Dartmouth-Hitchcock

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Screening, Assessment, and Treatment of Co-occurring Psychiatric Disorders in Perinatal Women with Substance Use Disorders

It is important to remember that substance use disorders and psychiatric disorders are risk factors for one another: comorbidity is the rule, not the exception. Optimal treatment must address both disorders.

Pregnancy itself is *not* an independent risk factor for psychiatric illness or for substance use disorders, although the postpartum period is a time of elevated risk for some psychiatric illnesses. Pregnant women have lower rates of substance use and substance use disorders than the general population.

Screening

It is important to screen all pregnant women for psychiatric illness and to recognize that women with substance use disorders are at elevated risk. The most common psychiatric illnesses in pregnancy are mood disorders, anxiety disorders, and trauma-related disorders such as post-traumatic stress disorder. A history of trauma is nearly universal among women with opioid use disorders and increases risk for substance use as well as for psychiatric disorders.

Screening tools developed for medical settings can be implemented in the maternity care setting and used to screen all women for psychiatric disorders in pregnancy. We recommend consideration of the following screening tools:

- Depression: Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire (PHQ-9)
- Bipolar Disorder: Mood Disorders Questionnaire (MDQ)
- Anxiety: Generalized Anxiety Disorder 7-item Scale (GAD-7). EPDS also includes several anxiety items that can be used to screen for anxiety disorders
- Trauma/PTSD: Primary Care PTSD Screen (PC-PTSD)

Women screening positive should receive additional assessment, as screening tools alone are not sufficient to make a psychiatric diagnosis. A safety assessment evaluating risk of harm to self or others should be performed if indicated. Women who are at imminent risk of harm to self or others should be escorted to the nearest emergency room for emergent psychiatric evaluation.

Many maternity care practices offer integrated behavioral health services; those who do not provide integrated care should identify local referral resources for both urgent and ongoing mental health evaluation and treatment.

Treatment

For depressive or anxiety disorders with no concern for bipolar disorder, options include medication treatment and/or psychotherapy. Be sure to consider the risk of relapse of substance use disorder when considering risks vs benefits of medication use in pregnancy. A thorough discussion of the risks and benefits of medication use in pregnancy should be conducted and documented prior to starting a medication.

When selecting a medication, use past medication trials as a guide. Don't be afraid to increase medication doses as needed in order to achieve remission of symptoms, as data do not suggest a dose-response relationship for risks associated with antidepressant use in pregnancy.

Medication Treatments

- SSRI
    - Sertraline 50-200mg
    - Fluoxetine 20-80mg
    - Citalopram 20-40mg
    - Escitalopram 10-30mg
    - Paroxetine 20-60mg
- Bupropion XL 150-300mg if anxiety not prominent or to assist with smoking cessation
- Consider mirtazapine if problems with nausea or sleep
- Consider tricyclic antidepressants for pain/sleep if not suicidal (risk of cardiac arrhythmias in overdose)
- Concomitant antidepressant use *may* increase risk of NAS for infants of mothers on opioid maintenance treatment (buprenorphine or methadone)
- Avoid benzodiazepines:
    - No evidence of benefit for PTSD and most anxiety disorders, some evidence for harm
    - Contraindicated with buprenorphine or methadone, risky in anyone with a substance use disorder
    - Regular/frequent use not recommended in pregnancy
- Use caution regarding stimulants in women with substance use disorders
    - May be reasonable for severe ADHD that impairs ability to work or drive safely
    - Should not be used as an "upper" or for alertness/energy

The following resources offer up to date information regarding medication use in pregnancy and lactation:

- MGH Women's Mental Health Program: womensmentalhealth.org
- ReproTox: reprotox.org (subscription required; many institutions subscribe)
- Organization of Teratology Information Specialists: mothertobaby.org
- LactMed: toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

Non-Medication Treatment Options

- Self-care: NEST-S (British Columbia Reproductive Mental Health Program): http://www.heretohelp.bc.ca/workbook/coping-with-depression-in-pregnancy-and-following-the-birth
    - N- Nutrition
        - Eating nutritious foods throughout the day.
    - E- Exercise

        - Getting regular exercise. There is considerable research on the benefits of exercise for improving depression.
    - S- Sleep and rest
        - Sleep is very important for both mental and physical health. Getting enough in the perinatal period can be challenging.
    - T- Time for self
        - Taking self-time is an area that new mothers often neglect. This is a particular concern in women who are depressed and/or experiencing other mental health disorders
    - S- Support
        - Social support plays an important role in helping new mothers adjust to the life changes that go along with being a mother. Healthy relationships are a protective factor against depression and other mental health disorders and are an important factor in recovery
- Psychotherapy: CBT, IPT, psychodynamic, and group therapies all supported by evidence
- Exercise as effective as medications in some trials
- Mind-body approaches such as yoga or meditation
- Mind the Bump free mindfulness in pregnancy app: http://www.mindthebump.org.au/
- Bright light therapy- 10,000 lux
- ECT for severe illness

<u>Challenges in Management</u>

- Women with co-occurring SUD and psychiatric illness may:
    - Tend to use or seek substances/medications to alleviate negative mood states
    - Have had traumatic experiences that contribute to difficulty engaging in health care
    - Experience psychosocial crises that interfere with medical care
- Provide trauma-informed, recovery-friendly care:
    - Aim to understand people's behavior through the lens of survival in overwhelming circumstances
    - Be clear and straightforward– trustworthiness is important!
    - Offer choice and collaboration where possible
    - Health care provider's role is expert regarding medical care
    - Patient's role is expert regarding herself
    - Validate concerns even if not able to agree to all requests
    - Work as a team
    - Develop policies and procedures collaboratively and be willing to stick with them
    - Reduces risk of splitting behavior
    - Establish regular opportunities to discuss challenging cases
    - Communicate clearly
    - "Your safety is important to me, so I must insist on…"
    - Be consistent and fair