



Clinical Practice Update

Emotional Complications in the Perinatal Population

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Attendee Handout

CLINICAL VIGNETTES

(Group Discussion)

Text **julieowen330**
to **37607**

Case Vignette #1

27YO single woman, currently 25 weeks pregnant with her third child. Patient has a history of depression in the past, with recurrences, with one psychiatric hospitalization after a suicide attempt in her late teens. Multiple previous medication trials for depression. She had been relatively well-controlled on Vortioxetine (Trintellix) prior to pregnancy, but self-discontinued when she learned of her pregnancy. She now complains of depressed mood, poor sleep, and lethargy all the time, anxiety and sadness. Admits to having some difficulty in functioning, including caring for children and getting to work daily.

- What is your next step in the management of this patient?

CLINICAL VIGNETTES

(Group Discussion)

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to 37607*

Case Vignette #2	Case Vignette #3
<p>34YO married woman, no previous pregnancies, attorney, anticipating conception in the upcoming several months. Has struggled with insomnia for several years, currently managed on zolpidem 10 mg nightly. Questioning safety profile of utilization of zolpidem in pregnancy and would like to know her options prior to conception.</p>	<p>22YO single woman, in final year of college, currently 26 weeks pregnant. Pregnancy was unplanned. History of sexual assault as a teenager. Limited social support from FOB or family. Struggling primarily with anxiety symptoms surrounding life changes, worry about caring for infant independently, both financially and emotionally. Panic symptoms occurring several times weekly; she has started to miss classes/assignments in the past month. As pregnancy has progressed, there has been increased concern about delivery, likely stemming from trauma history. No previous psychotropic medication trials.</p>
<ul style="list-style-type: none">• What would be your next steps in management of this patient?• What sleep aids (if any) should be recommended for utilization in pregnancy?	<ul style="list-style-type: none">• What would be your next steps in management of this patient?

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

Patient-administered

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **in the past 7 days**, not just how you feel today.

In the past 7 days,

- 1) I have been able to laugh and see the funny side of things
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
- 2) I have looked forward with enjoyment to things
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
- 3) *I have blamed myself unnecessarily when things went wrong
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never
- 4) I have been anxious or worried for no good reason
 - No, never
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
- 5) *I have felt scared or panicky for no good reason
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
- 6) Things have been getting on top of me
 - Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped well
 - No, I have been coping as well as ever
- 7) *I have been so unhappy that I have had difficulty sleeping
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, not at all
- 8) *I have felt sad or miserable
 - Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all
- 9) *I have been so happy that I have been crying
 - Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never
- 10) *The thought of harming myself has occurred to me
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

PERINATAL ANXIETY SCREENING SCALE (PASS)

Patient-administered

Over the **past month, how often** have you experienced the following symptoms (*circle*)?

	<i>Not at all</i>	<i>Sometimes</i>	<i>Often</i>	<i>Almost always</i>
Worry about the baby/pregnancy	0	1	2	3
Fear that harm will come to the baby	0	1	2	3
A sense of dread that something bad is going to happen	0	1	2	3
Worry about many things	0	1	2	3
Worry about the future	0	1	2	3
Feeling overwhelmed	0	1	2	3
Really strong fears about things (e.g., needles, blood, birth, pain, etc.)	0	1	2	3
Sudden rushes of extreme fear or discomfort	0	1	2	3
Repetitive thoughts that are difficult to stop or control	0	1	2	3
Difficulty sleeping even when I have the chance to sleep	0	1	2	3
Having things to do in a certain way or order	0	1	2	3
Wanting things to be perfect	0	1	2	3
Needing to be in control of things	0	1	2	3
Difficulty stopping checking or doing things over and over	0	1	2	3
Feeling jumpy or easily startled	0	1	2	3
Concerns about repeated thoughts	0	1	2	3
Being “on guard” or needing to watch out for things	0	1	2	3
Upset about repeated memories, dreams, or nightmares	0	1	2	3

PERINATAL ANXIETY SCREENING SCALE (PASS)

Continued from first page...

Over the **past month**, how often have you experienced the following symptoms (*circle*)?

	<i>Not at all</i>	<i>Sometimes</i>	<i>Often</i>	<i>Almost always</i>
Worry that I will embarrass myself in front of others	0	1	2	3
Fear that others will judge me negatively	0	1	2	3
Feeling really uneasy in crowds	0	1	2	3
Avoiding social activities because I might be nervous	0	1	2	3
Avoiding things which concern me	0	1	2	3
Feeling detached like you're watching yourself in a movie	0	1	2	3
Losing track of time and can't remember what happened	0	1	2	3
Difficulty adjusting to recent changes	0	1	2	3
Anxiety getting in the way of being able to do things	0	1	2	3
Racing thoughts making it hard to concentrate	0	1	2	3
Fear of losing control	0	1	2	3
Feeling panicky	0	1	2	3
Feeling agitated	0	1	2	3

Adapted from Sources:

Somerville, S., Dedman, K., Hagan, R., Oxnam, E., Wettinger, M., Byrne, S., Coe, S., Doherty, D., Page, A.C. (2014).

The Perinatal Anxiety Screening Scale: development and preliminary validation. Archives of Women's Mental Health, DOI: 10.1007/s00737-014-0425-8.

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THE PATIENT HEALTH QUESTIONNAIRE 9 (PHQ-9)

Patient-administered

Over the **last two weeks**, how often have you been bothered by any of the following symptoms (*circle*)?

Questions	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed; or, the opposite- being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3



THE PERISCOPE PROJECT

PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

This toolkit was produced by the Medical College of Wisconsin and is provided to health care providers through The Periscope Project. The goal of this toolkit is to provide practitioners with an up-to-date, reliable, and easy to use source of information for mental health conditions during the perinatal period. The content is based on the latest available evidence-based guidelines and research whenever possible. If you are aware of new guidelines or research, or if you have suggestions that can help improve this toolkit, please contact cwichman@mcw.edu. Please read our disclaimer before using our toolkit.

This toolkit is for educational purposes only and does not constitute medical advice. The toolkit is not a replacement for careful medical judgments by qualified medical personnel. There may be information in the toolkit that does not apply to or may be inappropriate for the medical situation at hand.

EVALUATION AND TREATMENT & ANTIDEPRESSANT TREATMENT ALGORITHM

<https://the-periscope-project.org/>

OVERALL EVALUATION AND TREATMENT ALGORITHM

Complete PHQ-9 or EPDS. Complete PASS if significant anxiety symptoms reported.

- To score PHQ-9:
 - Sum total.
 - Score >10 is considered positive for moderate to severe depression.
- To score EPDS:
 - Questions 1, 2, & 4 (without an *) are scored 0, 1, 2, or 3 (top answer = 0, bottom = 3).
 - Questions 3, 5-10 (with an *) are reverse-scored (top answer = 3, bottom = 0).
 - Score of >10 is considered potentially positive.
- To score PASS:
 - Sum total.
 - Score >26 is considered positive.

Remember that a patient's score may not correlate with symptom severity.

**Discussion points to consider...*

☛ **Counsel patient about antidepressant use.**

- No medication is risk-free; SSRIs are the best studied class of antidepressants in pregnancy and lactation.

☛ **Data shows that use of antidepressants in pregnancy may increase risk of:**

- Persistent Pulmonary hypertension of the newborn (absolute risk of PPHN is low), pre-term labor, poor neonatal adaptation syndrome (PNAS is typically mild and self-limited).
- Risks are NOT dose-dependent.

☛ **Data shows risk of under- or non-treatment of depression in pregnancy may increase risk of:**

- Impaired bonding with baby, poor self-care, postpartum depression (which is associated independently with multiple potential negative outcomes for mother, baby, and family), pre-eclampsia, pre-term labor, substance abuse, suicide.

If score is **high** OR patient is clinically **symptomatic**:

If score is **low** AND patient is clinically **asymptomatic**:

Ask: "Have you ever had periods of at least three days straight of feeling so happy or energetic that your friends told you you were talking too fast or that you were "too hyper?"¹

Continue to screen using PHQ-9 or EPDS at subsequent perinatal visits.

If "**NO**," then *discuss options for treatment of unipolar depressive and/or anxiety symptoms.

If "**YES**," then consult PERISCOPE. Patient should be more thoroughly screened for Bipolar Disorder before any treatment is initiated.

Watchful waiting with increased self care.

Psychotherapy
(either stand-alone, if clinically appropriate, or adjunctive treatment).

Antidepressant Therapy
(see antidepressant treatment algorithm if the patient agrees to this option).

¹Adapted from Daniel J. Carlat. (1998) *Am Fam Physician*, 58(7), 1617-1624.

ANTIDEPRESSANT TREATMENT ALGORITHM

Complete **Depression Screen** (PHQ-9 or EPDS) +/- **PASS**, and ask **single Bipolar Screen question**.

- ◆ *Does patient screen positive for depression and negative for mania?*
- ◆ *Is patient currently taking an antidepressant?*

If "yes" to both:

- If medication is still low dose, increase and optimize both.
- If dose has been therapeutic for 6-8 weeks without benefit, consider changing medication.

If "no" to second:

- If patient was formerly on a helpful medication, **re-start** with slow titration.
- Start with an agent below, depending upon side effect profile.

SERTRALINE

- Start at 50 mg daily.
- Increase in 50 mg increments every 1-2 weeks, maximum dose of 200 mg daily.
- Few drug-drug interactions.
- May increase nausea/GI upset, but generally well tolerated.

FLUOXETINE

- Start at 20 mg daily.
- Increase in 10-20 mg increments every 1-2 weeks, maximum dose 80 mg.
- Long half-life, so good choice if compliance is a concern.

CITALOPRAM

- Start at 20 mg daily.
- Can double dose in 1-2 weeks, maximum dose of 40 mg daily.
- Generally well tolerated.
- Short titration, as low max dose.

DULOXETINE

- Start at 30 mg daily.
- Increase in 30 mg increments every 1-2 weeks (rate of titration should depend upon GI side effects), maximum dose of 120 mg daily.
- Typically BID dosing; if sedating, give higher dose at night.
- Good choice if co-morbid pain complaints.

MIRTAZAPINE

- Start at 15 mg nightly.
- Increase in 15 mg increments every 1-2 weeks, maximum dose of 45 mg daily.
- Good if patient has significant nausea, low appetite, or difficulty sleeping.
- **MONITOR WEIGHT GAIN**; discontinue if rate of weight gain is too rapid.

Re-evaluate after 4-6 weeks.

If improved:

- Re-evaluate monthly and postpartum.
- Refer back to primary provider when obstetric care complete.
- Continue to offer non-medication based therapies.
- Call PERISCOPE if arranging follow-up is difficult or any questions arise.

Re-evaluate after 4-6 weeks.

*If **not improved**,
or having side effects:*

- If minimal side effects, increase dose and repeat cycle until maximum dose achieved.
- If intolerable side effects, switch to different medication and repeat cycle.