

Perinatal Mood and Anxiety Disorders: An Overview

Shannon Wilson, LMHC
Iowa Mental Health Counselors Association
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COUNSELING AND BEHAVIORAL SERVICES

Introduction

Shannon Wilson, LMHC

Murray, Wilson & Rose Counseling and Behavioral Services

- Cedar Rapids
- Services include:
 - Individual Counseling
 - Support Groups
 - Group Therapy
 - Speaking/Consulting
 - Counselor Supervision



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Overview

- Learning Objectives
- What are PMADs anyway?
 - How is this different from MDD?
 - Definitions
- Prevalence/Etiology
- Screening and Diagnosis
- Treatment Options
- Resources



Learning Objectives

- Identify and assess individualized psychosocial risk factors that contribute to perinatal mood and anxiety disorders
- Describe common issues related to adjustment and maternal role and identity changes
- Define key differences between “Baby Blues” and PPD
- Identify symptoms related specifically to postpartum depression and/or anxiety
- Describe evidence based methods utilized in the treatment of PMADs



Definitions

- Maternal mental health: *“a state of well-being in which a mother realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community”* (World Health Organization)
- Mental health: **not the same** as absence of mental illness, reflects a capacity to adapt and cope
- Perinatal mood and anxiety disorder (PMAD): A term that encompasses disorders occurring during pregnancy and the first year after a woman gives birth. *Prenatal* and *postpartum* can be used to explain more specifically when the disorders occur



PMADs in the Media

- The media focuses on the tragic stories of suicide and/or infanticide
- Celebrity stories of PMAD



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PPD vs. MDD

- Diagnosed using same criteria
- From DSM-V:
 - “The postpartum period is unique with respect to the degree of neuroendocrine alterations and psychosocial adjustments, the potential impact of breastfeeding on treatment planning, and the long-term implications of a history of postpartum mood disorder on subsequent family planning.”
- Key differences:
 - Hormones
 - Baby
 - Experience
 - Role shift
 - Identity changes



Perinatal Mood and Anxiety Disorders

- Umbrella term:
 - Mood/anxiety disorder during pregnancy
 - Postpartum Depression (PPD)
 - Postpartum Anxiety (PPA)
 - Postpartum Psychosis
 - Bipolar Disorder I & II
 - Obsessive Compulsive Disorder
 - Posttraumatic Stress Disorder



Prevalence

- At least 1 in 7 mothers experience serious depression or anxiety during pregnancy or postpartum
- 1 in 10 fathers experience PPD
- Suicide is one of the three leading causes of maternal death in developed countries (WHO)



Etiology

- Combination of factors
- Physical
 - Genetic predisposition
 - Sensitivity to hormonal change
- Psychosocial Factors
 - Inadequate support
 - Perfectionism
- Concurrent Stressors
 - Sleep disruption
 - Poor nutrition
 - Health challenges
 - Interpersonal stress
 - Cultural stress and barriers



Rule Out Medical Causes

- Refer to physician to rule out potential medical causes of symptoms:
 - Thyroid or pituitary imbalance
 - Anemia
 - Trauma
 - Side effects of medication
 - Alcohol or drug use
 - Vitamin D deficiency



PMADs: Risk Factors

- Any previous history of mental illness/family history
- Depression and/or anxiety during pregnancy
- Perfectionism
- Predisposition to worry or ruminate
- Life stress (loss, house move, job loss, etc)
- Poor partner relationship
- Low level of social support



PMADs: Other Risk Factors

- Low SES
- Unwanted pregnancy
- Complications in pregnancy, birth or breastfeeding
- Difficult infant temperament
- Having an infant in the NICU
- Undergoing infertility treatment
- Multiple births



Mood/ Anxiety Disorder During Pregnancy

- 15-23% of women
- Onset anytime during pregnancy
- Symptoms:
 - Sadness, crying spells
 - Feeling overwhelmed
 - Irritability, agitation, anger
 - Sleep disturbance
 - Appetite changes
 - Mood swings
 - Apathy
 - Exhaustion



Mood/ Anxiety Disorder During Pregnancy

Pregnancy	Depression
Mood up and down, teary	Mood mostly down, gloomy, hopeless
Self-esteem unchanged	Low self-esteem, guilt
Can fall asleep, physical problems may waken, can fall back asleep	May have trouble falling asleep, may have early AM wakening, difficulty with falling back asleep
Tires easily, rest refreshes and energizes	Rest does not help reduce fatigue
Feels pleasure, joy, and anticipation	Lack of joy or pleasure
Appetite increases	Appetite may decrease

Adjustment to Motherhood: Baby Blues

- **Not** a disorder
- This term is typically used to describe rapid mood changes that mom can experience in the first few weeks after birth
- The majority of moms experience baby blues:
 - 80 percent
 - Onset is typically in the first week or so postpartum
 - Usually disappears by three weeks postpartum
 - No treatment necessary



Adjustment to Motherhood: Baby Blues

- Symptoms Include:
 - Moodiness
 - Weepiness
 - Sadness
 - Anxiety
 - Lack of concentration
 - Feelings of dependency
 - Feelings of being overwhelmed



Adjustment to Motherhood: Baby Blues

- Caused by:
 - Rapid hormonal changes in the body
 - Physical/emotional stress of birthing
 - Emotional letdown after pregnancy/birth
 - Physical discomforts
 - Awareness/anxiety about increased responsibility
 - Fatigue/sleep deprivation
 - Disappointments



Adjustment to Motherhood

- Identity changes
- Role shift
 - Loss of independence
 - Grief/loss of old role
- Self esteem/body image



Postpartum Depression

- Effects 1 in 7 women
- Symptoms:
 - Feelings of anger or irritability
 - Lack of interest in the baby
 - Appetite and sleep disturbance
 - Crying and sadness
 - Feelings of guilt, shame or hopelessness
 - Loss of interest, joy or pleasure
 - Possible thoughts of harming self or baby

Postpartum Anxiety

- Approximately 10% of postpartum women develop anxiety
- Normal new parent worries vs anxiety disorder
- Symptoms:
 - Constant worry
 - Inability to sit still
 - Disturbances of sleep and appetite
 - Racing thoughts
 - Physical symptoms:
 - Shaky, dizzy, or short of breath
 - Feeling of dread



Postpartum Psychosis

- Relatively rare, impacts approximately 1-2 women out of every 1,000 births
- Always considered a medical emergency
- Waxing and waning presentation
- 20 out of 30 pp women with Bipolar disorder experienced a psychotic episode
 - (Freeman, 2002, in Misri, 2005)
- Common symptoms:
 - Delusions
 - Detachment from reality
 - Bizarre thinking, behavior and/or rituals
 - Severe distractibility
 - Confusion
 - Auditory and visual hallucinations



Bipolar Mood Disorders

- Women usually seek treatment during depressive episode; commonly misdiagnosed
- Symptoms include:
 - Depressive symptoms
 - Decreased need for sleep w/o experiencing fatigue
 - Pressured speech, racing thoughts, flight of ideas
 - Excessive irritability, aggressive behavior
 - Impulsiveness, poor judgment, distractibility
 - Increased physical and mental activity and energy
 - Grandiose thoughts, inflated sense of self-importance



Postpartum Obsessive Compulsive Disorder

- Estimated to affect 3-5% of new mothers and some new fathers
- Symptoms:
 - Intrusive, repetitive, and persistent thoughts or mental pictures
 - Thoughts often are about hurting or killing the baby
 - Tremendous sense of horror and disgust about these thoughts
 - Thoughts may be accompanied by behaviors to reduce anxiety (i.e. hiding knives)
 - Counting, checking, cleaning or other repetitive behaviors



Post Traumatic Stress Disorder

- Approximately 9% of women experience postpartum PTSD following childbirth. Most often, this illness is caused by real or perceived trauma during delivery or postpartum
- Symptoms:
 - Intrusive re-experiencing of a past traumatic event
 - Avoidance of stimuli associated with the event
 - Persistent increased arousal
 - Flashbacks or nightmares
 - Anxiety and panic attacks
 - Feeling a sense of unreality and detachment



Screening

- US Task Force recommendations
- Why screen?
 - “Every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most under diagnosed obstetric complication in America. Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development.”
 - Pediatrics 2010; 126; 1032-1039
 - PSI, Birdie Meyer



Screening

- Screening tools
 - EDPS
 - PDSS
- Assessment
- Common sentiments from struggling moms
 - “I feel really overwhelmed.”
 - “My emotions are on a rollercoaster.”
 - “I’ve been really irritable.”
 - “I don’t have any patience.”
 - “I feel alone.”
 - “I’ll never feel like myself again.”



Screening

- EPDS
- Widely used
- Well researched/validated
- Brief
- Cost effective – free!
- No specialized training necessary
- Simple to administer and score
- Question 10

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

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.

Here is an example, already completed.

I have felt happy:

i. Yes, all the time
 ii. Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
 iii. No, not very often Please complete the other questions in the same way.
 iv. No, not at all

In the past 7 days:

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

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Winer, B. L. Parry, C. M. Pirotek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Diagnosis

- Rule out baby blues
- DSM-V criteria for MDD with peripartum onset
 - Onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery
- Treatment may look different



Treatment of PMADs

- Why do women seek help?
- Symptom relief first
 - Identify sole objective
 - Instill hope
 - Encourage sleep
- Therapeutic Challenges
 - Mother's perception is that symptoms equal reality (i.e. "being a mother feels this bad")
 - Culture/stigma
 - Misconceptions about medication



Treatment of PMADs

- Psychotherapy
 - CBT
 - IPT
 - Therapy for the mother and her partner
 - Engaging in self care
 - Baby in session
- Social support
 - Group therapy
 - Groups for new mothers
 - **A word of caution



Treatment of PMADs

- Psychopharmacology
 - Symptoms that are biologic in nature often respond well
 - SSRIs are the first line of treatment for moderate to severe depression
 - First episode, experts recommend 6-12 months of use until symptom resolution
- Pregnancy/Breastfeeding and PMADs
 - Risk vs. Benefit



Treatment of PMADs

- Alternative and complementary interventions
 - “Any form of treatment that lies outside the realm of conventional modern medicine and encompasses a broad range of healing philosophies and therapies.”
 - Birdie Meyer, PSI 2014

Relaxation and imagery
Meditation and Mindfulness
Bio-feedback
Dietary supplements/nutrition
Accupuncture

Aromatherapy
Light therapy
Omega 3's
Herbal supplements
Massage

Consequences of Going Untreated

- Impact on babies and families
- Tremendous amount of data:
 - Negative impact of maternal depression on babies
 - Impact continues through childhood into teen years
 - These children more likely to:
 - Suffer from childhood psychiatric disturbance
 - Behavior problems
 - Poor social functioning
 - Impaired cognitive and language development



Web Based Resources

- Postpartum Progress
 - www.postpartumprogress.com
- Postpartum Support International
 - www.postpartum.net
- Postpartum Stress Center
 - www.postpartumstress.com
- Postpartum Dads
 - www.postpartumdads.org



Resources

- Information about medication in pregnancy and breastfeeding:
 - InfantRisk: 806.352.2519
<http://www.infantrisk.com>
 - MOTHERISK: 877.439.2744
www.motherisk.org
 - LactMed NIH app for smart phones



Book Recommendations

- *Beyond the Blues: A Guide to Understanding and Treating Prenatal and Postpartum Depression*
 - Pec Indman and Shoshanna Bennett
- *Cognitive Behavioral Therapy for Perinatal Distress*
 - Amy Wenzel with Karen Kleiman
- *Dropping the Baby and Other Scary Thoughts: Breaking the Cycle of Unwanted Thoughts in Motherhood*
 - Karen Kleiman and Amy Wenzel
- *The Postpartum Husband: Practical Solutions for Living with Postpartum Depression*
 - Karen Kleiman
- *Therapy and the Postpartum Woman: Notes on Healing Postpartum Depression for Clinicians and the Women Who Seek Their Help*
 - Karen Kleiman
- *Tokens of Affection: Reclaiming Your Marriage After Postpartum Depression*
 - Karen Kleiman

Questions?



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