## Management of depression and anxiety in the perinatal period

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## Faculty / Presenter Disclosure

Faculty: Lisa Gagnon

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## **Objectives**

- □ Discuss mental health generally during pregnancy and postpartum.
- □ Review unique features of some illnesses during this reproductive event.
- □ Discuss the risks of untreated illness.
- □ Present an overview of the safety of psychotropic medications in pregnancy and lactation.

# Perinatal Mental Health - General Considerations

- □ Up to 20% of women
- □ Risk of developing major mental illness:
  - Not elevated in pregnancy
  - **□** Greatly elevated postpartum
- $\hfill\Box$  No specific DSM-5 diagnoses
  - With peripartum onset
  - o Illness considered same as other periods
- □ Most screening instruments not validated

Oates & Cantwell (2011); Gibson & Gray, in Martin (Ed:2012)

## **Epidemiology of Suicide**

- $\hfill\Box$  Risk of suicide much lower in pregnant:
  - ■Except in teenage population
- □ Leading cause of maternal death in pregnancy
- $\ \square$  Under-detected
- □ Labelled inappropriately if substance use

Appleby (1991); Confidential Inquires into Maternal and Child Health (2007); Oates & Cantwell (2011); Gibson & Gray, in Martin (Ed, 2012)

## **Epidemiology of Suicide**

- □ Postpartum risk similar to other times of life:
  - Elevated risk with history of mental health problems (66%)
  - In UK, more than half were Caucasian, married, employed, >30 and in comfortable situations
  - Young, single and unemployed women were more likely profile with substance use

Oates (2003); Oates & Cantwell (2011)

## Epidemiology of Suicide

- $\hfill\Box$  59% affective psychosis or severe depression
- □ 31% substance
- $\hfill\Box$  One third were referred to social services.
- ☐ Majority with a previous history were well in preanancy
- ☐ Associated with higher risk of infanticide

Fisher et al. in WHO & UK (2009); Oates (2003); Oates &: Cantwell (2011)

#### Intimate Partner Violence

- □ 1-6% of women in pregnancy and postpartum
- □ Increased risk of suicide in perinatal time
- □ Associated with
  - Depression (3x the risk)
  - Anxiety
  - Post-traumatic stress disorder
  - Multiple disorders

Cerulli et al. (2011); Gazmaraian et al. (1996); Gold et al. (2012);

#### Depression and Anxiety

- □ Highly co-morbid
- □ Major depression (10-13%)
  - o Elevated in high risk pregnancies
  - o Postpartum depression most studied
- □ Anxiety less studied:
  - o BUT likely *more* common than depression
  - In pregnancy, effects neurodevelopment and obstetrical outcomes
  - $_{\circ}\,$  In some more than one anxiety disorder

Brandt Karsnitz (2011); Lee et al. (2007); McGrandles & Duffy in Martin (Ed. 2012); Wenzel et al. (2003); Wenzel (2011)

## Generalized Anxiety Disorder

- $\hfill\Box$  The 6 months criteria is limiting in this population.
- □ Studies suggest similar prevalence to general population.
- Highest rates in first trimester when studied in a clinical population.

Look at functioning and impairment



Brandt Karsnitz (2011); Buist et al. (2011)

#### Obsessive-Compulsive Disorder

- □ Pregnancy similar to other times
  - $\blacksquare$  Eg., contamination thoughts, cleaning...
- □ Postpartum develops rapidly
  - More harm thoughts (intentional or not)
  - Ego-dystonic
  - Less likely to have obsessions

McGuinness et al. (2011); Misri & Kendrick (2007); Russell et al. (2012); Wenzel (2011)

#### Obsessive-Compulsive Disorder

- $\hfill\Box$  Interferes with mother-infant relationship
  - Under or overinvolved parenting
- □ Compulsions can be very time consuming
- □ 1.5-2 times more prevalent in pregnancy and postpartum
- $\hfill\Box$  High degree of sub-threshold OCD

Russell et al. (2012); Wenzel (2011)

#### **Depression in Pregnancy**

Mothers and families suffer

Risks of associated with antenatal depression:

- Non-compliance with prenatal care
- $\blacksquare$  Self-medication
- Poor weight gain
- Suicide
- Premature delivery
- Greatest risk factor for postpartum depression

Grigoriadis et al. (2013) Lusskin et al (2007); Misri & Kendrick (2007); Viguera et al. (2011)

#### Depression and Anxiety in Pregnancy

- □ Highly reactive infants
- More sleep, activity and feeding problems
- Hyperactivity and externalizing problems
- Self-reported anxiety
- Decreased breastfeeding initiation
- Recent studies suggest maternal anxiety effect on infants is moderated by genes

Grigoriadis et al. (2013); Lusskin et al. (2007); Misri & Kendrick (2007); Tiemeier et al. (2012)

# Edinburgh Postnatal Depression Scale (EPDS)

- $\square$  10 question
- □ Screening tool for depression and anxiety
- □ Validated for both pregnancy and postpartum
- □ Self-rated scale
- □ Possible depression >10

Cox et al. (1987); O'Hara & McCabe (2012)

## Pharmacotherapy in Pregnancy

- □ Monotherapy favored
- □ Selection:
  - History of efficacy
  - Prior exposure in pregnancy
  - Available reproductive safety
- $\hfill\Box$  May need higher doses in last trimester.
- □ All psychotropic medication off label.

ACOG Practice Bulletin (2008); Yatham et al. (2005)

## Pharmacotherapy in Pregnancy

- □ Risks with medications:
  - □Organ malformations (1<sup>st</sup> trimester)
  - ■Spontaneous abortions (1st)
  - ■Obstetrical complications (all)
  - ■Neonatal withdrawal / toxicity (3<sup>rd</sup>)
  - ■Long term neuro-developmental outcomes (all)

Pearson et al. (2007)

## Depression and Anxiety in Pregnancy - Treatment

- □ Selective Serotonin Reuptake Inhibitors (SSRI):
  - ■No increased risk overall of major malformations
  - Slight increased risk of cardiovascular malformations (paroxetine especially)
  - Clinical significance?
  - Illness factors?

Grigoridis et al. (2013); Ornoy & Koren (2013)

#### Depression and Anxiety in Pregnancy -**Treatment**

- □ SSRIs:
  - □ Increase risk of spontaneous abortion.
  - □ Inconsistent results with lower birth weight
  - □ Inconsistent results with decreased gestational age Relation to illness?
  - ₹511ght increased risk of postpartum hemorrhage

Broy & Berard (2010: Davies et al. (2007): Einarson et al. (2009); Malm et al. (2006); Palmsten et al. (2013); Rahimi et al. (2006); Hemels et al. (2005); Lennestal\* & Kai lle\* n (2007); Ornoy & Koren (2013): Ross et al. (2013); Simon et al. (2007); Wu Wen et

## Depression and Anxiety in Pregnancy -Treatment

#### □ SSRI use in third trimester:

- Inconsistently associated with Persistent Pulmonary Hypertension of the Newborn (PPHN).
- $\blacksquare$  PPHN *if* a risk is quite rare (<1%).
- □ Other stronger risk factors.

Byatt et al. (2013); Jong et al. (2012)

## Depression and Anxiety in Pregnancy -**Treatment**

- □ SSRIs and neonatal adaptation:
  - ■Poor neonatal adaptation (15-30%).
  - ■Higher prevalence in premature.
  - □Transient and self-limited.

Davies et al. (2007);Grigoriadis et al. (2013); Kallen (2004); Lennesta°l & Ka¨lle´n (2007); Malm et al. (2006); Sanz et al. (2005)

## Depression and Anxiety in Pregnancy -**Treatment**

#### □ SSRI in long term neurodevelopment:

- \*\*\* Most studies demonstrate no impairment.
- ■Subtle effects on motor development.
- ■??? Association with autism
- ■More research needed.

Croen et al. (2011); Gentile & Galbally (2011); Hviid et al. (2013) Misri et al. (2006); Ornoy & Koren (2013); Rai et al. (2013) Sanford Zeskind & Stephens (2004); Sorensen et al. (2013)

## Depression and Anxiety in Pregnancy -Treatment

#### □ Bupropion

- Less efficacious for anxiety.
- Limited evidence for all areas.
- ? Increased risk of cardiac defects.
- No increased risk of all malformations.
- Higher rates of spontaneous abortion.
- ? Associated with ADHD.

Awan et al. (2010); Byatt et al. (2013); Chun-Fei-Chan (2005); Cole et al. (2007); GSK (2007); OTIS (2012); Williams (2005)

#### Depression and Anxiety in Pregnancy -Treatment

#### ☐ SNRIs (Mirtazepine and Venlafaxine):

- □ Limited research all areas (esp. long term outcomes).
- No increased risk of major malformations.
- □ Increase rate of spontaneous abortion.
- Neonatal withdrawal.

Broy & Berard (2010);Byatt et al. (2013); Einarson et al. (2007); Lennesta°l & Ka¨ lle n (2007); Ornoy & Koren (2013); OTIS

#### Anxiety in Pregnancy — Benzodiazepine Treatment

- □ Slight increase risk of cleft lip and palate
- □ No overall increased risk of malformations
- ☐ High doses at delivery associated with floppy baby
- $\hfill\Box$  ? Preterm birth and low birth rate
- $\hfill\Box$  May be associated with neonatal withdrawal

ACOG Bulletin (2008); Enato et al. (2011); Misri (2007); OTIS (2010)

#### Anxiety in Pregnancy — Benzodiazepine Treatment

- □ Possible fatal interaction with diphenhydramine
- □ Long term effects disputed
- □ Slow taper
- □ Use those without active metabolite and shorter half life (e.g. lorazepam)

ACOG Bulletin (2009); Kargas et al. (1985); OTIS (2010)

## Alternative Therapies for Depression &/or Anxiety

- $\hfill\Box$  Some evidence for:
  - □ Omega-3 fatty acids
  - **□** Folate
  - Exercise
  - Bright light therapy
  - Less evidence for acupuncture and massage

Deligiannidis et al. (2013)

## Depression and Anxiety in Pregnancy - Treatment

- $\hfill\Box$  Limited research on efficacy of other treatment options:
  - Psychotherapy
  - Nutrition

#### Postpartum Blues

- $\hfill\Box$  50-85% of women.
- □ Begin 2-3 days postpartum.
  - lacktriangle Depressed mood
  - $\blacksquare$  Crying spells
  - Mood lability
  - □ Irritability
  - Anxiety

Stern & Herman (2004)

## Postpartum Depression

- 60% symptom onset in 6 weeks, but clinically up to one year
- □ DSM-5 specifier is 4 weeks postpartum.
- □ Prevalence ranges from 13-19%.

O'Hara & McCabe (2013); Viguera et al. (2011)

### **Postpartum Depression**

- □ Modest risk factors:
  - Low socioeconomic status
  - Sinale
  - Unwanted pregnancy
  - Obstetrical stress
  - Difficult infant temperament

O'Hara & McCabe (2013)

#### Postpartum Depression

- $\hfill\square$  Moderate to strong risk factors:
  - Depression & anxiety in pregnancy
  - Stressful life events
  - Neuroticism
  - Postpartum blues
  - Low social support (\*partner support)
  - Psychiatric history especially of depression
  - Low self-esteem

O'Hara & McCabe (2013)

### Postpartum Depression

- □ Depression associated with infant:
  - Attachment insecurity
  - □ Cognitive developmental delays (boys>girls)
  - Social difficulties
  - **■** Expressive language impairment
  - Long-term behavioral problems
  - Health related consequences
- □ Chronicity of depression important

Henshaw in Martin (Ed, 2012); Hodnett (2009); O'Hara & McCabe (2013); Vliegen et al. (2014)

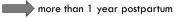
### Depression in NICU

- □ Prospective study 39%
- □ 32% had suicidal ideation
- □ Significantly associated with:
  - Acute Stress Disorder
  - Posttraumatic Stress Disorder

Lefkowitz et al. (2010)

## **Chronic Depression**

- $\hfill\Box$  30% of community samples
- $\hfill\Box$  50% clinical samples



- □ Risk factors:
  - Lack of partner support
  - Previous depression
  - Sexual abuse
  - Situational stress
  - Personality related

Vliegen et al. (2014)

#### **PSTD** in Postpartum

- □ Caused by childbirth: 1.5-6% (higher in stillbirth and prematurity)
- □ Associated factors:
  - **■** Extreme pain
  - fear for mother's life or for infant's life
  - $f \square$  perception of lack of obstetrical care
  - **■** feelings of powerlessness
  - high level of medical intervention
- $\square$  0-5% in fathers

Alcorn et al. (2010)

## Depression and Anxiety in Postpartum - Treatment

- □ SSRI in lactation:
  - Medication exposure lower than in pregnancy
  - All moderately safe or safer
  - Sertraline and paroxetine best safety profile
  - Fluoxetine has long half life and active metabolite.

ACOG Practice Bulletin (2008); O'Hara & McCabe (2012)

## Depression and Anxiety in Postpartum - Treatment

- □ Venlafaxine in lactation moderately safe:
  - Higher level in breast milk than SSRI
  - Parent drug little transfer to infant
  - Metabolite has greater amount of transfer

ACOG Practice Bulletin (2008); Freeman (2008); Misri (2007); Misri & Kendrick (2007); Sanz et al. (2007); Weissman et al.

## Depression and Anxiety in Postpartum Treatment

- □ Bupropion in lactation moderately safe:
  - □ Higher levels than SSRI in breast milk.
  - One seizure noted.

ACOG Practice Bulletin (2008); Freeman (2008); Misri (2007); Misri & Kendrick (2007); Sanz et al. (2007); Weissman et al. (2004)

## Anxiety in Postpartum - Treatment

- □ Benzodiazepines in lactation:
  - All considered moderately safe with exception of diazepam in long term use
  - Main side effect is sedation

ACOG Bulletin (2008); Kelly et al. (2012)

## Depression and Anxiety in Postpartum - Treatment

- $\hfill\Box$  Psychotherapy:
  - $\blacksquare$  Studies focused on depression.
  - $\blacksquare$  Four approaches:
    - General counseling
    - Interpersonal psychotherapy (IPT)
    - Cognitive behavioral therapy (CBT)
    - Psychodynamic therapy
  - Response to various therapies.
  - Little research showing effect on infant.

O'Hara & McCabe (2012)

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