CLINICAL PRACTICE GUIDELINES 2nd edition

Schizophrenia and Depression in the peripartum

Dr Helen Chen, Head, Department of Psychological Medicine, KKH
Director, Postnatal Depression Intervention Programme

What is the evidence?

- evidence base significantly limited on the risks of psychotropic medication during pregnancy and breastfeeding, esp with newer drugs
- ethical issues with RCTs - only from clinical experience, case reports, and birth registry data, TIS (FDA grading C)
- no psychotropic drug has marketing authorisation specifically for pregnant or breastfeeding women.

How to decide management?

- open discussion with patients and their spouses or care-partners, with clear documentation of risks/ benefits considered, and informed consent regarding treatment option.

PERIPARTUM DEPRESSION

- Inclusion : major public health issue given its prevalence and impact on mothers, foetuses and infants.

- Locally ≈ 12% of pregnant women, 7% of postpartum women suffer from depression reflecting worldwide trends.

PERIPARTUM DEPRESSION

- Antenatal depression a/w substance abuse, poor antenatal compliance or nutrition, and possibly an increased risk of premature labour

- Untreated antenatal depression continues into the postpartum period in up to 50% of the cases

POSTPARTUM DEPRESSION

- Postpartum depression a/w :
  - unfavourable parenting practice
  - impaired mother-infant bonding >>
    impaired intellectual and emotional development of the infant
  - gravest outcomes: maternal suicide & infanticide

Screening & Early Recognition

- "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 having little interest or pleasure in doing things?"

"Yes" to either question

"Is this something you feel you need/want help with?"

Specialist perinatal care recommended for women with:

- past or present severe mental illness including schizophrenia, bipolar disorder, psychosis in the postnatal period and severe depression
- previous treatment by a psychiatrist or specialist mental health team including inpatient care
- a family history of perinatal mental illness

Treatment of Peripartum Depression

- New onset depression
- Pre-existing depression

New Onset Depression

- Aim: minimise risk of harm to developing fetus or nursing infant, balancing this against the benefits of treatment, and harm of illness

New Onset Depression

- Psychological therapies (formal therapy, non-directive counselling and support) as first-line treatment strategy
- Medication only in severe depression
- Early referral to a specialist with expertise in perinatal mental health recommended, unless depression is mild

Pre-existing depression

- Consider risk of relapse (up to 70%)
  if antidepressants stopped
- Abrupt cessation → distressing withdrawal s/s
  Strategy: reduce antidepressant dose to half first whilst arranging for early referral
- Early referral to a psychiatrist with expertise in perinatal mental health is recommended

SCHIZOPHRENIA – in perinatal period

- treatment → impact on fetus or nursing infant vs withdrawal of medications → risk of relapse, illness effects on mother and child
- Gestation timescales and knowledge of fetal development crucial

Mothers with schizophrenia

Lack of interpersonal skills
Mood fluctuations
Cognitive difficulties
Behavioural unpredictability
Side effects of medications – affect flattening
Alcohol and other substances
Lack of social support
Poverty

Seeman MC, Primary Psychiatry 2002; 9(10)

Schizophrenia – preconception and antepartum management

- Treatment individualised, consider:
  1) severity of previous episodes,
  2) duration of remission since last episode,
  3) response to treatment
  4) woman's preference after informed discussion

- Patient autonomy vs patient needs

Schizophrenia – preconception and antepartum management

- Strategy : minimum effective dose, in divided dosing to minimise peak blood levels (preferrably)

- Recommend urgent consultation with a psychiatrist, preferably one with a special interest in perinatal mental health.

Schizophrenia – preconception and antepartum management

- Avoid abrupt cessation of medications (> increase risk of relapse, and ↓ time to relapse, esp in early weeks of pregnancy when hormonal changes make the woman more vulnerable)

- Folate supplement reduces risk of neural tube defects by 50% → routine use recommended if of childbearing age, esp preconception or pregnant

- Psychotropics can raise prolactin levels → ↓fertility
  Consider alternatives

Schizophrenia – postpartum management & lactation issues

- Care plans must consider risk management - a significant risk of postpartum relapse (1:2)
- Supportive care for the mother with schizophrenia is particularly important to keep her healthy and able to care for her baby.
- Close monitoring is important.

Schizophrenia – postpartum management & lactation issues

- refrain from giving patients open date reviews with instructions to return for review if symptoms arise
- strongly recommended : patients be monitored regularly through-out pregnancy, esp if medications have been withdrawn, and reinstatement of medications be considered after delivery to minimise risk of relapse

Schizophrenia – postpartum management & lactation issues

- Increase in dose may be needed:
  eg. previous history of postpartum relapse
  (due to puerperium estrogen loss)

Schizophrenia – postpartum management & lactation issues

- Minimal effective dose in divided dosing if breastfeeding.
  Aim to fit treatment options to support woman's wish to breastfeed rather than recommend stopping

- Refer mothers with schizophrenia to psychiatrists to discuss these options, as safety evidence inconclusive

Schizophrenia – postpartum management & lactation issues

- Due care should be given to screen and manage co-morbid postpartum depression

Schizophrenia – in women of childbearing age

- Special mention in guideline given the needs :
  1) Provide psychoeducation on the risk considerations in pregnancy, and
  2) Counselling on family planning & sexuality issues
  - Higher risk of unplanned pregnancies
  - Risk with early exposure prior to pregnancy determination
  - Folate supplementation