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

(Arnuado et al., 2017)
(Raffi et al., 2021)
(Pentecost et al., 2021)

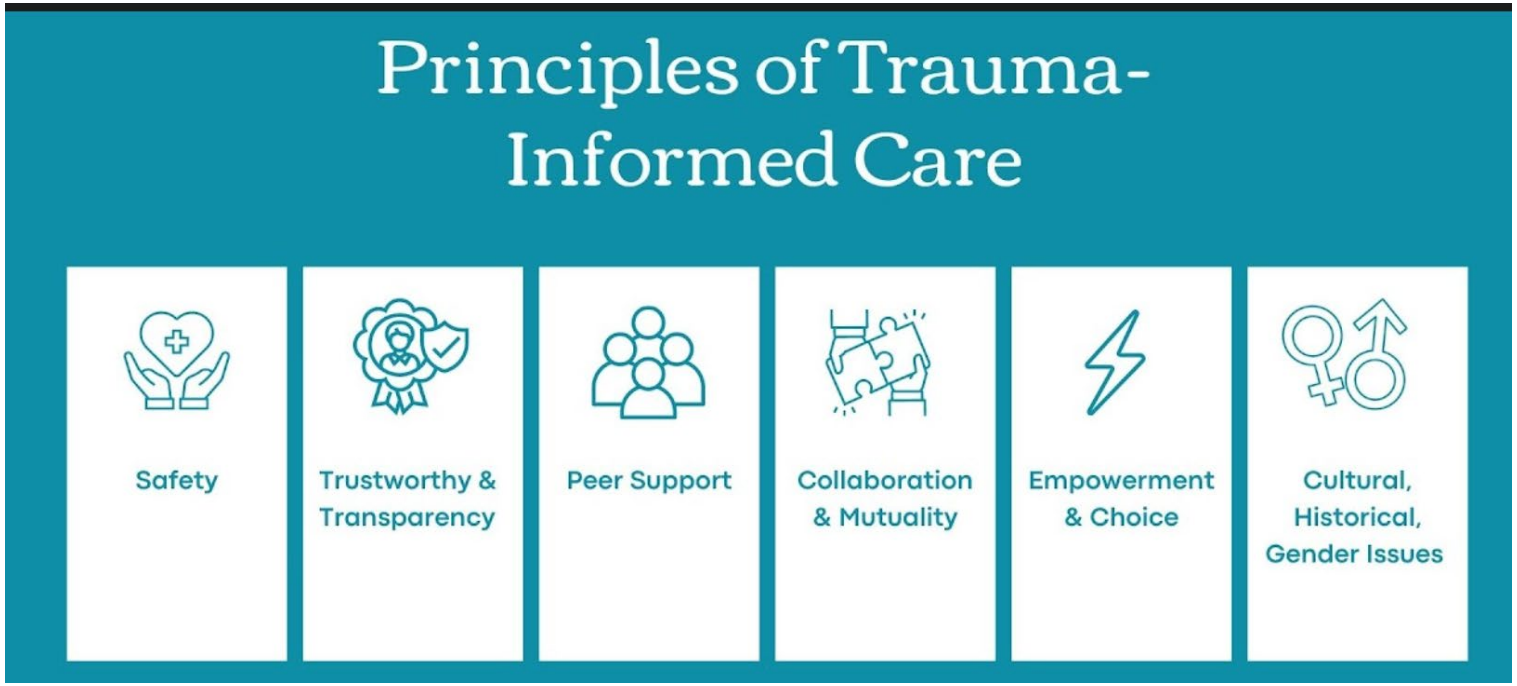
Access to Care

- 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



Trauma-Informed Care (traumapolicy.org)

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 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)

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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