WHERE IS THE JOY IN PREGNANCY?

Mood Disorders and Pregnancy

- Baseline depression/mood disorders
- Stress related mood disorder
- Mood disorders after conception
- Post partum depression/mood disorders

Mood Disorders

- Major depression
- Dysthymia (dysthymic disorder)
- Manic depression (bipolar disorder)
- Mood disorder due to a general medical condition
- Substance induced mood disorder
- Anxiety disorders
Significance of Mood Disorders in Pregnancy

- Issues affected by mood disorders
- Health and lifestyle issues prior to conception
- Emotional investment in pregnancy
- Risk for increases substance abuse
- Decreased bonding with the pregnancy
- Stress of pregnancy can worsen symptoms
- Increases risk of postpartum depression

Depression vs Dysthymia

- Dysthymia—long term low level depression
  - Anhedonia
  - Negativity
  - Angry
  - Moody
- Depression
  - Sad, Inexpress, Helpless
  - Poor self image
  - Anergy
  - Sleep disorders
  - Social isolation
  - Social dysfunction (work and play)
  - Suicidality

- Minor depression

- Major depression
Dysthymia

- Pregnancy can cause progression to depression

Depression

Risk Factors

- Family History
- Life Trauma
- Stress
- Alcohol/drugs
- Employment status
- Relationship status
- Age
- Locale

Why be pregnant and depressed?

- Unplanned pregnancy
- Drug and/or Alcohol use
- Lack of support system (no father involved?)
- Anxiety or negative feelings about the pregnancy
- Previous problems with pregnancy
- Money problems
- Young age
- Other life stressors
Depression symptoms

- Depressed mood
- Loss of interest/pleasure in usual activities
- Insomnia/hypersomnia
- Appetite/weight changes
- Psychomotor agitation/retardation
- Low energy
- Poor concentration
- Thoughts of worthlessness/guilt
- Thoughts of death/suicide

Depression

- It is a level of psychic pain, wholly incompatible with human life...It is a sense of radical and thoroughgoing evil...as the essence of conscious existence...a poisoning that pervades the self...a nausea of the cells and the soul.
  - David Foster Wallace (Infinite Jest)

Depression

“...I am the most miserable man living. If what I feel was distributed to the whole human family, there would not be a cheerful face on earth...to remain as I am is impossible; I must die or be better, it appears to me.”
  - Abraham Lincoln
Minor Depression (dysthymia?)

- Two depressive symptoms
- Lasting for over two weeks.

Major Depression

- Five depressive symptoms
- Lasting more than five weeks
- Suicidality reflects major depression alone outside of incidental high stress situation.

Bipolar Depression

- Difficult to make initial diagnosis
- Difficult to treat
- Much higher co-morbidity
Societal Changes Influences on Prevalence of Depression

- Less person to person interaction
- Increased social/financial demands on time
- Tendency toward dependency
- Weakened social support systems

The Obstetrical Melieu

- Challenges to diagnosis
  - lack of long term relationship with patient
  - high volume practice
  - provider lack of training
  - provider lack of interest

The Obstetrical Melieu

- Challenges to treatment
  - Patient resistance
  - Family resistance
  - Provider hesitancy
  - Treatment costs
    - time and money
  - Treatment side effects
The Obstetrical Melieu

- The ideal
- long term relationships
- staff stability
- staff sensitivity
- good referral network
- interests/expertise in mental health

Treatment

- Support systems
- Social intervention
- Cognitive or interpersonal therapy
- Medications
- ECT
- Light
- Sleep deprivation

Support systems

- Family
- Friends
- Partner/spouse
- Support groups
- Patient Information
- Increased prenatal visits
Social Interventions

- Social worker
- assist with social issues and medicaid
- Insurance staff
- High risk provider identification
- Support system development

Cognitive/behavioral therapy

- Licensed clinical social worked
- Licensed counselor
- Psychologist
- Psychiatrist
- Mental health professionals

Medications

- SSRIs
- NSRIs
- Non-typical antidepressants
- Tricyclic antidepressants
- Non-typical antipsychotics
- Anxiolytics
Medications

- Risks
  - Preterm delivery
  - Pre-eclampsia
  - Low birth weight
  - Miscarriage
  - NO RISK for teratogenicity (?Paroxetine)

- Benefits
  - Decreased symptoms
  - Functional involved mother
  - Better parental relationship and home environment

SSRIs

- Citalopram/Sertraline (Celexa/Zoloft)
- Fluoxetine (Prozac)

SNRIs

- Venlafaxine/Duloxetine (Effexor/Cymbalta)
Tricyclics

- Amitriptyline
- Nortriptyline

Atypicals

- Bupropion
- Mirtazapine
- Nefazadone
- Trazadone
- TCAs

The Post Partum Mileau

- Post labor fatigue
- Hospital-NICU
- Hormone flux
- Baby stress
- Social stress
- Sleep deprivation
- Self Image
- Guilt
Summary

- Its real
- Its serious
- Its treatable
- All of us play a role
- Maximize medications and support systems