

Postpartum Depression

DIANE GOEDDE APRN

BILLINGS CLINIC

PSYCHIATRIC SERVICES

Depression

- ▶ Baby Blues or Depression
 - ▶ Time
 - ▶ Underlying feelings
- ▶ Medical issues
- ▶ Substance abuse
- ▶ Unipolar vs Bipolar
 - ▶ History
 - ▶ Sleep
 - ▶ Behavior
 - ▶ Mood Disorder Questionnaire
 - ▶ Depression Questionnaire (Edinburgh PND/ PHQ9/ Beck Depression scale)

Unipolar Depression

▶ DSM V

- ▶ Depressed mood every day or nearly every day during the same two week period
- ▶ Markedly diminished interest or pleasure most of the day, nearly every day
- ▶ Significant body weight loss/gain, or decrease/increase in appetite nearly every day
- ▶ Insomnia/hypersomnia
- ▶ Psychomotor agitation or retardation nearly every day (observable by others)
- ▶ Fatigue/ loss of energy every day
- ▶ Feelings of worthlessness
- ▶ Diminished ability to think or concentrate
- ▶ Recurrent thoughts of death, recurrent suicidal ideation

Treatment

- ▶ History
- ▶ Selective serotonin reuptake inhibitor
 - ▶ Sertraline (Zoloft)
 - ▶ Fluoxetine (Prozac)
- ▶ Selective serotonin reuptake inhibitors
- ▶ Tricyclics
- ▶ Others
 - ▶ Bupropion, mirtazapine, trazodone

Brexanolone

- ▶ Zulresso
 - ▶ REMS program
 - ▶ 60-hour infusion
 - ▶ Continuously monitored
 - ▶ Staggered dosage
 - ▶ Insurance coverage issue
 - ▶ \$34,000/ treatment
 - ▶ Limited sites in our area
 - ▶ Immuno Health Center, Denver, CO
 - ▶ Aspen Health and Wellness, Orem, UT
 - ▶ Rapid City Regional Hospital, Rapid City, SD

Supplementation

- ▶ Second generation antipsychotic
 - ▶ Quetiapine (Seroquel)
 - ▶ 50mg
 - ▶ Lurasidone (Latuda)
 - ▶ 20 mg
 - ▶ Aripiprazole (Abilify)
 - ▶ 2mg
 - ▶ Olanzapine (Zyprexa)
 - ▶ 5mg

Bipolar I Disorder

- ▶ DSM V Criteria

- ▶ Manic episode

- ▶ **At least 1 week and present most of the day, nearly every day**

- ▶ Distinct period of abnormally and persistently elevated, expansive or irritable mood

- ▶ Distinct period of abnormally and persistently increased goal-directed activity or energy

- ▶ During the period of mood disturbance:

- Inflated self-esteem/grandiosity

- Decreased need for sleep

- More talkative/pressured need to talk

- Flight of ideas/racing thoughts

- Distractability (subjective/objective)

- Engagement in activities that have high potential for painful/negative consequences

Bipolar I Disorder

- ▶ DSM V Criteria
 - ▶ Hypomanic episode
 - ▶ Lasts up to 4 consecutive days, present most of day, nearly every day
 - ▶ Same symptoms as manic episode
 - ▶ Episode not severe enough to cause marked impairment
 - ▶ Major Depressive Episode
 - ▶ Same criteria as unipolar depression
 - ▶ Important to distinguish between unipolar depression and bipolar depression

Bipolar II Disorder

- ▶ DSM V Criteria
 - ▶ Current or past hypomanic episode
 - ▶ Current or past major depressive episode
 - ▶ Never had a manic episode
 - ▶ Symptoms of depression or the unpredictability of frequent alternation between periods of depression and hypomania cause significant distress in areas of functioning

Treatment

- ▶ Valproic Acid (Depakote)
 - ▶ Start 500 mg bid/ 500mg ER at bedtime
 - ▶ Level in one week
 - ▶ **BIRTH CONTROL**
- ▶ Lamotrigine
 - ▶ Extended titration
 - ▶ 25mg q day 2 wee→50mg q day 2 weeks→ 100mg
 - ▶ Stevens Johnson Syndrome
- ▶ Lithium
 - ▶ Start 300mg bid
 - ▶ Maternal level in one week
 - ▶ Infant level in 6 weeks with BUN/Creatinine and TSH

Treatment

- ▶ Atypical Antipsychotics
 - ▶ Quetiapine: 100mg at bedtime; MRD 800mg
 - ▶ Lurasidone: 20mg daily; MRD 80mg
 - ▶ Ziprasidone: 40mg bid for two days → 60mg bid; MRD 160mg
 - ▶ Aripiprazole: start 5mg daily; MRD 20mg daily
 - ▶ Risperidone: 2mg bedtime; MRD 6mg
- ▶ Typical Antipsychotics
 - ▶ Haloperidol: 2mg daily; MRD 100mg

Treatment

- ▶ Antidepressant in Bipolar I and Bipolar II Disorders
 - ▶ Controversial
 - ▶ **Mood stabilizer first**
 - ▶ Low dose antidepressant
 - ▶ Bupropion thought to be less activating
- ▶ Benzodiazepines
 - ▶ Lorazepam: 0.5mg ½ to 1 q 6 hours prn anxiety/sleeplessness
 - ▶ Buspirone: 5mg po tid; MDD 60mg
 - ▶ Gabapentin: 100mg tid; MDD 3600mg

Treatment Goal

No Such Thing as Non-Exposure



Minimize Exposure

Medication

Maternal Illness