Childbearing and postpartum inaugural episode of bipolar disorder

A.V. Costa¹, A. Samico², S. Mendes¹, A.S. Pires¹, S. Melo¹, Â. Venâncio², A. Horta²

¹Hospital Center of Vila Nova de Gaia/Espinho, Child and Adolescent Psychiatry, Vila Nova de Gaia, Portugal.

²Hospital Center of Vila Nova de Gaia/Espinho, Psychiatry and Mental Health, Vila Nova de Gaia, Portugal.

19TH WPA WORLD
CONGRESS OF
PSYCHIATRY
LISBON, 21-24 AUGUST, 2019

Background and Objectives:

The postpartum period is of great vulnerability to the development of psychopathology, especially in what regards to mood disorders.

Bipolar disorder (BD) commonly occurs in women during this period and some studies suggest that the presence of postpartum psychopathology is a bipolarity's hallmark. About 20% of women who screen positive for postpartum depression have BD.

We intend to **evaluate women of childbearing age diagnosed with BD** identifying those whose **inaugural episode occurred in pregnancy or postpartum period (one year after childbirth)**; and evaluate the polarity of the first episode, the diagnosis, comorbidities, severity criteria and psychotropic drugs used.

Design and Methods: We performed a retrospective survey examining medical records of all patients who met the following inclusion and exclusion criteria:

Patients followed at our Psychiatry hospital center: outpatient or inpatient in the period from 2008 to 2018.

Female patients whose current age varies between 18-38 years.

Patients diagnosed with BD.

Patients were excluded in the absence of data for evaluation in the electronic or physical clinical process

Then we identified those who had the first episode in pregnancy or postpartum period and compared with those in which the inaugural episode occurred unrelated to pregnancy or postpartum period. This study was approved by the Hospital Ethics Committee.

Discussion and Conclusions:

In our study, **depressive episode** was the **most frequent first manifestation in pregnancy and postpartum period**. According to the literature review depression is the most frequent morbidity in postpartum. Distinguishing bipolar from unipolar depression can be challenging. Women experiencing their **first episode of postpartum depression should be considered for a possible diagnosis of BD and should be monitored closely**.

Limitations of the study include retrospective clinical trial through the analyze of records made in the physical and electronic processes and small sample size (n=20). Some patients may not have been identified due to lack of diagnostic classification in the medical records and the BD has a bimodal peak of maniac/hippomaniac presentation, so we do not have data to evaluate those whose symptomatology may be manifest at an older age and some women may be misdiagnosed as major depressive disorder.

Results:

- Of the total number of women identified with a diagnosis of BD (n=20), 30% had a first contact with Psychiatry in pregnancy (16.7%) or first year postpartum (83.3%).
- In 83.3% of the cases the inaugural episode was of postpartum depression with an antidepressant at an early stage.

Table 1: sociodemographic and clinical profile of BD patients

	Total BD female patients	BD inaugural episode in postpartum or pregnancy period	BD inaugural episode without postpartum or pregnancy period
Age (median [IQ1,IQ3])	33 [27, 26]	35 [31, 37]	31 [26, 36]
Marital Status			
Single (%)	60	16.7	78.6
Married (%)	25	33.3	21.4
Divorced (%)	15	50	0
Scholarity			
4th year (%)	10	0	14.3
9th year (%)	25	33.3	21.4
12th year (%)	40	50	35.7
Graduation (%)	25	16.7	28.6
Household			
Family of origin (%)	35	16.7	42.9
Alone (%)	10	0	14.3
Formation of couple (%)	15	0	21.4
Small children (%)	30	66.7	14.3
Grown children (%)	10	16.7	7.1
Positive Family History (%)	25	33.3	21.4
Diagnosis			
BP type 1 (%)	80	83.3	78.6
BP type 2 (%)	20	16.7	21.4
Comorbidity disorder (%)	25	0	36.7
Number of hospitalizations			
0 (%)	10	7.14	16.7
1 (%)	50	50	50
2 (%)	15	14.3	16.7
>3 (%)	20	21.4	16.7
Positive suicide attempts (%)	30	16.7	35.7
Age of first episode (median [IQ1, IQ3])	25 [19, 30]	27 [19, 31]	24 [19, 28]
Type of first episode			
Depressive (%)	60	83.3	41.1
Manic (%)	25	0	35.7
Mixed (%)	5	16.7	0
Medication history			
Antidepressant followed by mood stabilizer (%)	55	83.3	42.9
Mood stabilizer followed by antidepressant (%)	4	0	14.3
Only mood stabilizer (%)	25	16.7	28.6

- The groups were not significantly different regarding the presence of comorbidities, polarity of the first episode, criteria of severity and age of diagnosis; reflecting the low number of the sample; being different in what concerns the marital state.

- The postpartum period represents an **increased risk for onset and relapse of BD**.
- International guidelines recommending both a **preconception counselling and appropriate pregnancy planning** for women with a diagnosis of BD, a **screening** of pregnant women for BD or for risk factors (family or personal history) and **screen all pregnant and postpartum women for depression**. Some studies suggest screening all women with postpartum depression for bipolar disorder.
- Some factors that increase risk such sleep deprivation and no pleasure time in early postpartum should be target for early primary prevention.
- Screening** enables **timely diagnosis and treatment** to be made, allowing a better satisfaction in the role of mother and prevent **better mother-child dyad health care** (the impact of unipolar or bipolar postpartum depression on the child psychoactive development and mother/child relationship is substantial since these mothers may not be able to provide the nurture and support that their babies require that interpose in mother-child attachment), as well as **preventing physical risks for baby and mother**.

References: Austin M-P, Highet N and the Expert Working Group. Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence;2017. Battlea, C et al. Clinical correlates of perinatal bipolar disorder in an interdisciplinary obstetrical hospital setting. Journal of Affective Disorders. 2014. Bergink, V et al. Postpartum Psychosis: Madness, Mania, and Melancholia in Motherhood. AmJPsychiatry. 2016. Bernard-Bonnin. Maternal depression and child development. Canadian Paediatric Society, Mental Health and Developmental Disabilities Committee. Paediatr Child Health. 2015. Bhat, A et al. Pregnant and Postpartum Women With Bipolar Disorder: Taking the Care to Where They Are. Integrated Care. 2018. Cepêda, T et al. Promoção da Saúde Mental na Gravidez e Primeira Infância:Manual de orientação para profissionais de saúde. DGS. 2006. Chessick, C and Dimidjian, S. Screening for bipolar disorder during pregnancy and the postpartum period. Arch Womens Ment Health. 2010. Jones, I et al. Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. Lancet. 2014. Kelly, E et al. Diagnosis and treatment of postpartum bipolar depression. Expert Rev. Neurother. 2010. Kloos, A et al. The Impact of Mood Disorders and Their Treatment on the Pregnant Woman, the Fetus, and the Infant. Curr Psychiatry Rep. 2010. Liu, X. Depression and anxiety in postpartum period and risk of bipolar disorder: a Danish nationwide register-based cohort study. 2017. Logsdon, C et al. Maternal-Infant interaction in women with unipolar and bipolar depression. Applied Nursing research. 2015. Maina, G et al. Recurrence rates of bipolar disorder during the postpartum period: a study on 276 medication-free Italian women. Arch Womens Ment Health. 2014. Miller, L et al. Bipolar Disorder in Women. Health Care for Women International. 2014. Munk-Olsen,T et al. Psychiatric Disorders With Postpartum Onset: Possible Early Manifestations of Bipolar Affective Disorders. Argh Gen Psychiatry. 2012. Nice Guideline. Antenatal and postnatal mental health: Antenatal and postnatal mental health: clinical management and service clinical management and service guidance. 2018. Pope, C et al. Bipolar disorder in the postpartum period: management strategies and future directions. Women's Health. 2014. Sharma, V et al. Bipolar II Postpartum Depression: Detection, Diagnosis, and Treatment. Treatment in Psychiatry. 2009. Sharma, V et al. Bipolar postpartum depression: an update and recommendations. Journal of Affective Disorders. 2017. Sharma, V et al. Should all women with postpartum depression be screened for bipolar disorder? Medical Hypotheses. 2018. Williams, J. Best Practice guidelines for mental health disorders in the perinatal period. BC reproductive mental health program and perinatal services BC. 2014. Younkens, K et al. Diagnosis, Pathophysiology, and Management of Mood Disorders in Pregnant and Postpartum Women. Clinical Expert Series. 2011.