Higher risks among perinatal women with bipolar disorder

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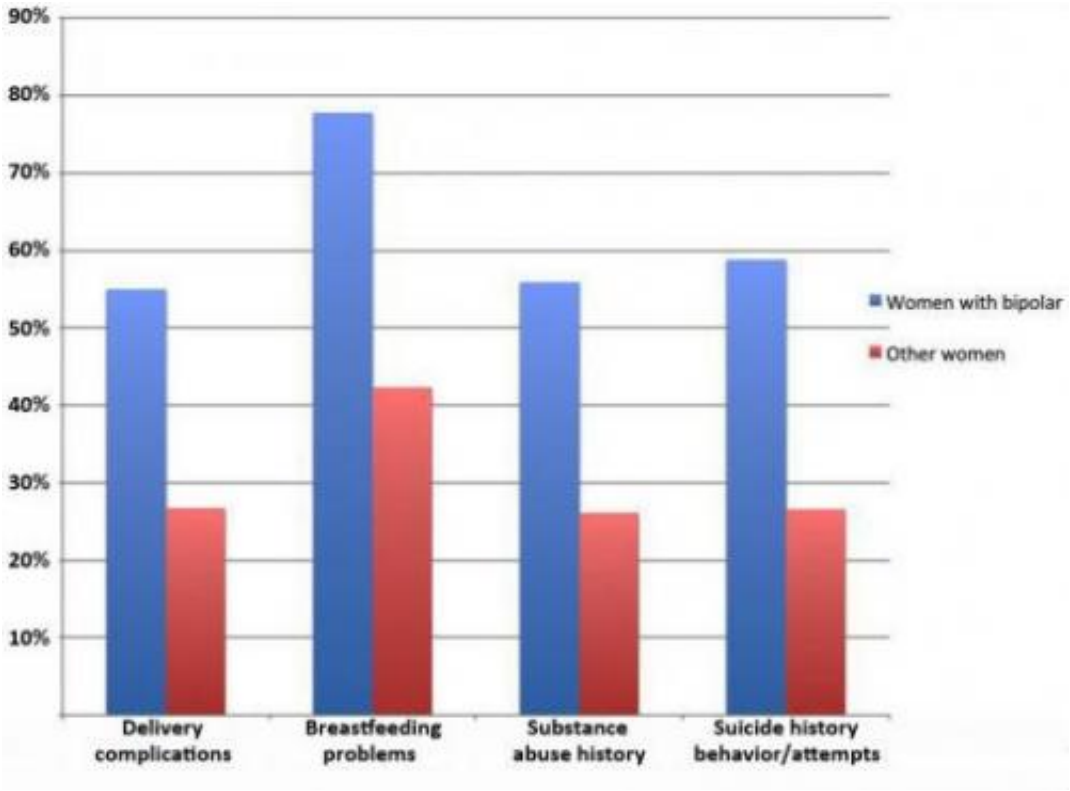

During pregnancy and in postpartum, women who have bipolar disorder are highly vulnerable to mental health problems and mothering difficulties -- more so than other perinatal women undergoing psychiatric treatment. Credit: Brown University

Pregnant and postpartum women with bipolar disorder more frequently have significant mental health and early mothering challenges than other

perinatal women undergoing psychiatric treatment, according to a study in the *Journal of Affective Disorders*. The findings indicate the importance of properly identifying the disorder and developing specific treatments for women during and after pregnancy, the lead author said.

"Similar to what you find with bipolar disorder in the nonperinatal population, the overall level of clinical severity and functional impairment really stands out as being of concern," said Cynthia Battle, associate professor (research) of psychiatry and human behavior in the Alpert Medical School of Brown University.

"It's a highly vulnerable time for these women," said Battle, who is also a psychologist at Butler Hospital and Women & Infants Hospital. "They have increased functional demands at this time."

Pregnancy often disrupts sleep and parenting a newborn can involve getting up several times a night for months, for example. Such sleep problems can potentially trigger new mood episodes among womenwith bipolar disorder, Battle said. Also, some women go off their medicines while pregnant out of concern for the health of the fetus, leaving their condition untreated.

Data of distress

To determine the clinical consequences of experiencing an acute disorder at a tricky time, Battle and her co-authors examined the records of 334 women diagnosed with a psychiatric disorder and seeking treatment at the Women & Infants Day Hospital Program, a perinatal-focused partial hospitalization program.

The results were published online in the journal Feb. 11.

Among the women, 32 were diagnosed with type I, type II, or

unspecified bipolar disorder. All other patients were diagnosed with different psychiatric disorders, such as major depression, generalized anxiety, PTSD, or obsessive compulsive disorder.

Battle and her co-authors then conducted a statistical analysis of the records to compare how often the patients with bipolar disorder experienced important psychiatric and maternal problems, compared to women with the other disorders.

"Among those women who were diagnosed with BD, there was a significantly heightened risk for self-harm and impairment," the authors wrote.

Specifically, more than half of bipolar women had a history of substance abuse, compared to 26 percent of other patients, and 59 percent had a history of suicide attempts compared to 27 percent of other patients.

They also found that more than half of women with bipolar disorder had complications delivering their babies, compared to 27 percent of other patients. While a similar percentage of women with BD breastfed their infants, a larger proportion of the women with BD (78 percent) reported having trouble with breastfeeding, compared to 42.3 percent of other patients.

Toward therapy

Because of the serious clinical consequences associated with bipolar disorder, Battle said, providers need to watch carefully for mania symptoms of elation or irritability that distinguish bipolar disorder from depression.

"Often how people present for treatment when they have bipolar disorder is with the depressed mood, so it is important to assess for

history of prior mania and also to ask about family history of mania," Battle said. "Asking those kinds of questions to help clarify whether this is unipolar depression vs. bipolar is going to be important to guide treatment."

Among women in the study not diagnosed with BD, 75 percent self-reported symptoms of irritability and 24.5 percent reported symptoms of elation.

Upon diagnosis, Battle said, the next question is "How can we best support women in making reasonable treatment decisions when faced with bipolar disorder during pregnancy?"

One option could be guiding patients to switch to medications that are safer during pregnancy or breastfeeding, so that they don't go off medications altogether. Connecting them to effective psychosocial therapies is also important.

Battle said she is part of a team working to develop a specialized psychosocial intervention for perinatal women with bipolar disorder.

Provided by Brown University