Identifying Depression, Anxiety and Bipolar Disorder In Perinatal Presentations

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Identifying Four Dimensions

- Do Not Pathologize Normal Emotional States!!!!
- Common mental illnesses occurring during perinatal period
- First episode of mental illnesses emerging during prenatal and postpartum period
- Mood disorders during perinatal stages
- Difficult to sort out as many look like normal symptoms of pregnancy
**ZUNG SELF-RATING DEPRESSION SCALE**

Patient’s Initials

Date of Assessment

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

<table>
<thead>
<tr>
<th>Make check mark (•) in appropriate column.</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Good part of the time</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel down-hearted and blue</td>
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<td>2. Morning is when I feel the best</td>
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<td>3. I have crying spells or feel like it</td>
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<td>4. I have trouble sleeping at night</td>
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<td>5. I eat as much as I used to</td>
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<tr>
<td>6. I still enjoy sex</td>
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<td>7. I notice that I am losing weight</td>
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<td>8. I have trouble with constipation</td>
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<td>9. My heart beats faster than usual</td>
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<td>10. I get tired for no reason</td>
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<td>11. My mind is as clear as it used to be</td>
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<td>12. I find it easy to do the things I used to</td>
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<td>13. I am restless and can’t keep still</td>
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<td>14. I feel hopeful about the future</td>
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<td>15. I am more irritable than usual</td>
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<td>16. I find it easy to make decisions</td>
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<td>17. I feel that I am useful and needed</td>
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<td>18. My life is pretty full</td>
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<td>19. I feel that others would be better off if I were dead</td>
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<tr>
<td>20. I still enjoy the things I used to do</td>
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</tbody>
</table>

Hormone Activity

• Estrogen = Excitatory
  • Antithyroid – increases thyroid binding goblin
  • Inactivates Thyroid – hypothyroid causing anxiety, sleep problems

• Progesterone = Calming
  • 66% goes to the brain
  • Agonist to GABA-A receptors = irritability/aggression

• Potent diuretic  Backstrom et al 2007
Mental Illness

• Common-
  • Anxiety
  • Baby Blues
  • Mild Depression
  • Moderate Depression
  • Adjustment Reaction
  • Acute stress response

• Serious Mental Illness- 20%
  • Obsessive Compulsive
  • Recurrent Major Depression
  • Bipolar I and II
  • Trauma Responses- PTSD
  • Schizophrenia
  • Postpartum Psychosis

• DiFlorio et.al. 2013
Impact of Mental Illness

• Spontaneous preterm birth- shorter gestational age
• Lower birth weight & lower Apgar  Records & Rice 2009
• Infant temperament\stress response
• Infant development  McGrath, Records and Rice 2008
• Early cessation of breastfeeding
• Health issues across the lifespan  Srinivasa et. al. 2011
Best Estimate of Prevalence

- Up to 20% have mood or anxiety disorders in prenatal and postpartum periods
- Any depressive disorder - 18.4%
- Depression 3 months postpartum - 19.2%
- New cases of major depressive disorder in pregnancy - 7.5%
- Three months after delivery - 6.5% Diflorio Et. Al 2013
Stress Outcomes in Pregnancy

- Higher amniotic cortisol at 17 weeks gestation
- Higher BP by age 3
- Higher body composition at age 5
- Larger amygdala in girls age 7
- Higher fat index in girls
- Higher insulin levels and type II diabetes.
- Poor verbal memory and fluency at age 50
- Higher rate of cognitive decline Reynolds 2012
Specific Rates per Type

• Generalized anxiety disorder (GAD) is highest (8.5% to 10.5%)
• Panic disorder (1.4% to 5.2%)
• Obsessive-compulsive disorder (OCD; 1.2% to 5.2%) and PTSD (3%)
• These estimates are higher than or comparable to the general population  Beck 2004
For Those with Existing Mental Illness

• Two-thirds report 1 episode during pregnancy/postpartum.
• Bipolar I report 50% risk of an episode in pregnancy/postpartum.
• Risks are lower with recurrent Major Depression, bipolar II disorder, at 40% per pregnancy/postpartum period.
• Mood episodes are common in the postpartum period for bipolar I disorder and recurrent Major Depression.
• Most episodes occur the first month postpartum, with mania or psychosis having an earlier onset.  Diflorio 2013
Specific Rates

• Among women with bipolar disorder, 23% had illness episodes during pregnancy and 52% during the postpartum period.

• Unipolar depression, 4.6% had illness episodes during pregnancy and 30% during the postpartum period.

• Exposure-adjusted risk per pregnancy, 3.5 times more prevalent during the postpartum period than during pregnancy.

• The risk was consistently higher with bipolar disorder. First lifetime episodes occurred in the perinatal period in 7.6% of cases.        Viquera 2011
Prescreening

1. Alcohol abuse\withdrawal
2. Asthma
3. Drug abuse
4. Hyperthyroidism -- teratogenic agent
5. Hypoglycemia
6. Morning sickness
7. Physical conditions
8. Pulmonary disorders
Anxiety

• Several forms characterized by excessive rumination, worrying, uneasiness, apprehension and fear either based on real or imagined events
• Frequent occurrence in pregnancy
• 50% of women have anxieties that are normal anxieties associated with childbirth
• Full-blown anxiety disorders pose risks to both mother and fetus and increases the risk of postpartum depression
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>None or a little of the time</th>
<th>Some of the time</th>
<th>Good part of the time</th>
<th>Most or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I feel more nervous and anxious than usual</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>I feel afraid for no reason at all</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>I get upset easily or feel panicky</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>I feel like I’m falling apart and going to pieces</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>I feel that everything is all right and nothing bad will happen</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>My arms and legs shake and tremble</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>I am bothered by headaches, neck and back pains</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>I feel weak and get tired easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>I feel calm and and can sit still easily</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>I can feel my heart beating fast</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>I am bothered by dizzy spells</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>I have fainting spells or feel faint</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13.</td>
<td>I can breath in and out easily</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14.</td>
<td>I get feelings of numbness and tingling in my fingers and toes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15.</td>
<td>I am bothered by stomachaches or indigestion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16.</td>
<td>I have to empty my bladder often</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17.</td>
<td>My hands are usually dry and warm</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>18.</td>
<td>My face gets hot and blushes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19.</td>
<td>I fall asleep easily and get a good night’s rest</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>20.</td>
<td>I have nightmares</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Zung

- 20-44 Normal Range
- 45-59 Mild to Moderate Anxiety Levels
- 60-74 Marked to Severe Anxiety Levels
- 75-80 Extreme Anxiety Levels  Zung 1971
Screening

- Depressed mood
- Lack of pleasure (anhedonia)
- Psychomotor slowing or agitation
- Sleep disturbance (sleeping too much or not enough)
- Fatigue or loss of energy
- Eating too much or not enough
- Concentration difficulties
- Diminished self-esteem or guilt
- Suicidal thoughts or recurrent thoughts of death
Differentiating Factors

- Persistent state
- Greater than two weeks in duration
- Familial history of some form of mood disorder
Generalized Anxiety Disorder

• A. Excessive anxiety and worry occurring more days than not for at least 6 months,
  • about a number of events or activities (such as work or school performance).
• B. Finds it difficult to control the worry
Diagnosis of GAD

- Excessive for $\geq 6$ months
- At least 3 additional symptoms
  - Restlessness
  - Easily fatigued
  - Difficulty concentrating
  - Irritability
  - Muscle tension
  - Disturbed sleep

American Psychiatric Association, 2013
GAD and Psychiatric Comorbid Disorders

• GAD is co-morbid with other psychiatric conditions including:
  • Mood disorders (eg, major depression, dysthymia)
  • Anxiety disorders (eg, panic disorder, social and specific phobias)
  • Substance-related disorders (eg, alcohol, sedatives, anxiolytics)
Common Anxiety Disorders

- GAD
- Panic (with & without Agoraphobia)
- OCD
- PTSD
Interventions for Mild and Moderate

- Cognitive therapy
- Stress reduction (PMR, exercise, time management, + coping strategies)
- Diet & nutrition—decrease caffeine
- Sleep enhancement & relaxation
Panic Disorder

• 6 million people in US (3%)
  • 1/3 have agoraphobia
  • women 3xs
  • onset in 20s  Ross & Mclean 2006

• **Recurrent** panic attacks of severe anxiety
  • lasting few moments to 1 hr

• 4 attacks within 4 week period or 1 or more attacks followed by 1 month of persistent fear of having an attack

• Occur spontaneously
Panic Disorder with Agoraphobia

• Complication of panic disorder
• Phobic avoidance
  • “fear of the market place or open space”
• Avoid situations evoking fear or in which assistance would not be available
• Interferes with ability to function
Acute Interventions

- Reduce stimulation
- Clear concrete directions
- Short sentences
- Biologic Interventions:
  - breathing control--decrease hyperventilation
  - regular, balanced eating habits
  - regular routine of exercise/activity
  - relaxation techniques
Preventative Interventions (con’t)

• Self distraction--take focus off physical sensations & misinterpretations
• Psychoeducation--difference b/t heart attack & panic attack, information for controllability
• Positive self-talks/frames of reference & lifestyle
• Relationships with significant others
• Family therapy, parenting classes, leisure
• Stress & time management
Serious Panic Disorder

- Requires medication
Phobia

• Persistent avoidance behaviors
  • irrational fears of a specific object, activity, or situation

• Types: social & specific phobias
  • (13-15%)

• Anxiety out-of-proportion
  • causes marked distress or impairment

• Person knows fear is irrational, excessive, or unreasonable
Phobia Intervention

• Overuses the defense mechanisms of repression & displacement

• Undertreated,
  • usually able to function if avoids whatever phobic about

• Cognitive Behavioral Strategies:
  • Anxiety reduction--modify perceptions
  • Systematic desensitization, exposure tx

• Medications not generally used
Acute Stress Disorder

- Response to traumatic stressor
  - Singular event - not prolonged
  - No PTSD
- Lasts at least 2 days, no more than 4 weeks
- Occurs within 4 weeks of event
- Experiencing, witnessing, or being confronted with actual or potential death, injury, or threat to self or others
- Involves intense fear, helplessness, horror
Acute Stress Disorder

• Experiences three of the following symptoms:
  • Sense of detachment
  • Reduced awareness of one’s surroundings
  • Derealization
  • Depersonalization
  • Dissociative amnesia
PTSD

• Symptoms following traumatic event out of the range of usual human experience

• Symptoms:
  • Re-experiencing the event (flashbacks, nightmares)
  • Persistent avoidance of the associated stimuli;
  • Numbing of general responsiveness
  • Persistent symptoms of arousal (anger, hypervigilance, sleep problems)
PTSD Physiology

- Thalamamic structure changes (scarring)
- Hypothalamic and Hippocampal size reduction
  - Effect of elevated Cortisol
- Sympathetic attenuation
- Adaptation to hyper arousal  
  Rice & Records 2006
PTSD Interventions

• Gold Standard EMDR

• Individual supportive therapy—
  • acute traumatic events (rape). Time-limited; helps person emotionally integrate experience

• Group therapy—
  • long term trauma; builds trust, universality, and social support
PTSD (con’t)

- Benzodiazepines--not recommended
- Trauma informed care—assist persons to identify triggers & soothers
- 8% of 80% with PTSD also have at least one other psych disorder
  - Depression, ETOH
Serious Anxiety Disorders

- Must refer
- Use therapist at minimum
Pregnancy - OCD

- Exacerbates obsessive-compulsive disorder symptoms
- Interpret something is wrong with baby  Rose and Mclean 2006
Obsessive-Compulsive Disorder

• Either obsessions or compulsions
• Recurrent and persistent thoughts, impulses, or images that are intrusive and inappropriate and cause distress
• Thoughts, impulses, or images are not simply excessive worries about real-life problems
• There are attempts to suppress such thoughts\ impulses, with some other thought or action
• Recognizes the obsessional thoughts\ impulses are a product of her own mind
Compulsions

• Repetitive behaviors
  • (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently)
  • Driven to perform or according to RIGID rules

• Behaviors are preventing or reducing distress
  • Or preventing some dreaded event or situation;

• However, these behaviors or mental acts either are not connected
  • With what they are designed to neutralize or prevent

• Are clearly excessive
Mood Disorders

• Dysthymic disorder
• Major depressive disorder
• Bipolar I
• Bipolar II
• Cyclothymic disorder
Dysthymia Symptoms

• Gateway disorder with increased risk of affective disorders
• Less severe but long term
• Low energy and drive
• Low self-esteem
• Low capacity for pleasure in everyday life
• Persists for at least 2 years
• Often attributed to characterological issues  Field and Diego 2008
Dysthymia Diagnosis

• During a majority of days for two years or more
• Has two or more of:
  1. Decreased or increased appetite
  2. Decreased or increased sleep (insomnia or hypersomnia)
  3. Fatigue or low energy
  4. Reduced self-esteem
  5. Decreased concentration or problems making decisions
  6. Feels hopeless or pessimistic
• During this two-year period, the above symptoms are never absent longer than two consecutive months.

• During the first two years of this syndrome, the patient has not had a major mental illness.
Major Depression

- Includes feelings of sadness, loss of interest or inability to experience pleasure, unexplained weight loss, difficulty sleeping, fatigue, difficulty concentrating, feelings of worthlessness or guilt, suicidal thoughts, agitation or slowing down

- Typically lasts 6-9 months
Depression criteria

• Must have a predominantly depressed mood or loss of interest and pleasure nearly every day over a 2-week period
• Significant change in body weight or a change in appetite
• Sleep disturbances nearly every day
• Psychomotor retardation or agitation nearly every day that is observable by others
• Fatigue or loss of energy nearly every day
• Feelings of worthlessness
• Or excessive or inappropriate guilt nearly every day; difficulty thinking or concentrating nearly every day
• Recurrent thoughts of death or suicide
• There must be no episodes of mania or hypomania
• Symptoms must not be due to the effects of a substance or to a general medical illness
Atypical Depression

- Mood improves with positive events, or
- There is a reversal of the usual neurovegetative signs seen in depression
Atypical Presentations

• May not initially complain of low mood, anhedonia, or other typical symptoms
• In the primary care setting, presenting complaints are somatic, such as fatigue, headache, abdominal distress, or change in weight
• Complain more of irritability than of sadness or low mood
• Elderly may present with confusion or a general decline in functioning
Bipolar I

- Alternation between major depression and manic or mixed episodes
Bipolar II

• Alternation between major depression and hypomanic episodes
Cyclic Moods

- Persistently elevated, expansive or irritable mood
- Three or more of:
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep; functioning without
  - More talkative – flight of ideas, or ‘racing thoughts’
  - Distractibility
- Increase in goal-directed activity
- Excessive involvement in pleasurable activities that have potential for painful consequences
Hypomanic

• Lesser level of mania, but with a change in functioning not typical of the person
• May only report depressed states
• Hallmark of functioning with 3-4 hours of sleep
Bipolar conditions

• Bipolar I report 50% risk of an episode in pregnancy/postpartum.

• Risks are lower with recurrent Major Depression, Bipolar II disorder, at 40% per pregnancy/postpartum period.
Counseling may be sufficient for perinatal women with mild to moderate depression.

Severely depressed women require antidepressant treatment.

Women with bipolar disorder are at high risk for relapse if mood stabilizer medication is discontinued, and are vulnerable to relapse near the time of delivery.

Co-management of their care with psychiatrists will increase their chances of avoiding a recurrence of illness. Yonkers 2011
Questions

• Do you have a Family history of mood disorders?
• Social support available?
• Are the symptoms intermittent, or less than 2 weeks duration?
• Are you suicidal?
• Depending on the answers should also ask:
  • Is this something you feel you need or want help with?
Follow Up Questions

• How severe have any previous mental health problems been?
  • Discuss the risk of becoming unwell and coping without treatment
• Which treatments have helped in the past, and preferences?
  • Options enabling breastfeeding if desired
Treatment Options

• Why did you decide to offer this particular treatment?
• What will the treatment involve?
• Any risks for mom or baby associated with treatment, and if so are there ways of reducing these risks?
• How long will mom have to take a medication for?
  • Problems when stopping the medication?
BATHE-D Approach

• Background: What is going on in your life?
• Affect: How do you feel about it?
• Trouble: What troubles you the most about this?
• Handling: How are you handling it?
• Empathy: That must be difficult? Lieberman and Stuart 1999

• Do you want my help with this?