Bipolar Disorder in the Perinatal Period

Bipolar Disorder is characterized by episodes of depression and either mania or hypomania. Bipolar disorder can occur because of a genetic predisposition. For example, if your parent has Bipolar Disorder, the chances of you having it are increased. Environmental factors also play a role, such as a stressful life event, a lack of social or family support, or a triggering event such as childbirth. The perinatal period is a particularly vulnerable time period for women because of sleep pattern disruptions due to pregnancy or caring for a newborn child.

Sleep deprivation can disrupt moods and can ultimately trigger a new mood episode. The relapse rate is higher if women are medication-free, and lower if they are on medication. Additionally, the relapse rate is increased even more if a woman has experienced a relapse in previous pregnancies.

Women with Bipolar Disorder I are at risk of becoming severely ill in pregnancy and after the birth and may require hospitalization for optimal treatment.

What are the symptoms of Bipolar Disorder?

Bipolar disorder consists of episodes of depression, mania or hypomania, which can last from a few days, to a few months to even years.

Depressive Episode: In the perinatal period, women may be fearful and worried about their newborns' health and wellbeing and how they will be or are doing as a mother. Depressive symptoms include prolonged sadness, increased irritability, fatigue, feelings of guilt and hopelessness, inability to concentrate, isolation from and avoidance of family, friends and work, aches and pains, loss of interest in pleasurable activities, inability to sleep when the baby is sleeping, increased substance abuse and suicidal thoughts or thoughts of harming baby.

Manic Episode: During a manic episode, women may experience feelings of increased energy and euphoria. Symptoms include: racing thoughts and rapid speech, the inability to sleep, hyperactivity, feeling invincible, all-powerful and unusually confident, increased sex drive, impulsivity and reckless behavior pertaining to gambling, shopping or rash decisions and increased irritability and aggressiveness. Sometimes, women may also experience psychotic symptoms when manic, like hallucinations or delusions.

Hypomania: This is a shorter and less severe episode than the manic episode, thus not impacting a person's daily function and not resulting in psychotic symptoms or hospitalization. Hypomania is characterized by an elevated and irritable mood and persists for at least 4 days.

Bipolar Disorder I

Bipolar Disorder I is known as manic-depression and is characterized by episodes of mania or hypomania alternating with depressive episodes. These intense mood swings can interfere and disrupt daily life. Mixed states can also occur in which there are simultaneous symptoms of the mood polarities in a given episode.

Postpartum mood episodes presenting with psychotic features or postpartum psychosis occur in from 1 in 500 to 1 in 1000 deliveries and is more common in first time mothers. If a women has a history of Bipolar Disorder I they have a high risk of developing postpartum psychosis. Additionally, the risk of recurrence with subsequent deliveries is increased but depends on whether the women was on medication or was medication-free during pregnancy. Women who develop postpartum psychosis require hospitalization for their safety .

Bipolar Disorder II

This type of Bipolar Disorder is less severe. It is characterized by repeated episodes of depression, with at least one mild or short period of hypomania. Full-blown manic episodes do not occur.

Treatment and Management: Very important!

Bipolar Disorder symptoms will not go away if left untreated, and could come back if steps are not taken to prevent it. It is important to seek help and assess treatment options in order to choose the most appropriate treatment plan, since every woman has a unique situation.

Women with Bipolar Disorder should consult their General Practitioner or Psychiatrist. This should happen before pregnancy, immediately upon discovering that they are pregnant, throughout pregnancy and after the birth of the baby. An Individual Treatment Plan should be created with the help of all parties involved: the woman, the partner, and the treatment team members, including Psychiatrist, General Practitioner, Obstetrician, Midwife, and other health care providers. Planning ahead, treating and managing symptoms are priorities so that risks for the woman and baby can be decreased.

Women with Bipolar Disorder are very vulnerable to the effects of sleep disruption after the delivery. Mobilizing family support to help the new mom with nighttime feeding ensures that the mom gets some uninterrupted sleep, thereby lessening her risk of developing a mood episode.

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Treatment and Management

Psychoeducation

The more you learn about your mood disorder, the more you can be aware of the way you are feeling and what triggers these feelings. This can help prepare you for future episodes. Understanding types of stressors that might increase your risk of manic or depressive episodes can help you make any lifestyle changes necessary. Additionally, educating your partner, family members and primary support system allows them to help you during the next episode. They should be educated on what medication you should be taking and how to assist you, if necessary.

Self-Care

Self-care is a step in making some positive changes in your life that will help to lessen your symptoms.

Nutrition - Try to eat nutritious foods throughout the day.
Exercise – Get regular exercise to reduce stress and feel better. Even a little physical activity can help!
Sleep & Rest - Sleep is very important for both your physical and mental health. It is worth the effort to work on getting a good night's sleep and to be on a regular sleep routine.
Time for Yourself – Take some time to care for yourself each day, even if it is just for a few minutes.
Support – All new moms need support from others. Don't be afraid to ask for help and information!

Psychotherapy

Psychotherapy, or counselling treatment, involves discussing feelings and thoughts that may be at the root of problems disrupting your daily life and involves focusing on behaviours that decrease stress such as exercise or meditation.

- *Cognitive Therapy*
  - focuses on modifying thought distortions
- *Interpersonal Therapy*
  - focuses on improving relationships
- *Social Rhythm Therapy*
  - to maintain normal sleep schedules
- *Support Groups*
  - share concerns, feel less isolated, increase understanding

Medication Options

Medications are often necessary in the treatment of women with Bipolar Disorder. Some women may be able to discontinue or reduce the dose of their medications in pregnancy but most women will require medications postpartum. The decision to start a medication in pregnancy or after birth needs to be evaluated on a case by case basis depending on the woman's severity of illness, level of distress, impairment and her individual history. Women should be aware of the risks and benefits of treatment and the risks of not treating their symptoms. The goal is to treat moms with the fewest number of medications at the lowest effective doses. Women should discuss their medications and treatment plans with their health care provider to get a full picture of the options available for them.

Mood Stabilizers treat and prevent highs and lows. The goal of mood stabilizers is to minimize the negative effects that mood episodes may have at home, personal life and at work. They also reduce the likelihood of relapse. Doctors will prescribe the medication with the least risk to mother and baby.
Examples include:

- Lithium
- Valproic acid
- Carbamazepine
- Lamotrigine

Antipsychotics manage manic and psychotic symptoms. They reduce hallucinations, paranoia and other distorted thoughts.
Examples include:

- Clozapine
- Olanzapine
- Quetiapine
- Risperidone
- Haloperidol

Antidepressants are used to treat depression and other mental health conditions. They work to balance neurotransmitters in the brain that affect mood and emotions. Examples of different classes of antidepressants include:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin and noradrenaline reuptake inhibitors (SNRIs)

Benzodiazepines can accompany mood stabilizers. They treat insomnia or anxiety.

Electroconvulsive Therapy (ECT) is a short term treatment used to treat acute manic states.

Who should I talk to?

If you think you may be experiencing perinatal Bipolar Disorder, please contact any of the following:

- Family doctor, obstetrician, or psychiatrist
- Midwife
- Public health nurse
- A registered Psychologist 1-800-730-0522

Resources

- **BC Reproductive Mental Health Program.** Visit www.bcwomens.ca/our-services/specialized - services/reproductive-mental-health
- **Mood Disorders Association of BC.** Call 604-873-0103. Press 1 to inquire about a Psychiatric Assessment.
- **Your Local Crisis Line.** These phone lines are 24 hours and aren't only for people in crisis. If you are in distress call 310-6789. Do not add 604, 778 or 250 before the number.
- **BC Partners for Mental Health & Addictions Information.** Visit www.heretohelp.bc.ca
- **1-800-SUICIDE.** If you're thinking about suicide, call 1-800-SUICIDE (1-800-784-2433) to get help right away, any time of day or night. It's a free call.
- **HealthLink BC.** Call 811 or visit www.healthlinkbc.ca for free, non-emergency health information for anyone in your family, including mental health information. Speak with a nurse, pharmacist or a dietitian. For deaf & Hearing-impaired assistance (TTY), call 711.

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