Perinatal Depression

Paula Binner, LCSW
Clinical Social Work Consultant
Comprehensive Perinatal Services Program
Department of Public Health

Objectives

- Recognize types of depression, symptoms/risk factors
- Recognize why screening for depression is critical
- Complete the PHQ-9 Depression Screening Tool using case study
- Describe possible resources in your community for severe depression screening score

What is Depression?

- A condition of mental disturbance
  - With lack of energy or irritability
  - Difficulty with concentration and interest in life
- Severe despondency and dejection
  - With feelings of hopelessness, and inappropriate guilt

Where Does Depression Come From?

- Genetics Factors
  - Higher risk of developing depression when family history of illness
- Brain Biochemistry Factors
  - Dysregulation of certain brain chemicals
- Environmental and Psychological Factors
  - Significant loss, stressful events, trauma

Situational Depression	Major Depressive Disorder	Dysthymic Disorder
Triggered by major stressors in life such as: divorce, death of a loved one, loss of a job Can be very debilitating and impair other areas of functioning	Diminished interest/pleasure in all or most activities most of the day nearly every day Distress/impairment in social, occupational, and other areas of functioning Not due to physiological effects of a substance, general medical condition, or bereavement	Chronically depressed mood that occurs most days for at least 2 years Onset tends to be early in life due to adverse life events and/or abuse issues May be slower to respond than major depression
Symptoms usually coincide with the duration of the stressful events	5 symptoms every day during a 2 week period	Depressed mood most of the time with at least 2 symptoms

Clinical Depression

- Clinical depressions are more severe and prolonged
- More impairment in functioning and tends not to go away once stressor(s) removed
- Inability to enjoy almost all aspects of life

Situational Depression

- Situational depression quite normal
- Major life stressors may bring on some symptoms of depression
- Remit once stressors no longer present
- Decrease as learn to cope with the situation

Symptoms of Depression

- Not sleeping enough or sleeping too much
- Loss of appetite or increased appetite
- Apathy, lack of energy, or agitation
- Inability to think, concentrate, indecisiveness
- Physical pain
- Feelings of worthlessness/inappropriate guilt
- Recurrent thoughts of death (suicidal ideations), suicide attempts and/or current specific plan for committing suicide

Understanding Depression

Statistics

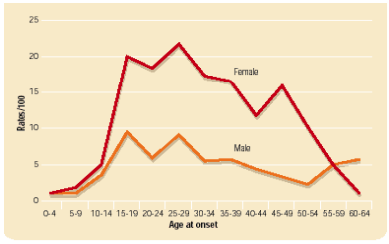
- WHO estimates depression to be SECOND highest cause of disability and premature death world wide by 2020
- 25% to 50% chance of experiencing another major depressive episode after first one
  - NIMH, 2007
- 2/3 of adults do not get treatment

More Statistics

- Great News!
- Treatment can alleviate symptoms in over 80% of cases
  - NIMH 2008

Nearly Twice as Many Women Suffer from Clinical Depression

Age-Specific Rates of Major Depression in the US



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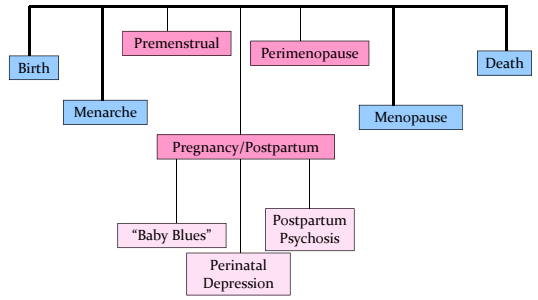
Depression Across the Female Lifespan



Perinatal Depression

- Contrary to popular belief, pregnancy not protection from becoming depressed
  - Beth Howard, *Depression During Pregnancy*
- Researchers believe that depression is one of the most common complications during and after pregnancy
  - National Women's Health Information Center on Depression

"The Baby Blues"

- Occurs in up to 85% of all new mothers
- 2 to 4 days after delivery, resolves in 3 weeks
  - Emotional hypersensitivity
  - Irritability or agitation
  - Range of intense emotions
- Reaction to hormones following delivery
  - Vivien Burt MD, Women's Health Ob-Gyn, 2006
  - O'Hara MW, Swain AM. Int Rev Psychiatry, 1996

Postpartum Depression

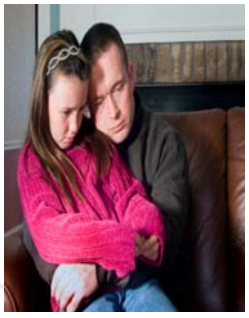
- 15 to 20% of women experience major depressive episode in postpartum period
  - Inwood and O'Hara, 2002
- May experience mood instability
  - Depression
  - Anxiety
  - Feelings of incompetence and doubt
  - Suicidal ideations

Postpartum Depression Risk Factors

- Prior depression 30%, postpartum depression 50%
- Family history of depression or bipolar disorder
- Recent stressful events:
  - Partner discord or loss of loved one
- Single mothers 3 times more likely to experience depression
  - Adapted from Burt, Hendrick, Bloch

Postpartum Depression Risk Factors

- Lack of partner support
- Unplanned pregnancy
- Substance abuse
- Domestic violence
- History of trauma or abuse
- Premature birth
  - Adapted from Burt, Hendrick, Bloch



Postpartum Psychosis

- 1 to 2 per 1000 births
- Onset days after delivery to 4 weeks later
- Rapid mood changes, restlessness, insomnia, labile, paranoid, disoriented
- Hallucinations/delusions focus on infant
- Separate mother from infant
- Patients with postpartum psychotic symptoms:
  - Require immediate psychiatric evaluation
  - Often psychiatric hospitalization – call 911

Tragic Outcomes

- Depression during pregnancy compromises emotional and physical health of mother and unborn
  - Low birth weight
  - Pre-term delivery
  - Inadequate nutrition
- Negative effects on mother/family stability
- Bonding may be disrupted, can lead to delays in cognitive, social, and emotional development for child

www.childtraumaacademy.org

Postpartum Depression, Speak Out When You Feel Down

- Video of women who suffered from postpartum depression

video ppd.wmv

"Exposure always occurs, be it to treatment or to illness"

Stowe, Z et al. CNS Spectrums, Vol 6, No 2, February 2009

Treatment Options

- Evidence Based Therapies for Depression
  - Cognitive Behavioral and Interpersonal Therapies
- Support Groups
  - Therapy for patients experiencing depression
- Medications
  - Antidepressants can take 4 - 8 weeks to take effect
- Alternative Treatments
  - Light therapy, herbs, acupuncture, meditation
- Partners and Close Family Members
  - Include in development of effective treatment plan

Medications

Antidepressants often prescribed are SRIs:

"Serotonin Reuptake Inhibitors"

Antidepressant Brand Name	Antidepressant Generic Name	Typical Daily Dosage	Drug Category
Zoloft	Sertraline	50-200mg	C
Prozac	Fluoxetine	20-80 mg	C
Lexapro	Escitalopram	10-20mg	C
Celexa	Citalopram	20-40mg	C

Medication Findings

- SRIs unlikely to cause increased risk of birth defects *(exception is Paxil)*
- Mixed data on SRIs and birth delivery outcomes
- No difference in birth weight or APGAR scores
- Weigh risk of untreated depression against risk of preterm delivery and low birth weight
- Suri R et al. Effects of antenatal depression and antidepressant treatment on gestational age at birth and risk of preterm birth. Am J Psychiatry 2007; 164(8):1206-13

Medication Risks to Baby

- Congenital abnormalities
  - Some studies report cardiovascular and pulmonary defects use of Paxil 3rd trimester
- Perinatal complications/toxicity
  - Neonatal Abstinence
  - Newborn Abstinence Syndrome
- No long-term effects
  - Cognitive
  - Behavioral

Wisner KL et al. Risk-Benefit Decision Making for Treatment of Depression During Pregnancy. Am J Psychiatry 2000; 157;1933-1940.

Breastfeeding

- Medications cross into breast milk smaller amounts than into placenta
- Zoloft undetectable
- Prozac has longest half life: avoid if possible
- Consider divided doses: twice daily
- Sleep disturbance heightens risk for relapse
- It's okay not to breastfeed
- Weissman AM et al. Pooled analysis of antidepressant levels in lactating mothers, breast milk, and nursing infants. Am J Psychiatry 2010.

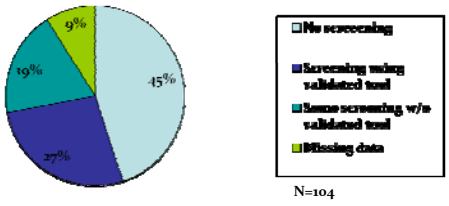
ACOG Guidelines

"It is best to perform psychosocial screening at least once each trimester to increase the likelihood of identifying important issues and reducing poor birth outcomes"

- ACOG Committee Opinion. Psychosocial risk factors: perinatal screening and intervention. 2006 Aug, No. 434

Screening Practices of CPSP Providers

Do you use a depression screening tool ?



N=104

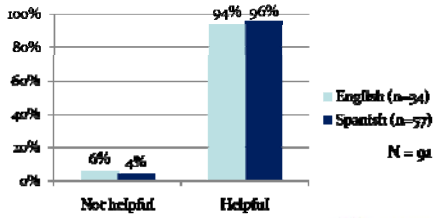
CPSP Providers Barriers

Most common reasons for not screening:

- 62% - No depression screening tool (64/104)
- 31% - No resources to refer patients that are depressed (32/104)
- 31% - Patients do not like us to ask personal questions (32/104)
- 31% - We don't have patients that are depressed (32/104)

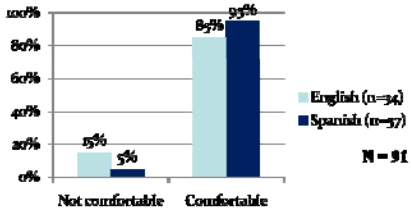
Patient Satisfaction Survey

Do you think it is helpful for the doctor or nurse to ask questions about how you are feeling?



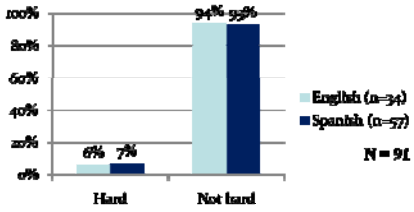
Patient Satisfaction Survey

How comfortable are you talking about your own mental health?



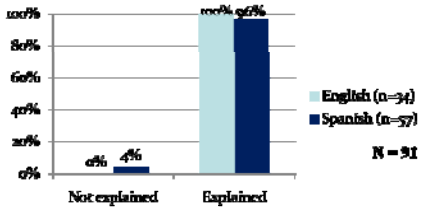
Patient Satisfaction Survey

Were the questions hard to understand?



Patient Satisfaction Survey

Were the results regarding the mental health questionnaire explained to you?



Findings from Patient Satisfaction Survey

- Perinatal Medi-Cal patients overwhelmingly welcome and appreciate being screened for depression
- Patients can be effectively screened for depression in busy Medi-Cal prenatal clinics

Screening Challenges

- Time
- Comfort level of care providers
- Acceptability to patients
- Stigma
  - Symptoms ignored, minimized, denied
  - Double standard: okay to treat physical
- Difficult to detect in pregnancy
  - Symptoms of pregnancy similar to depression
  - Mood, sleep cycle, appetite, body aches, energy level

Possible Cultural Challenges

Is there a language barrier?
Is there a cultural barrier?
Guilt and shame associated with mental illness
How people perceive & cope with mental illness
How are symptoms of depression expressed physically and emotionally?
Support systems and protective factors
Do people hide the problem?
Do you tell patients their score? How?
What about the family?

- Julio Licinio, MD

Screening for Depression

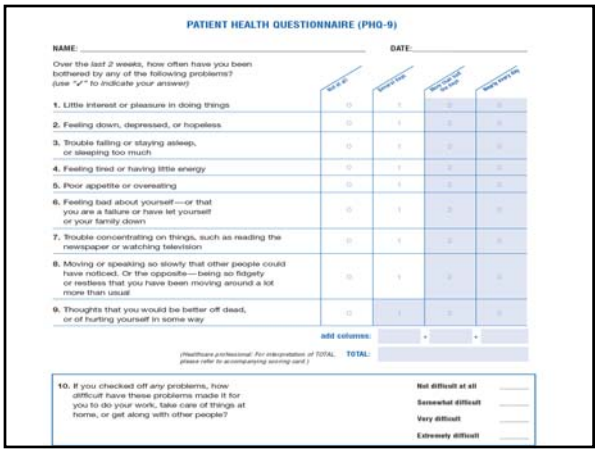
- High risk population
- Primary source of care
- Establish atmosphere of trust
- Convey warmth, welcome, hope
- Assure privacy
- Make eye contact, don't get distracted
- Allow time for questions and silence
- Vital – don't make judgments

PHQ-9 Screening Tool

- Patient Health Questionnaire
- Developed by Drs. Spitzer and Kroenke in 1990's
- Kroenke tracking PHQ-9 at VA and Kaiser
- Patient self-report assessment for use in primary care settings
- Administered before, during, or after office visit
  - Cut off points: 5, 10, 15, and 20 represent thresholds for depression

Perinatal Case Study

- Is Martha representative of your patient population?
- What are the red flags in her story that you are concerned about?
- Do you think that she is suffering from mild, moderate or severe depression?



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

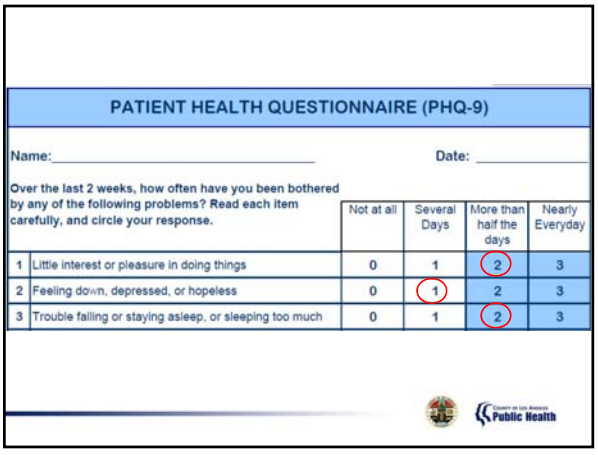
NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:		+	+	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) TOTAL:				

10. If you checked off any problems, how difficult have these problems 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



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

		Not at all	Several Days	More than half the days	Nearly Everyday
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3

Patient Health Questionnaire

4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Patient Health Questionnaire

add columns: 2 + 10 + 3

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) TOTAL: 15

10. If you checked off any problems, how *difficult* have these problems 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: X
- Very difficult: ____
- Extremely difficult: ____

Patient Health Questionnaire Scoring

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
0-4	None
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

After Scoring of PHQ-9

- As a CPHW what would you do to help Martha?
  - Refer to STT Guidelines: Psychosocial - "Emotional or Mental Health Concerns", pp. 73-76, and "Depression", pp. 77-81.
  - It is strongly recommended that the medical provider assess each patient with PHQ-9 score of 10 or higher.
  - Ask the 3 suicide questions.
  - Immediately contact the provider to assist Martha with getting treatment referrals in her community. Make an appointment with mental health while she is in clinic.

Suicide Assessment Questions

- Have your feelings led you to think that you might be better off dead?
- In the past week, have you thought that life is not worth living or that you might be better off dead?
- Have you thought of ways to hurt or even kill yourself? Have you acted on these thoughts?

- The MacArthur Initiative on Primary Care "Depression Management Tool Kit" 2004

Questions to Consider with Positive Suicide Screen

- Suicidal thoughts
- Suicide plan/method
- Lethality of plan
- Access to means for the plan
- Past history of suicide attempts
- Presence of psychosis or anxiety

Suicide Screening Myths

- **Question:** Asking questions about suicide can help build trust and a relationship with CPSP patients.
- **True or False?**

Suicide Screening Myths

- **Answer:** True

Although asking these questions may make some patients uncomfortable or defensive, many patients are relieved if they are asked directly. They may feel that you care about their situation and that you are a safe person to trust.

Suicide Screening Myths

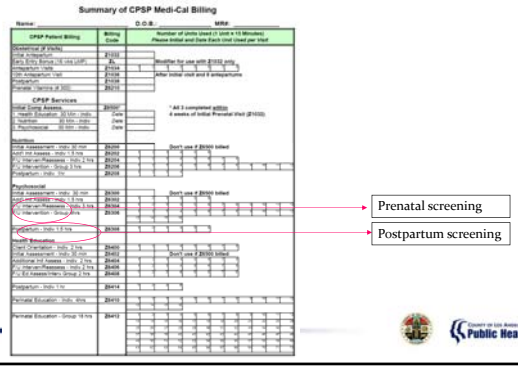
- **Question:** Screening for suicide will increase the likelihood that a patient will attempt suicide.
- **True or False?**

Suicide Screening Myths

- **Answer:** False

Detecting suicide risk can be life-saving. Asking a patient about suicidal thoughts or plans does not initiate suicide ideations or "put ideas in their mind" and does not make them more likely to self-injure.

CPSP Screening Reimbursement



CPSP Reimbursement Psychosocial Component

Psychosocial		
Initial Assessment - Indiv 30 min	Z6300	Don't use if Z6500 billed
Add'l Init Assess - Indiv 1.5 hrs	Z6302	
F/U Interven/Reassess - Indiv 3 hrs	Z6304	
F/U Intervention - Group 4hrs	Z6306	
Postpartum - Indiv 1.5 hrs	Z6308	

Final Words

- Commit to screening at your clinic
  - Initial, each trimester and postpartum visits
- History repeats itself so be on the lookout
- Stigma is alive and well, ask and educate
- Exposure occurs to illness or treatment

- Adapted by Emily Dossett MD, 6/2008

Thank You

For further assistance
please contact
Paula Binner
at (213) 639.6424
or email: pbinner@ph.lacounty.gov