Identification and Treatment of Perinatal Anxiety Disorders

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Perinatal Anxiety - Quick Facts

- Underdiagnosed and undertreated
- Anxiety symptoms: 40% prevalence in pregnancy
- Anxiety *disorders*: more than 15% prevalence in peripartum period
- Highly co-morbid with depression
  - More prevalent than depression during peripartum period

Perinatal Anxiety Risk Factors

History of anxiety disorder

First child

Past negative childbirth experience

Medically complicated pregnancy

Evidence that rates of anxiety disorders are 5-7x higher in women with moderate or high-risk pregnancies

Smoking

Prematurity/Child in NICU

Previous miscarriage

Risks of Untreated Anxiety

- **Maternal**: Hypertensive disorders of pregnancy, preterm labor, development of depression (PPD especially, even after controlling for depression pregnancy)

- **Obstetric**: Low birth weight

- **Newborn**: Possible associations with childhood anxiety or behavioral and developmental issues

Common Perinatal Anxiety & Related Disorders: GAD & PTSD

- Generalized Anxiety Disorder (GAD)
  - Excessive & uncontrollable worry for ≥6 months accompanied by symptoms such as restlessness, fatigue, sleep disturbance, and muscle tension
  - 10% meet criteria for GAD, which is often pregnancy or baby-focused

- Posttraumatic Stress Disorder (PTSD)
  - Flare of past trauma (especially sexual trauma)
  - Perinatal-related new or prior trauma (ex: traumatic delivery, pregnancy loss)
  - Approximately 8% of women have PTSD in pregnancy or postpartum. MANY rate their delivery as significantly distressing

OCD in the Postpartum Period

- COMMON, but often afraid to say so unless asked
  - Prevalence is estimated to be **up to 6.5% in first time mothers** vs 2.3% in the general population
- Obsessions and compulsions center around a theme (forbidden thoughts that upset them, contamination, symmetry, harm to self or others), and in postpartum OCD these revolve around their baby
- The thoughts are intrusive and highly distressing. Frequently about harming their baby but there is NO intent or desire to do so
- Different than psychotic or homicidal thoughts
  - **Dystonic:** thoughts that are not in line with who we are and/or what we believe. This could refer to thoughts, impulses, and behaviors that are felt to be repugnant, distressing, unacceptable.

HOW COMMON ARE NEW MOTHERS' THOUGHTS OF INFANT-RELATED HARM?

100%

of new mothers report **unwanted, intrusive** thoughts of harming their baby

BY ACCIDENT

50%

of new mothers report **unwanted, intrusive** thoughts of harming their baby

ON PURPOSE

Infographic credit: Perinatal Anxiety Research Lab

PARENTS DON'T ACT ON THEIR UNWANTED, INTRUSIVE THOUGHTS, IMAGES OR IMPULSES..

There is no evidence that moms act on their **UNWANTED, INTRUSIVE THOUGHTS, IMAGES** or **IMPULSES** - **even violent ones!**

This mom has thoughts about hurting their baby on **PURPOSE**

The mom on the left is no more likely to harm their infant than the mom on the right!

This mom has thoughts about hurting their baby **BY ACCIDENT**

Infographic credit: Perinatal Anxiety Research Lab

Screening for Perinatal Anxiety

Screening Instruments

- ACOG recommends screening at initial prenatal visit, later in pregnancy, and postpartum using **validated screening tools**
  - Anxiety severity: **GAD-7**
    - Also a 2 item version: GAD-2
  - Trauma symptoms: **Primary Care PCL-5**

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _______

If you checked any problems, how difficult have they 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 ☐

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

In the past month, have you…

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?
   YES NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
   YES NO
3. been constantly on guard, watchful, or easily startled?
   YES NO
4. felt numb or detached from people, activities, or your surroundings?
   YES NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
   YES NO

When to screen & what to do with the results

- Most effective and accurate to screen in **early pregnancy**
  - Best at predicting current or future anxiety disorder
  - Early prenatal screening has greatest utility in predicting who wants treatment
- <u>Not diagnostic</u>, further evaluation and/or referral needed for positive screens

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When is the best time to screen for perinatal anxiety? A longitudinal cohort study

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Treatment of Perinatal Anxiety

Cognitive Behavioral Therapy (CBT)

- First-line for mild-moderate anxiety (and depression)
  - Reduces perinatal anxiety and depression with treatment gains sustained through 12 months
  - Home-based telemedicine just as effective as in-person

- Important to distinguish between normal and problematic worry/anxiety
  - *Clinically significant* distress & functional impairment

Normal Worry & Anxiety	Problematic Worry & Anxiety
Fleeting thoughts about harm to baby	Persistent, difficult to disengage thoughts about harm to baby that are distressing and interfere with sleep & social functioning
Worry about being an adequate parent	Preoccupation about being an adequate parent resulting in frequent checking behaviors (e.g., reassurance seeking)
Occasional thoughts about baby's safety when in public settings	Avoidance of public settings due to fear about baby's safety

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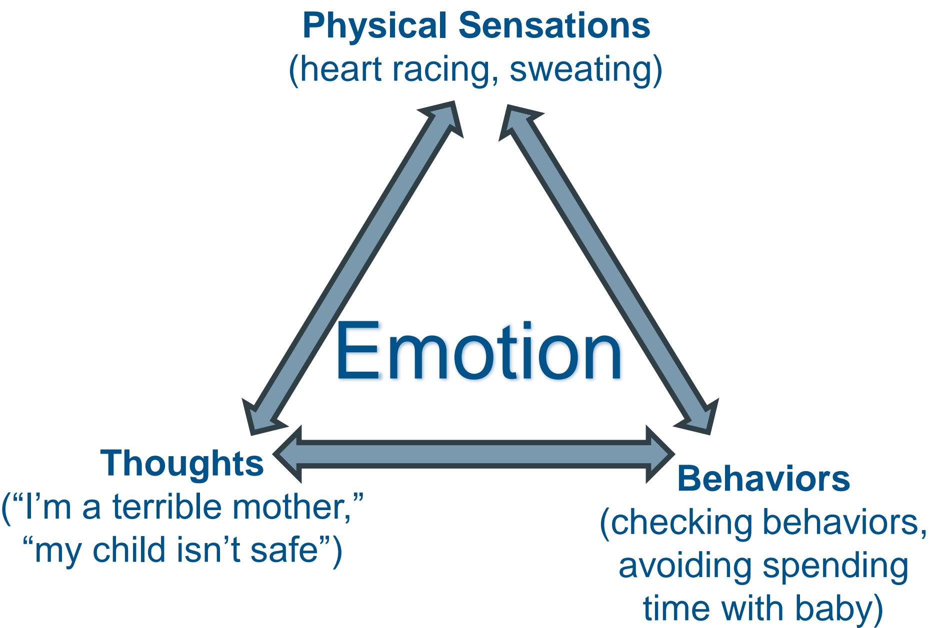
Cognitive Behavioral Therapy (CBT)



- Psychoeducation
  - Relationship between thoughts, feelings, & behaviors
- Exposure therapy
  - Exposure and response prevention for OCD
  - Prolonged exposure or cognitive processing therapy for PTSD
  - Interoceptive exposure for panic
- Behavioral activation for comorbid depression
- Cognitive restructuring
  - Change unhelpful/inaccurate thinking patterns
- Assertiveness skills training
  - Ex: Asking for help, saying no

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There is no such thing as non-exposure

We must balance the risks of psychopharm treatment with the risks of untreated mental illness on the fetus/infant

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Which medication do I choose?

1. What is likely to work?

2. What are the medication side effects?

3. How much data do we have for each of our options?

4. What does the data tell us about each of our options?

5. What is the patient’s preference?

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Prescribing Considerations in Pregnancy and Lactation

- Maximize non-pharmacologic interventions
- Lowest EFFECTIVE dose
- Avoid polypharmacy where possible and reasonable
- Patient-centered care
- Documentation

A Few Common Pitfalls

- Provider stops all medications cold turkey/refuses to prescribe to a pregnant patient
    - Even the few medications that have specific concerns need to have an alternate plan in place rather than risk psychiatric decompensation
- Provider starts Zoloft 25mg and never increases
- Patient is planning for pregnancy/is early pregnant, stable on _____ (Prozac, Lexapro, Wellbutrin, etc), and provider tells her she needs to switch to Zoloft
- Provider advises patient to stop SSRI in third trimester

NATIONAL MATERNAL MENTAL HEALTH HOTLINE

- **24/7, Free, Confidential Hotline for Pregnant and New Moms in English and Spanish**
- **The National Maternal Mental Health Hotline can help. Call or text 1-833-943-5746 (1-833-9-HELP4MOMS).**

For Support, Understanding, and Resources,

CALL OR TEXT 1-833-9-HELP4MOMS

Resources for Decision Making

MothertoBaby: (866) 626-6847 / www.mothertobaby.org

Fact Sheets for handouts to families

Motherisk.org: (877) 439-2744 / www.motherisk.org

Infantrisk.com: (806) 352-2519 / www.infantrisk.com

MGH Center for Women's Mental Health:

www.womensmentalhealth.org

Reprotox: www.reprotox.org

LactMed: www.lactmed.nlm.nih.gov

E-Lactania: www.e-lactancia.org/ingles/inicio.asp

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