

The Treatment of Comorbid Mental Health Conditions and Substance Use Disorders During Pregnancy

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Disclosures

- No conflicts of interest
- Disclaimer: terminology
 - Verbiage of women is utilized when discussing data looking at cis-gendered female patients
 - Lack of data on transgender patients or those with gender fluidity



Epidemiology

- High rate of psychiatric comorbidity for patients with substance use disorder (SUD)
- Limited data in this area or flawed methodology
- Those with SUD in pregnancy have prevalence of 20-60% with co-occurring mental health disorder
 - Depression, anxiety disorder, PTSD, bipolar disorder
- Those with perinatal mood disorders are more likely to use substances

Arnudo et al., 2017; Raffi et al., 2021; Pentecost et al., 2021



Access to Care

- Limited access to psychiatric care
 - Lack of provider knowledge/comfort
 - Stigma
- Screening and referral is limited
- Often overdiagnosis, underdiagnosis, misdiagnosis
- Diagnose and treat in parallel to SUD
- Continue to re-evaluate as patient progresses through treatment

Raffi et al., 2021



Trauma

- High level of ACEs for those with SUD
- Trauma informed care
 - Develop a safe space
 - Shared decision making
 - Foster a harm reduction environment
 - Develop rapport



Perinatal Mood Disorders

- Imperative to identify during pregnancy and postpartum
- Important role for OB providers to screen, identify, treat and refer patients during pregnancy
- High rate of symptom exacerbation during perinatal period, especially if medications are discontinued
- Increased risk of recurrence of substance use
- There is a focus on adverse effects of medications, but often the data regarding adverse effects of untreated depression and anxiety is underemphasized



Perinatal Depression

- Perinatal depression is common
 - 15% of patients
 - Most common complication of pregnancy
- Symptom recurrence up to 65% if medications are stopped
- Screen for depression throughout pregnancy and postpartum
 - Edinburgh Postnatal Depression Scale (EPDS)
 - PHQ-9

Cohen et al., 2006



Risk-Risk Discussion: SSRIs

| Adverse outcomes | Risks of untreated depression | Risks of treatment with SSRIs |
|--------------------------|---|--|
| Congenital malformations | No association | Early studies showed association though when controlling for confounders no longer significant |
| Spontaneous abortion | Increased risk | No additional increased risk |
| Preterm birth | Increased risk | Possible additional increased risk |
| Low birth weight | Increased risk | No additional increased risk |
| Short-term outcomes | Yes – poor bonding, decreased breastfeeding, risk for PPD | Persistent pulmonary HTN of the newborn Neonatal adaptation syndrome |
| Long-term outcomes | Cognitive and behavioral problems | No additional increased risk |

Hutner et al., 2021



Perinatal Depression: Treatment

- Screen for mania (Mood Disorders Questionnaire) prior to initiating medications
- Selective serotonin re-uptake inhibitors (SSRIs)
- Serotonin and norepinephrine re-uptake inhibitors (SNRIs)
- Psychotherapy
 - Cognitive behavioral therapy (CBT)
 - Interpersonal
- Medication + therapy
- Consider zuranolone for postpartum depression



Trauma Related Disorders

- 50% of women experience a traumatic event
- Women are twice as likely to develop posttraumatic stress disorder (PTSD) after a trauma
- 3% prevalence during pregnancy, additional 4% postpartum
- Identify trauma
 - Prior loss
 - Intimate partner violence (IPV)
 - Traumatic births
 - Loss of custody
 - Involvement of Child Protective Services (CPS)

Yildiz et al., 2017



PTSD and SUD

- 30-50% of patients with SUD meet criteria of PTSD
- Increased risk of SUD for those with PTSD
- Co-occurring PTSD and SUD associated with worse outcomes and poor engagement in treatment
- Screen for PTSD
 - PC-PTSD
 - PCL-C
 - ACEs Questionnaire
- Screen for IPV

Brady et al., 2021



PTSD: Diagnosis

- Exposure to a trauma
- Intrusion symptoms (e.g., nightmares, flashbacks)
- Avoidance behaviors
- Alterations in cognition/mood (e.g., isolation, anhedonia)
- Arousal symptoms (e.g., hypervigilance, irritability)
- Symptoms greater than 1 month
- Clinically significant distress or impairment



Risk-Risk Discussion: Untreated Perinatal PTSD

- Poor obstetric outcomes
 - Preterm birth, LBW, preeclampsia
- Increased risk of SUD
- Affect infant hypothalamic-pituitary-adrenal (HPA) axis leading to behavioral and health issues
- Lower rates of breastfeeding

Sanjuan et al., 2021



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PTSD: Treatment

- Therapy
 - Cognitive processing therapy
 - Prolonged exposure
 - Eye movement desensitization and reprocessing (EMDR)
- SSRIs/SNRIs
- Best effects for simultaneous treatment of SUD and trauma focused psychotherapy

Schnyder et al. 2015; Hien et al., 2023



Bipolar Disorder

- Bipolar disorder is characterised by recurrent episodes of depression and mania or hypomania
- Risks if misdiagnosed as unipolar depression
 - 1 in 5 patients who screen positive for perinatal depression have bipolar disorder
 - Though depression often presents first
- Age of onset 12 to 30 years, peak in reproductive years

Wisner et al., 2013



Bipolar Disorder: Screening

- Commonly misdiagnosed and underdiagnosed in patients with SUD
- More likely to use substances and develop SUD
- Utilize MDQ to identify and screen for mania during times of abstinence
- Reformulate diagnosis as patient progresses through treatment
- Differential includes:
 - PTSD
 - Personality disorders
 - ADHD
 - Substance use disorder



Bipolar Disorder: Treatment

- Ensure accurate diagnosis
- Must weigh the risks of treatment vs the risks of untreated bipolar disorder
- Minimize polypharmacy as able
- Use the lowest **effective** dose of medication
- Avoid valproic acid as it is contraindicated in pregnancy
- Most other mood stabilizers and antipsychotics can be continued after thorough risk-risk discussion

Hutner et al., 2021



Summary

- Reevaluate diagnosis, especially during periods of abstinence
- Utilize trauma informed care framework
- Identify and treat comorbid perinatal mood disorders and PTSD



Resources

- Massachusetts General Hospital (womensmentalhealth.org)
- Postpartum Support International
- National Curriculum on Reproductive Psychiatry
- Reprotox
- LactMed
- InfantRisk



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