Postpartum Psychosis: Diagnosis and Treatment

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Introduction: Once you see a case of postpartum psychosis, you'll never forget it. New mothers who appear stable one day can become severely impaired almost overnight. These mothers are in no condition to care for their newborns and, in extreme cases, might even pose a danger to the child. Here we dive into the key points in identifying and managing this challenging condition.

Symptoms and Presentation:

- Develops within the first four weeks following childbirth
- Watch for delirium-like symptoms: confusion, fluctuating consciousness.
- Patients also experience delusions, hallucinations, and manic or depressive symptoms.
- Delusions often involve the infant, like beliefs that the baby is possessed. In extreme cases, the mother might believe she must harm or even kill the baby.
- Obsessive thoughts about the newborn are common.

Differential Diagnosis:

- Rule out substance use; obtain a urine toxicology screen.
- Postpartum depression and anxiety disorders are in the differential, but these don't present with delusions or hallucinations
- Schizophrenia – but new-onset schizophrenia is rate in the first four weeks postpartum.
- Postpartum OCD: probably the most likely syndrome to be confused with postpartum psychosis. The risk of new onset or exacerbation of OCD rises after childbirth, and patients' intrusive thoughts (e.g., intrusive thoughts that the baby might fall out an open window) can be so extreme as to seem delusional. But obsessive thoughts are highly distressing, in contrast to the delusions of postpartum psychosis.
- Work with ObGyn to exclude medical conditions that mimic psychiatric symptoms: delirium, thyroiditis, lupus, autoimmune encephalitis, medication side effects (e.g, steroid-induced mania), Sheehan's syndrome (postpartum pituitary necrosis).

Risk Factors:

- The primary risk factor is a history of bipolar disorder, implicated in 20%-30% of cases.
- Other factors include previous episodes of postpartum psychosis, family history of BD, sleep deprivation, and first childbirth.

Treatment:

- Immediate inpatient admission.
- Treat as psychotic mania: antipsychotic, mood stabilizer, benzodiazepine for agitation.
- Lithium is often the most effective mood stabilizer in these cases.
- Educate the family on the importance of sleep, medication adherence, and keeping the mother supervised until she's fully recovered.
- After remission, taper the antipsychotic and benzodiazepine, but continue lithium for at least 9 months, longer if you suspect underlying bipolar disorder.
- Consider ECT for non-responders or severe cases.

Prophylactic Treatment:

- For patients with a history of postpartum psychosis, consider prophylactic treatment with antipsychotic meds and/or mood stabilizers in late pregnancy or immediately postpartum.