

Postpartum Psychotic Disorders

Definition :

The postpartum period has been defined as occurring from 2 weeks to 1 year following the birth of the child.

Epidemiology :

- * Severe puerperal psychosis occur in one or two per thousand deliveries.
- * Mild postpartum blues occur in up to 50 percent of women.
- * Significant postpartum depressive disorder occur in up to 10 percent of women.

Classification :

- 1 . Postpartum psychosis (puerperal psychosis).
- 2 . Adjustment reaction with depressmood (postnatal blues).
- 3 . Postpartum major mood disorder (major depression).

Etiology :

1. Biological Factors :

In the immediate postpartum period (the 5 days following delivery) there is a dramatic drop in estrogen and progesterone levels and a large increase in prolactin. This correlates with the peak presentation of postpartum psychosis. Many studies done and it show :1 .The lower the prolactin level, the subjects were to be depressed and to have sleep disturbances.2 .The lower the postpartum estrogen level, the greater the sleep disturbance was.3 .The high prolactin level may produce depressive symptoms, therefore some investigators have reported effectively treating depression in double-blind studies using bromocriptine (Parodel) to lower the prolactin level as well as to increase dopaminergic neurotransmission.

2 . Psychosocial and Obstetrical Factors :

Psychoanalytic formulations have postulated that the pre-and postpartum periods are

stressful for women. These stresses lead to regressions that evoke earlier conflicts, especially when there has been a history of inadequate maternal role models or rejection by the mother, also important is a history of conflict with the father or a period of separation from him. The depression may result from unresolved conflicts regarding motherhood or the feminine roles. Researches tend to agree that ambivalence about maintaining the pregnancy and marital discord during the pregnancy are associated with an increased incidence of postpartum illness. Personality studies indicate that women who have obsessive-compulsive traits are at risk for experiencing postpartum disorder. Their coping mechanisms are rigid and inflexible.

Subclassification of Postpartum Psychiatric Disorders :

Type I - Postpartum psychosis (puerperal psychosis or brief reactive psychosis)

Clinical Signs and Symptoms :

Puerperal psychosis, occurring within the first 6 weeks and having its peak incidence between day 3 and day 14, it is the gravest and most dramatic of the postpartum disorders. The illness is characterized by : Agitation, restlessness, insomnia, mood lability, tearfulness, and elation. Progression to a state of confusion, irritability and eventually a fulminate psychotic episode with signs of mania and delusion.

Course : 10 - 50 percent of these women will have recurrent episodes in the subsequent pregnancies.

Treatment : Hospitalization, sedatives, antipsychotic medication such as chlorpromazine in dosage of 400 mg, a series of three Electroconvulsive therapy sessions.

Type II - Adjustment Reaction with Depressed Mood (Postnatal blues).

It is a self-limiting disorder occurring in at least 50 percent of all women. This feeling peaks within 10 days to 3 weeks, after delivery. It is characterized by : Mild depression, anxiety, brief crying episodes,

headache, fatigue, and irritability. The postpartum blues are most severe in the primiparous. The depression usually remits spontaneously without any special treatment other than family support.

Type III - Postpartum major mood disorder (Major depression). It develops in more than 10 percent of women during the postpartum year. The clinical picture of a postpartum depression corresponds to the DSM-III-R criteria for major mood disorders. (Sadness, feelings of inadequacy, fatigue, insomnia and anhedonia).

Treatment :- Medication (Antidepressants) like Amitriptyline hydrochloride (Elatral) up to 300 mg/day or Imipramine (Tofranil) up to 3.