Bipolar Disorder and the Perinatal Patient

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Perinatal Depression Chapter:
https://docs.google.com/document/d/1ZupSKeJeTL546k4miIFHR_a5PSrDgWHE/edit

Disclosures

- None

Learning Objectives:

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

1. Describe the prevalence, risk factors, and screening methods for bipolar disorder
2. Explain the obstetric and psychiatric impact of bipolar disorder
3. Discuss the diagnostic criteria and differential diagnosis of bipolar disorder
4. Discuss first-line treatment options for bipolar disorder

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Original language from NRCP:

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

1. Describe the prevalence of depression in antenatal and postpartum periods
2. List risk factors for depression in pregnancy and postpartum
3. Compare possible etiologies for the development of depression in pregnancy and postpartum
4. Select appropriate screening methods for depression in the perinatal population
5. Discuss the differential diagnoses of antenatal and postpartum depression
6. Explain the obstetric and psychiatric impact of

1. depression in the perinatal period

Recognize the potential for increased vulnerability during the postpartum period

After working through this presentation, learners (primarily psychiatric residents but also family practice, midwifery and obstetrical trainees) will be able to articulate the differences between immigrants and refugees, especially in relation to their stresses and legal concerns. Learners will recognize that certain stresses are more common in women from different regions of the world. They will develop a strategy for both open-ended, personalized assessment and screening for recognized psychiatric conditions using validated questions

Outline

- Introduction/Overview
- Epidemiology: rates/incidence, risk factors and screening
- Diagnostic Criteria
- Clinical Features: Clinical presentation and course/prognosis
- Differential Diagnosis and Assessment
- Pathophysiology
- Treatment
- Key Clinical Points
- References
- Resources

Introduction/Overview

Bipolar disorder (BD)

- Mood disorder characterized by mania, hypomania, and depression
- Pregnancy is not protective against exacerbation and the postpartum period is a time of elevated risk
- Risks of recurrence higher if prior episode was recent
- Risks if misdiagnosed as unipolar depression
- Many present for the first time in perinatal period
- Frequently long delay from first episode to appropriate diagnosis and treatment

Epidemiology: Rates/Incidence

- 12-month prevalence 2.4% for bipolar spectrum disorders
- 22% rate of bipolar disorder in population of patients with postpartum depression
- Age of onset 12 to 30 years, peak in reproductive years

Epidemiology: Risk Factors

- Family history mood disorder
- Traumatic life event(s)
- Substance use
- Many have first episode postpartum

Epidemiology: Risk Factors

Risk factors for postpartum mood episodes for women with BD

- Discontinuation of maintenance medication
- Family hx perinatal mood episode
- Personal hx perinatal mood episode
- Primiparity
- Unplanned pregnancy
- Younger age

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Textbook of Women's Reproductive Mental Health

Screening for bipolar disorder

Screening for perinatal depression widely adopted

- Tools used, such as EPDS and PHQ-9, do not identify bipolar disorder (BD), may misclassify as unipolar depression
- Caution with SSRI start with BD, may precipitate mania
- Need to identify prior to starting medication

How to screen for bipolar disorder

Mood Disorder Questionnaire (MDQ)

13-item scale, lifetime history of mania/hypomania

Follow up positive depression screen with MDQ

If MDQ positive:

- do not start SSRI
- refer to psychiatry

Diagnostic Criteria: Bipolar and Related Disorders

Spectrum of disorders

- Includes BDI, BDII, cyclothymic disorder, etc
- BDI requires manic episode for dx
- Can add specifier “with peripartum onset” if during pregnancy or within 4 weeks postpartum

Symptoms of mania (i.e. irritability, impulsivity, sleep changes) may overlap with other psychiatric or substance use disorders and require a comprehensive evaluation

Key for OB providers is to identify something possibly on the spectrum of bipolar disorder and connect patient to a psychiatrist for diagnostic clarification and appropriate care

Clinical Features: Presentation

- Manic episode(s) → required for BDI
- Hypomanic and major depressive episode(s) → required for BDII, commonly seen with BDI
- May see mixed features, anxious distress, rapid cycling, psychotic features, and catatonia with BDI and BDII
- Prevalence of BDII higher for women
- Most common postpartum mood in patients with BD: major depressive episode

Clinical Features: Course/Prognosis

- Chronic disease, relapsing and remitting
- Requires ongoing management
- Leading cause of years lost to disability
- Elevated suicide risk, 6-7% patients with BD complete suicide
- High rate first episode in perinatal period (28%)
- Increased risk relapse with discontinuation of maintenance medication (2-3x)

Clinical Features: Course/Prognosis

- 7x more likely to have first-time psychiatric admission within 4 weeks PP
- Majority of episodes occur within 4 weeks PP
  - BDI 80%, BDII 53%
- Increased for postpartum psychosis (PPP)
  - May represent first episode, recurrence of BD
  - Personal or family history strongest predictor

Clinical Features: Differential Dx

- Other psychiatric disorder (unipolar depression, PTSD, ADHD, personality disorder, etc)
- Intoxication/withdrawal
- Medication induced (mania)
- Metabolic/endocrine (screen with TSH)
- Neurological (TBI, complex partial seizure, etc)

If you suspect BD, referral to a psychiatrist for a diagnostic evaluation is critical

Pathophysiology

- Current research has not elucidated definitive pathophysiology for BD
- Clear that reproductive hormones (progesterone, estradiol) play a role
  - Protective against inflammation, oxidative stress
- Large genetic component, heritability as high as 90% (polygenic, no specific genes identified)
- Increased level of inflammatory cytokines
- Neurodegenerative effects when uncontrolled

Treatment: Pharmacotherapy

- Mood stabilizers for management of acute episode, prevention of recurrence
- Risk with and without treatment ("Risk/risk")
- **Do not Rx SSRI**: can precipitate mania
- Favorable safety profile: aripiprazole, haloperidol, lithium, quetiapine, lamotrigine

Role of the OB to counsel on medication safety, risk/risk treatment (not to formulate treatment plan, choose mood stabilizer)

Treatment: Preconception

Ideal if patient seen preconception to determine whether to continue medication. **Balance favors continuation if:**

- History of hospitalization, psychotic features, past suicide attempt, violence
- History of recurrence with medication taper, or prior medication failure
- Frequent or recent episode(s)

Treatment: Postpartum

Sleep is medicine!

- When considering the decision to breastfeed, must take into account medication **and** sleep hygiene
- Consider "prescribing" sleep (as prevention for relapse, especially mania)
- Develop plan for feeding overnight before delivery

Treatment: Other

Nonpharmacologic somatic treatments

- Bright light therapy
- Electroconvulsive therapy for severe mood sx

Behavioral treatments

- Psychoeducation and psychotherapy for prevention of relapse, treatment of acute depression

Bipolar Disorder: Key Clinical Points

- The postpartum period is a time of high risk for new-onset or exacerbation of BD
- It is recommended that women who screen positive for depression in the perinatal period have f/u screening for BD prior to initiating treatment
- Treatment decisions must consider risk of treatment and non-treatment
- High risk of recurrence with medication discontinuation
- OB plays a critical role in counseling and connecting pregnant people with BD to appropriate care

References

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Merrill, L., Mittal, L., Nicoloro, J., Caiozzo, C., Maciejewski, P. K., & Miller, L. J. (2015). Screening for bipolar disorder during pregnancy. *Archives of women's mental health*, *18*(4), 579-583.

Resources

Postpartum Support International:
https://www.postpartum.net/

MGH Women's Mental Health Center:
www.womensmentalhealth.org

LactMed:
https://www.ncbi.nlm.nih.gov/books/NBK501922/

MotherToBaby:

https://mothertobaby.org/