Psychiatric disorder related to women

post partum depression
postpartum psychosis
psychotropic medication in pregnancy
premenstrual dysphonic disorder
Post partum depression

• 4-6 weeks following delivery
• Baby blues; a transient mood disturbance characterized by: mood liability, sadness, subjective confusion and tearfulness, these feelings which may last several days have been ascribed to rapid changes in women's hormonal levels, the stress of childbirth, and the awareness of the increased responsibility that motherhood brings. No professional treatment is required other than education and support for the new mother. If the symptoms persist longer than 2 weeks, evaluation is indicated for post partum depression.
Postpartum depression

- Depressed mood
- Excessive anxiety
- Insomnia
- Wt changes
- Onset generally within 12 weeks after delivery
- Associated with risk of major depression
- Treatment by antidepressants
- Sometimes occur in the father
- 10-15% of women who give birth
- 3-6 months up to one year if untreated
Post partum depression

sociocultural influence is associated-

History of mood disorder -

Family history of mood disorder — some association -

Mood lability may be present sometimes mood is always depressed

Sleep disturbance always -

Suicidal thoughts sometimes -

Thought of harming the baby — often

Feeling of guilt, inadequacy often present and excessive -
Postpartum psychosis (puerperal psychosis)

- Psychotic disorder occurs in women who delivered recently characterized by:
  - depressed mood
  - infanticide and suicidal ideas
  - Delusions about the baby “monster, devil
  - Related to other mood disorders like bipolar or major depressive disorder
  - Incidence is 1-2 per thousand live birth
  - 50-60% of women have first child,
  - 50% of patients had no psychiatric history before
Postpartum psychosis

- 50% of patients have a family history of mood disorder
- Mixed affective symptoms may overlap with bipolar symptoms
- Two thirds of patients have a second episode of underlying affective disorder in the first year
- Delivery may be considered as a stress factor
- Hormonal disturbance may be another factor
- The symptoms often started within days of delivery but more commonly within 8 weeks
- Fatigue, insomnia, restlessness are often present, tearfulness and emotional liability, later sustainedness, confusion, and incoherence and irrational statements about the baby's health
Postpartum psychosis

Delusion may varies about denial of labour, virginity, paranoid
Auditory hallucinations ordering the patient to kill the baby or herself
Somatic complains about inability to move, stand
Onset preceded by mild cognitive defect, mild confusion, insomnia, low mood
5% committed suicide, 4% infanticide
Good prognostic factors includes: good pre morbid personality and good family support
Deferential diagnosis: substance induced, medical disorder like cushion syndrome, infections, toxemia
Considered as psychiatric emergency
treatment

Admission in a special ward with constant nurse supervision, baby can be near to the mother for feeding

- Lithium with antidepressants, antipsychotic drugs with lithium

Lactation is to be stopped when use lithium – contraindicated and can be continue with antipsychotics and antidepressants

High rate of recovery for the acute psychotic episode
Psychotropic medications in pregnancy

Safety is always to be balanced by risk and benefits on individual bases general guidelines
The older he drug the safer
First trimester is to be avoided in large doses
SSRI,TCA have no risk in congenital anomalies but SSRI is to be given in small doses TCA is better
Start with smallest effective doses
Lithium is contraindicated for causing anomalies
Bipolar women can be treated by carbamzepine (mood stabilizers)tegretol ,or antipsychotic
When symptoms are mild non drug treatment methodes should be followed
Premenstrual dysphonic syndrome

Somatopsychic illness caused by changes in sex steroids during ovulatory MC it occurs about 1 week before the onset of menses characterized by

- Irritability
- Emotional lability
- Headache
- Anxiety
- Depressed mood

Somatic symptoms include
PMDS

- Wt gain, water retention
- Syncope
- Parasthesia
- Breast tenderness, pain
- 5% of women

Treatment: analgesics for pain, sedatives for anxiety and insomnia, short courses of SSRI

- Diuretics
- Anger, nervousness
  - Exact causes are unknown
- Unknown exact epidemiology
- Sleep disturbances
  - 3-7% may seek medical treatment
menopause

Cessation of menses at 47-53 years of age

- Hypoestrogenisim that follows lead to
- Hot flushes
- Sleep disturbances
  - Vaginal atrophy and dryness
- Mood disorders
- Mild Cognitive defect

Osteoporoses, cardiovascular disease, depression is related to social and family circumstances
treatment

Estrogen replacement therapy under supervision
Antidepressants like SSRIs or TCA and sedatives to help sleep
Support of family, husband
Diet rich in estrophyte for long-term treatment
Healthy diet and regular exercises
abortion

Termination of pregnancy either induced or accidental rate of termination in the world had been declined due to availability of contraception and sex educations

- Young, single, and primigravida

Psychological reaction is that of a loss and may cause anxiety and depressive symptoms in women due to loss of the a future motherhood

Usually associated with emotional and social difficulties – single mothers, miscarriages (spontaneous) carries a higher risk for depression than induced but in the long term women who induced abortion will be at high risk of depression because of a guilt feelings
Second trimester abortion mainly done for discovered congenital anomalies but the mother is already developed an emotional bond.

Legalization of abortion decreased the risk of complications and death and the risk of infanticide or abandonment of the newborn.