Perinatal Depression

Overview, Screening, and Treatment

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OBJECTIVES

- Identify possible causes of depression including heredity, neurochemicals, and life experiences
- Define types of depression in women across the life span
- Recognize risk factors and symptoms associated with women experiencing depression
- Complete the PHQ-9 Depression Screening Tool using a case study

Depression Overview

- In the U.S. approximately 1 in 10 adults experience depression each year
- 2/3 of adults do not get treatment
- Treatment can alleviate symptoms in over 80% of cases

  - NIMH 2008

Etiology of Depression

- **Genetics Factors**
  - Risk of developing depression when family history of illness
- **Brain Biochemistry Factors**
  - Dysregulation of certain brain chemicals and neurotransmitters
- **Environmental and Psychological Factors**
  - Significant loss, difficult relationships, financial
  - Stressful events, trauma, negative thinking

Types of Depression

Type	Major Depression Disorder	Dysthymic Disorder
Characteristics	Diminished interest/pleasure in most activities a great deal of the day: nearly every day Distress/impairment in social, occupational, and other areas of functioning Not due to physiological effects of a substance, general medical condition, or bereavement	Chronically depressed mood that occurs most days for at least 2 years Onset tends to be early in life due to adverse life events and/or abuse issues May be slower to respond than major depression
Diagnosis	4 symptoms every day during 2 week period	Depressed mood most times with at least 2 symptoms

Types of Depression

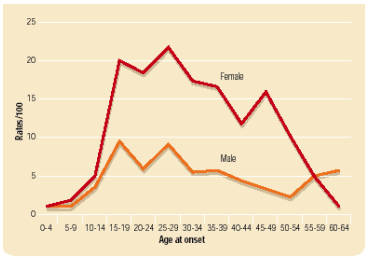
Major Depression Disorder	Dysthymic Disorder
• Weight loss or weight gain • Decrease or increase in appetite • Insomnia or hypersomnia • Agitation or retardation • Fatigue or loss of energy • Feelings of worthlessness/inappropriate guilt • Inability to think/concentrate, indecisiveness • Recurrent thoughts of death, suicidal ideations, suicide attempt or specific plan for committing suicide	• Poor appetite or overeating • Insomnia or hypersomnia • Low energy or fatigue • Low self esteem • Poor concentration or difficulty making decisions • Feelings of hopelessness

Women and Depression

- From onset of puberty females at higher risk for depression than males
  - American Psychiatric Association, 2000
- 25% to 50% chance of experiencing another major depressive episode without treatment
  - NIMH, 2007

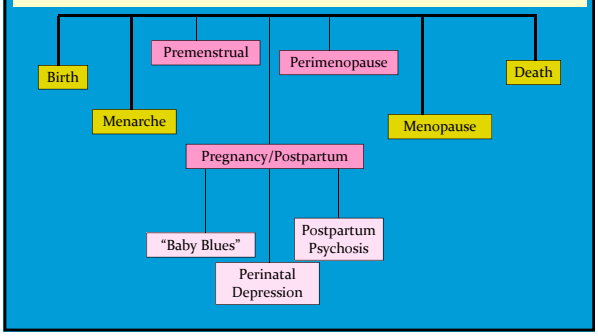
Nearly Twice as Many Women Suffer from Clinical Depression

Age-Specific Rates of Major Depression in the US



Kessler, RC, Zhan S, et al

Depression Across the Female Lifespan



Perinatal Depression

Researchers believe that depression is one of the most common complications during and after pregnancy

National Women's Health Information Center on Depression

Pregnancy and Depression

- Contrary to popular belief, pregnancy is not a protection from becoming depressed
- "We put pressure on women to feel good during pregnancy"
  - Dr. Spinelli, *WebMD.com*

Pregnancy and Depression

- Taboo to discuss feelings about being pregnant
- Result is pregnant women experiencing depression often stay silent putting themselves and baby-to-be at risk
  - Beth Howard, *Depression During Pregnancy*

"The Baby Blues"

- Occurs in up to 85% of all new mothers
- 2 to 4 days after delivery, resolves in 3 weeks
  - Emotional hypersensitivity
  - Irritability or agitation
  - Range of intense emotions
- Reaction to hormones following delivery

- Vivien Burt MD, Women's Health Ob-Gyn, 2006
- O'Hara MW, Swain AM. Int Rev Psychiatry, 1996

Postpartum Depression

- 15 to 20% of women experience major depressive episode in postpartum period
  - Inwood and O'Hara, 2002
- May experience mood instability
  - Depression
  - Anxiety
  - Feelings of incompetence and doubt
  - Suicidal ideations

Risk Factors for Postpartum Depression

- Prior depression (30%) or prior postpartum depression (50%)
- Psychosis (70%)
- Family history of depression or bipolar disorder
- Recent stressful events: marital/partner discord or loss of loved one
- Single mothers 3 times more likely than married experience depression
- Lack of partner support
- Unplanned pregnancy
- Substance abuse
- Domestic violence
- History of childhood trauma or abuse
- Premature birth

- Adapted from Burt, Hendrick and Bloch et al

Postpartum Psychosis

- 1 to 2 per 1000 births
- Onset days after delivery up to 4 weeks later
- Rapid mood changes
  - restlessness, insomnia, labile, paranoid, disoriented
- Hallucinations/delusions
  - focus on infant
- **Safety**: separate mother from infant
- Patients with postpartum psychotic symptoms require immediate psychiatric evaluation

Tragic Outcomes

- Depression during pregnancy compromises emotional and physical health of mother and unborn
  - Inadequate nutrition
  - Low birth weight
  - Pre-term delivery
- Negative effects on mother and family stability
- Bonding could be disrupted, lead to delayed or abnormal cognitive, social, and emotional development for the child

www.childtraumaacademy.org

Video: Postpartum Depression, Speak Out When You Feel Down

ACOG Guidelines

"It is best to perform psychosocial screening at least once each trimester to increase the likelihood of identifying important issues and reducing poor birth outcomes."

ACOG Committee Opinion. Psychosocial risk factors: perinatal screening and intervention. 2006 Aug, No. 434

Screening Challenges

- Time
- Comfort level of care providers
- Acceptability to patients
- Stigma
  - Symptoms ignored, minimized, denied
  - Double standard: okay to treat physical
- Difficult to detect in pregnancy
  - Symptoms similar : mood, sleep cycle, appetite, body aches

Cultural Considerations

- Is there a language barrier?
- Is there a cultural barrier?
- Guilt and shame associated with mental illness
- How people perceive & cope with mental illness
- How are symptoms of depression expressed physically and emotionally?
- Support systems and protective factors
- Do people hide the problem?
- Do you tell patients their diagnosis?
- What about the family ?

- Julio Licinio, MD

Screening Tools

- **PHQ-9: Patient Health Questionnaire**
  - 1990s by Spitzer and Kroenke, MDs with Columbia University
  - Kroenke tracking PHQ-9 in the VA and Kaiser Permanente
  - Patient self-reported assessment specifically for use in primary care
  - Administered to patient before, during, or after office visit
    - Cut off points: 5, 10, 15, and 20 represent thresholds for depression
  - 9 items directly from the DSM-IV
    - Patients not diagnosed by PHQ-9 score
    - Corroborate score with clinical evaluation to determine if depressive syndrome present

Screening Tools

- **Edinburgh Postnatal Depression Scale (EPDS)**
  - Assists primary health care professionals detect postpartum depression
- **Postpartum Depression Test Screening Scale (PDSS)**
  - Created specifically for new mothers
- **Beck Depression Inventory (BDI)**
  - Measure severity of depression in patients with psychiatric diagnoses in mental health care setting

Screening for Depression

- High risk population
- Primary source of care
- Establish atmosphere of trust
- Convey warmth, welcome, hope
- Assure privacy
- Make eye contact, don't get distracted
- Allow time for questions and silence
- Vital: don't make judgments

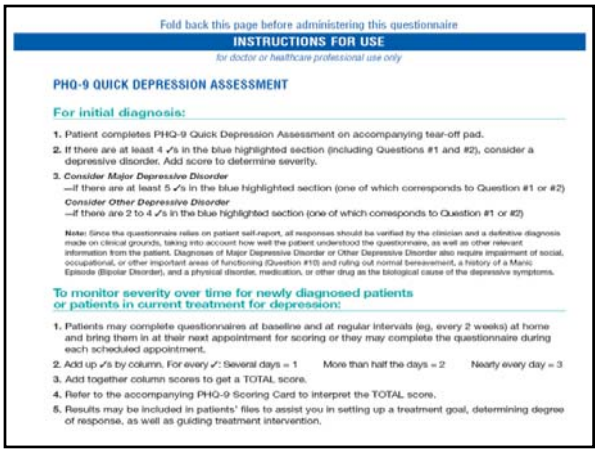
Suspect Depression
What Not To Say

- Don't use own beliefs/religion to counsel patient
- This is a normal reaction, don't worry you'll get better
- Why don't you join a group with other new mothers? (Non-depressed mothers)
- You and partner can go away for a relaxing vacation!
- Treat yourself to something nice or go shopping

Suspect Depression
What To Say

- Many women who are pregnant or have a new baby have feelings like yours
- It isn't your fault that you have these feelings
- There are treatments that work for maternal depression
- You will get better with the right treatment
- I will work with you and help you get the treatment you need so that you won't experience depression

- Adapted from Emily Dossett MD, 6/2008



Fold back this page before administering this questionnaire

INSTRUCTIONS FOR USE

for doctor or healthcare professional use only

PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

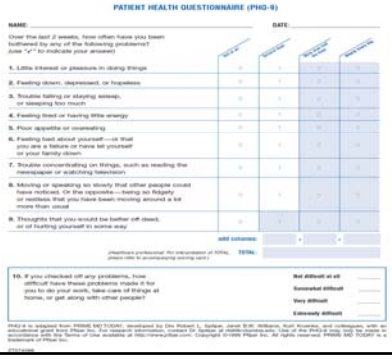
1. Patient completes PHQ-9 Quick Depression Assessment on accompanying tear-off pad.
2. If there are at least 4 ✓'s in the blue highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. ***Consider Major Depressive Disorder***
   —if there are at least 5 ✓'s in the blue highlighted section (one of which corresponds to Question #1 or #2)
   Consider Other Depressive Disorder
   —if there are 2 to 4 ✓'s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓'s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients' files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

The PHQ-9



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:		+	+	+
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)			TOTAL:	

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rlsbi@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at http://www.pfizer.com. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Perinatal Depression Case Study

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

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3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3

Perinatal Depression Case Study

add columns: + + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) TOTAL:

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Perinatal Depression Case Study

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
0-4	None
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Additional Assessment Questions

- Past history of mental illness
- Family history
- Stressful life events
- Social support versus isolation
- Substance use
- Other psychiatric symptoms
- Medications that "mimic" depression

Suicide Assessment Questions

- Have your feelings led you to think that you might be better off dead?
- In the past week, have you thought that life is not worth living or that you might be better off dead?
- Have you thought of ways to hurt or even kill yourself? Have you acted on them?
  - The MacArthur Initiative on Primary Care "Depression Management Tool Kit" 2004

Suicide Assessment Questions

- Suicidal thoughts
- Suicide plan/method
- Lethality of plan
- Access to means for the plan
- Past history of suicide attempts
- Presence of psychosis or anxiety

Suicide Screening Myths

- **Question:** Asking questions about suicide can help develop trust between the CPSP patient and yourself.
- **True or False ?**

Suicide Screening Myths

- **Answer:** True

Although asking these questions may make some patients uncomfortable or defensive, many patients are relieved if they are asked directly and feel that you care about their situation.

Suicide Screening Myths

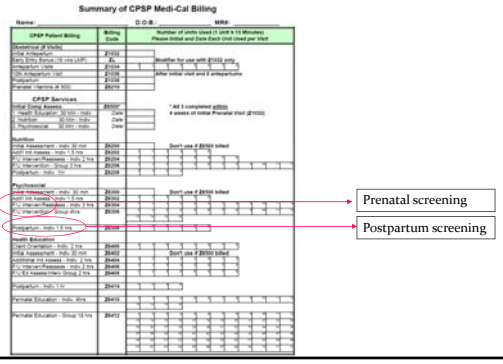
- **Question:** Screening for suicide will increase the likelihood that a patient will attempt suicide.
- **True or False ?**

Suicide Screening Myths

- **Answer:** False

Detecting suicide risk can be life-saving. Asking a patient about suicidal thoughts or plans does not initiate suicide ideations or "put ideas in their mind" and does not make them more likely to self-injure.

CPSP Screening Reimbursement



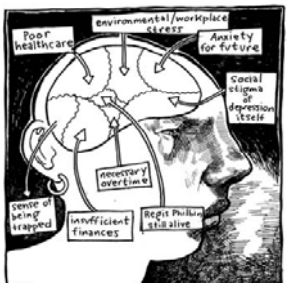
CPSP Reimbursement – Psychosocial Component

Psychosocial		
Initial Assessment - Indiv 30 min	Z6300	Don't use if Z6500 billed
Add'l Init Assess - Indiv 1.5 hrs	Z6302	
F/U Interven/Reassess - Indiv 3 hrs	Z6304	
F/U Intervention - Group 4hrs	Z6306	
Postpartum - Indiv 1.5 hrs	Z6308	

Treatment

- Treat depression before, during and after pregnancy
- Untreated depression serious risks for mother and fetus
- Depression can return after the first episode if not treated

Treatment Challenges



Treatment Challenges

- Depression symptoms can look like normal pregnancy
  - Multiple or severe physical complaints
  - Tearfulness, anxiety, hopelessness
  - Consider:
    - Transportation
    - Finances
    - Resources
    - Cultural factors
- Difficult for patient to accept diagnosis

  - Adapted from Emily Dossett, MD, 6/2008

Treatment Options

- **Counseling**
  - Cognitive behavioral and interpersonal therapies
- **Support Groups**
  - Therapy for patients experiencing depression
- **Medications**
  - Antidepressants can take up to 4 to 8 weeks to take effect
- **Alternative Treatments**
  - Light therapy, herbs, acupuncture
  - Consider patient's cultural background
- **Partners and Close Family Members**
  - Include in the development of an effective treatment plan

"Exposure always occurs, be it to treatment or to illness"

Stowe, Z et al. CNS Spectrums, Vol 6, No 2, February 2001

Medications

Antidepressants often prescribed are SSRIs:

"Selective Serotonin Reuptake Inhibitors"

Antidepressant Brand Name	Antidepressant Generic Name	Typical Daily Dosage	Drug Category
Celexa	Citalopram	20-40mg	C
Lexapro	Escitalopram	10-20mg	C
Prozac	Fluoxetine	20-80mg	C
Zoloft	Sertraline	50-200mg	C

Medication Findings

- SSRIs unlikely to cause increased risk of birth defects *(exception is Paxil)*
- Mixed data on SSRIs and preterm birth, lower gestational age and rates of preterm delivery
- No difference in birth weight or APGAR scores
- Risk of untreated depression without SSRIs against other risk factors for PTD/LBW

Suri R et al. Effects of antenatal depression and antidepressant treatment on gestational age at birth and risk of preterm birth. Am J Psychiatry 2007; 164(8):1206-13

Medication Side Effects

- Most side effects early onset and time limited
  - Side effects account for 2/3 of pre-mature discontinuation
- Side effects may require change in medication
  - Lower dose temporarily
  - Treat side effects
  - Change antidepressant

Medication Risks to Baby

- Congenital abnormalities
  - Cardiovascular defects use of Paxil in pregnancy
- Perinatal complications/toxicity
  - Neonatal Abstinence
  - Newborn Abstinence Syndrome
- No long-term effects
  - Cognitive
  - Behavioral

Wisner KL et al. Risk-Benefit Decision Making for Treatment of Depression During Pregnancy. Am J Psychiatry 2000; 157;1933-1940.

Breastfeeding

- Medications cross into breast milk in smaller amounts than into the placenta
- Zoloft undetectable
- Prozac has longest half life: avoid if possible
- Effexor often >10% in infant/maternal serum ratio: may have more effects on baby

Weissman AM et al. Pooled analysis of antidepressant levels in lactating mothers, breast milk, and nursing infants. Am J Psychiatry 2004; 161:1066-78.

Breastfeeding Guidelines

- Consider early in pregnancy
- Use lowest possible dose
- Consider divided doses
  - Twice a day
- Sleep disturbance heightens risk for relapse
- It's okay not to breastfeed
  - Exposure to depression may have greater impact

- Adapted from Emily Dossett MD, 6/2008

Neonatal Abstinence Syndrome

- Jitteriness
- Poor muscle tone
- Weak or absent cry
- Respiratory distress
- Hypoglycemia
- Low APGAR score
- Seizures (rare)
- No reported deaths

Newborn Abstinence Syndrome

- Rates vary per study; 10-30%
- Lasts hours to few days
- Managed in hospital
  - Increase observation
  - Communicate with pediatrician

- Emily Dossett MD, 6/2008

Final Words

- **Commit** to screening at your clinic
  - Initial, each trimester and postpartum visits
- **History** repeats itself so be on the lookout
- **Stigma** is alive and well, ask and educate
- **Exposure** occurs to illness or treatment

- Adapted by Emily Dossett MD, 6/2008

Thank You

For further assistance
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