sure how Crystal has been doing more recently but was able to provide Dr. B with the name of the community mental health center where Crystal receives her care.

When Dr. B asks Crystal about paliperidone, she confirms she has been on monthly injections in the past, but can't remember the date of her last dose. Crystal reports that after her doctor left the agency for another job several months ago, she decided it would be too hard to "start over" – she instead decided to "give it a go without the shot." The community mental health center is closed for the weekend and staff will not be available for collateral until Monday morning.

Crystal's labs come back unremarkable other than a positive urine pregnancy test. The consulting obstetrician performs an ultrasound, confirming the pregnancy with an estimated gestational age of 16 weeks, 3 days. While Crystal reports the pregnancy is a surprise, she shows little reaction to the news and little interest during the ultrasound, asking only "can I go now?" When Dr. B reads the obstetrical consult note, she is surprised to read that Crystal reported two prior pregnancies to the obstetrician, stating she has two children ages 6 and 8 who are not in her custody.

Dr. B determines that Crystal requires psychiatric admission and completes the required paperwork for an involuntary admission.

Discussion Question

1. *How might Crystal's illness and associated treatment have affected her fertility and contraceptive planning?*

Case Presentation: Part 2

On Monday, the inpatient psychiatrist Dr. N calls Crystal's outpatient provider for collateral. Clinic records indicate that prior to paliperidone, Crystal had the following medication trials:

- Quetiapine (patient self-discontinued as it made her feel "like a zombie")
- Aripiprazole (uptitrated to 30mg, then discontinued given ineffectiveness)
- Haloperidol (discontinued due to cogwheel rigidity on exam)
- Geodon (patient did not tolerate due to feeling "amped up").

Crystal's last paliperidone injection was 6 months ago. She has not seen a psychiatrist, case manager or other treatment provider since that time.

Crystal remains adamant that she does not need medications. Her family is extremely worried about her level of functioning, but also raises concerns about the effects of psychotropics on the baby.

Discussion Questions

2. *What factors might Dr. N consider when counseling Crystal and her family about treatment options? Please consider both the risks of untreated illness and potential risks of antipsychotic medication use?*
   (use the general pharmacologic tenets self-study as well as the SGA self-study if desired)

3. *Consider an instance where Crystal becomes agitated in the emergency room during the evaluation period. How might her treating psychiatrist best manage her agitation?*

Case presentation: Part 3

Crystal's family eventually convinces her to accept medications. After 7 days of inpatient treatment, she remains somewhat guarded, but no longer voices frank delusions and does not appear to be responding to hallucinations. As discharge planning progresses, the family confirms that Crystal does in fact have 2 children who have been in her sister's custody for several years. Crystal is initially somewhat reluctant, but eventually accepts her mother's offer to move back into the family home after discharge.

Discussion question

4. What post-discharge supports may be helpful for Crystal during the remainder of her pregnancy?

Case presentation: Part 4

After discharge, Crystal receives outpatient obstetric care with Dr. Z. Her course is notable for erratic attendance at prenatal visits, along with periodic refusal of vitals and recommended blood work. When Dr. Z asks about fetal movement, Crystal often reports that she has no awareness of movement at all. She is sent directly from clinic to OB triage several times for periodic non-stress tests; all are consistently reassuring. Nonetheless, Dr. Z begins to feel uncomfortable about Crystal's ability to eventually parent her child and reaches out to Dr. A, Crystal's outpatient psychiatrist, for collaboration.

Discussion questions

5. How might Dr. A advise Dr. Z about approaching Crystal's challenges to prenatal care?

6. How might Drs. A and Z approach safety/disposition planning for after Crystal delivers her baby?

Additional References for Dyadic Interventions:

Lieberman, A. F., Silverman, R. O. B. I. N., & Pawl, J. H. (2000). Infant-parent psychotherapy: Core concepts and current approaches. *Handbook of infant mental health*, *2*, 472-484.

Marvin, R., Cooper, G., Hoffman, K., & Powell, B. (2002). The Circle of Security project: Attachment-based intervention with caregiver-pre-school child dyads. *Attachment & human development*, *4*(1), 107-124.

Muzik, M., Rosenblum, K. L., Alfafara, E. A., Schuster, M. M., Miller, N. M., Waddell, R. M., & Kohler, E. S. (2015). Mom Power: preliminary outcomes of a group intervention to improve mental health and parenting among high-risk mothers. *Archives of women's mental health*, *18*(3), 507-521.

Slade, A., Sadler, L., De Dios-Kenn, C., Webb, D., Currier-Ezepchick, J., & Mayes, L. (2005). Minding the baby: A reflective parenting program. *The Psychoanalytic study of the child*, *60*(1), 74-100.