Perinatal Bipolar Disorder

Key facts: 60–70% of women with BD experience a mood episode during pregnancy and the postpartum period. Screen for bipolar disorder in all women with perinatal depression, especially if you are considering starting an antidepressant. For those who screen positive, prioritize safety assessment and management of sleep disturbance while awaiting psychiatric evaluation.

Diagnostic criteria for bipolar disorder:
Bipolar I disorder: at least one lifetime manic or mixed episode; Bipolar II disorder: at least one lifetime hypomanic episode and at least one episode of major depression.
Symptoms of mania (lasts 1 week or requires hospitalization):
D = Distractibility, **I** = Irresponsibility, **G** = Grandiosity, **F** = Flight of ideas, **A** = Activity increase, **S** = Sleep deficit, **T** = Talkativeness.
Symptoms of hypomania: same as mania, for 4 days / without impairment

Screening tools:
CIDI (Composite International Diagnostic Interview) based screening tool for bipolar spectrum disorders – 3 minutes to complete, clinician administered.
MDQ (Mood Disorder Questionnaire) – 5 minutes to complete, self-report.

Screen for comorbidities: anxiety, substance use

Risk assessment
Suicide risk: CSSRS
Risk of infant harm – First determine if thought of harming infant is an intrusive thought (unwanted negative thoughts that are frequent and difficult to dismiss) or infanticidal ideation (due to a psychotic symptom). Ask questions assessing specific content of the thought, and emotional and behavioral responses to thoughts.
Example questions:
- It can be very overwhelming to be a new parent. Sometimes people have upsetting thoughts about hurting their babies, either by accident or on purpose. Have you had thoughts like this?
-Have you felt irritated by your baby?
-Have you wanted to shake or slap your baby?
-Have you ever harmed your baby?

Effects of untreated bipolar disorder:
On mother: Risk of relapse, suicide, comorbidities
Antepartum hemorrhage, placental abnormalities
On baby: preterm birth, low birth weight, microcephaly, neonatal hypoglycemia

Pharmacological treatment choices:
Use monotherapy where possible
No inc risk of malformation – SGA (second generation antipsychotic), lamotrigine
Possible small inc risk of cardiac malformations when used between 4-12 wks gestation - Lithium
Individual risk benefit analysis is important

Acute treatment of perinatal bipolar depression: lamotrigine or quetiapine
Acute treatment of mania or mixed: SGA benzodiazepine, lithium
Maintenance: Lamotrigine, lithium, SGA

Non pharmacological interventions:
Evidence based psychotherapies: Cognitive Behavior Therapy (CBT) and CBT – Insomnia; Interpersonal and Social Rhythm Therapy
Light therapy
Counsel on lifestyle issues and sleep, help plan how to implement these suggestions

A note on postpartum psychosis
Rare (prevalence 0.1%) but a psychiatric emergency requiring hospitalization.
Rapid onset, highest risk in first 4 weeks postpartum, may occur upto 12 weeks postpartum
Higher risk in those with past episodes and bipolar disorder
Symptoms: mood swings, confusion, strange beliefs and hallucinations

References: Chessick, C. A., & Dimidjian, S. (2010). Screening for bipolar disorder during pregnancy and the postpartum period. *Archives of women's mental health*, *13*(3), 233-248.