This is not your Mother's PMAD: Clinical Pearls and Complex Case discussions

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Objectives
At the conclusion of this session participants will:
• Be able to discuss the need for multiple modalities of care for PMAD women
• Understand some of the complexities faced by providers in treating PMAD
• Be able to identify the limitations, strengths and complications associated with various treatment options/settings/providers
• Be able to discuss the value of developing a diverse consultation team skill set in the treatment of PMADs
Case Formulation - Background

• 34 year old Married Hispanic female G2P1
• 3 year old son-Conceived spontaneously, Tough delivery, Typically Developing, Exceptionally close relationship
• Has a Masters in Teaching. Works part time in a restaurant to spend more time at home with her son.
• Married x 5 years- great relationship, supportive partner
• Husband called to schedule the appt to be seen for couples issues related to family building- (referred by her acupuncturist)

Reproductive History

• Reports history of PPD following birth of first child-successfully treated with Zoloft
• TTC #2 for 1 year
• Diagnosed with unexplained secondary infertility
• 3 failed medicated cycles with Clomid
• 1st IUI planned with injectable medications. 3-4 follicles, premature ovulation- cycle cancelled
• Conceives via intercourse on this cycle
• At around 7 weeks they saw 2 heartbeats, follow-up visit they saw only one, and at 9 weeks miscarriage was confirmed. (This was 3 months before our first session)
Background

- She reports feeling depressed mood, with insomnia, increased appetite, poor energy, poor concentration, and anhedonia. Most of the day every day for past 3 months. Reports feeling anxious- worrying, and ruminating over the same thoughts. Thought patterns are triggered by anything baby related or seeing pregnant women. She feels that her symptoms are interfering with her marital relationship.
- Reports no impact on the relationship with her child- this is the one area of her life which she feels is “normal”.
- EPDS score 23

Questions? Differentials? Treatment Plan?
**Questions**

**What is the treatment plan?**
- Would you refer for medication consultation?
- Would you see individually or as a couple?
- Who is the identified patient?

**What is the diagnosis?**
- MDD, Recurrent with postpartum onset
- Grief-Bereavement
- Adjustment Disorder with depression & anxiety

**Conclusion**

- Med consult recommended but RE talked her out of it
- Couples sessions as treatment modality
- She as identified patient
- Further sessions revealed typical reaction to loss which diminished with time
- Ongoing symptoms and triggers consistent with infertility
- Numerous failed IUIs, surgery to remove polyp, and conceived after 1st IVF
- Typical anxiety through first trimester with fear of attaching to pregnancy (more him than her)
Conclusion

- Depression symptoms completely resolved with pregnancy, some anxiety remained by manageable and related to fear of loss
- By 20 weeks accepting of pregnancy, proudly showing, and celebrating with family including gender reveal party
- By 24 weeks anxiety still present, but manageable and not interfering with functioning. Worries now related to how her relationship with her son will change when daughter is born.

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Conclusion

- EPDS score 8
- Attending bi-weekly group therapy for women pregnant after infertility

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Case of unremitting Anxiety:
(I believe my patient but should I?)

Tina Walch, MD
Case Summary

• CC is a 36 yo married G2 P2Ab0 Caucasian female CFO of a cosmetics company who presented at 25 weeks gestation having left her job secondary to “overwhelming anxiety and inability to function”
• Reports longstanding anxiety and PA’s which were reportedly well controlled with Xanax XR 3mg daily + immediate release Xanax 2mg daily + Ambien at bedtime
• Stated she continued this regimen until she found she was pregnant then stopped all meds over course of 2wks- with severe withdrawal symptoms
• Past history of previous numerous antidepressants trials: Paxil, Wellbutrin, Effexor, Buspar and others all with no benefit
• Reports Xanax was systematically titrated to final dose above

Summary (continued)

• Difficult past birth experience, current distress
• Increasingly anxious about delivery reports her first born- a daughter- was delivered after a traumatic birth and was “stuck” in the birth canal then delivered by emergency C-section
• Reports significant weight loss with this pregnancy ( a boy), gaining weight only after OB started Zofran for unrelenting N/V
• Reports her insurance recently changed and she now had to find all new MD’s
• Having trouble getting her treating psychiatrist to prescribe for her…..
• Pt. reports multiple visits to various emergency rooms in the area for sense she is dying—racing heart and sense of impending doom all with a ‘normal’ work up…..
• EPDS=23/30

Questions?
Differentials?
Treatment Plan?
Treatment initiated

- Risk benefit evaluation: Xanax 1mg at bedtime started
- I-Stop Checked after she left
- Surprised to find CC prescribed Tylenol #3 in ED
- Additional multiple ‘short term’ pain rxs- not previously disclosed

Lesson 1: Assumptions made? Unconscious Bias?

What alternatives might you consider?

Is admission warranted?

Treatment Course

- Follow up visit: EPDS 18/30
- ED work up negative, has not connected with therapist
- Discuss possible women’s unit admission
  - Rationale: Ability to monitor severity of anxiety/panic and titrate medications more closely while providing a therapeutic environment
  - Pt refuses admission, does not meet involuntary criteria
- Regimen adjusted Xanax xr 1mg added to 1mg at bedtime, review coping skills, discuss concerns re: ED use, medications, reinforce connecting with therapist
Treatment course

Follow up – 2 wk. appt. (now 30 weeks)
- “Panic attacks unremitting since yesterday”
  - This time she calls MD first, (No ED) we agree to increase dose with additional 0.5 mg Xanax
  - In office appointment set
  - Advised again to call therapist for additional support
  - Pt Calls the next day to cancel appointment
    ➢ premature contractions
    ➢ eventual bed rest
    ➢ continues with additional 0.5 mg Xanax –post consultation

- On Bed rest, contractions subside

- Confer with OB: concur xanax dose preferable to delivery at this stage of pregnancy

- Phone check ins every few days, working toward 37+ weeks

Delivery Outcomes

CC stabilizes with bed rest goal >37 weeks

Healthy baby boy delivered by c-sxn at 39wks

no neonatal withdrawal

Post delivery -- confusing Email from OB asking if she should refill Xanax

Reply “yes” however – pt. calls indicates she did not receive “worried about withdrawal!” Rx left for pt. husband to pick up
First postpartum visit

CC reports ruminating constantly 'brought baby into unsafe world', reporting increasing anxiety, not sleeping but bonding with and caring for baby

EPDS 16/30- further improved

Continue treatment : 1 mg Xanax XR, 0.5 + 1mg Xanax immediate release, coping skills and connecting with therapist reinforced

Treatment Course (Continued) 3+ weeks Postpartum

"More Anxiety"- asks about adding Klonopin

Discuss alternatives pt is ambivalent at best- agree to continue current regimen, discuss more work with therapist

Receive call from new PCP whom she is seeking pain meds from postpartum issue: “felt a tear” Pt believes she has an incisional hernia

PCP equivocal but refers to surgeon and does not give pain meds

Pt. obtains Percocet from Dentist

I-stop notes: has filled Rx from previous psychiatrist for Xanax, Ambien

Treatment Course (continued)

- Pt calls leaves message “to expect PCP call”
- Pt calls to inquire if call took place
- Pt leaves vm after PCP refuses to prescribe pain meds
  - “I'll just stop all my meds”
- No further contact despite outreach attempts
Discussion:

Discussion Issues Highlighted by this case

- Opioid Epidemic
- Screening for substance use
- Use of anxiolytics
- Pregnancy and motivation with relapse post delivery
- Unconscious bias
- Neonatal Withdrawal

Treatment of Bipolar Disorder & Therapy Complications
Lisa Testa, PhD
Amanda Tinkelman, MD
Case Formulation- Background

34y married 1year, employed as SW [school therapist] GD with h/o Bipolar I since age 15, one prior hospitalization, most episodes are depressive but positive h/o clear manic episodes as well

Presents for pre-conception consultation

Therapy off and on since age 14, meds since age 15

Previous trials: Lithium stopped due to side effects, Seroquel ineffective, Risperdal associated with dystonia

Currently STABLE on Clozapine 100mg QHS and Depakote 750mg QHS

Psychopharm Questions?

Medication Consultation

What else do you want to know?

What history is relevant?

Any immediate concerns?

Recommendations?
Follow-up Visit- 10 months later
Now on Clozapine 275mg and Klonopin 0.5mg PRN
Zoloft in November for 2mo depressive episode- “made her worse”
Active trying to conceive
Psychiatric symptoms still STABLE

Treatment Planning?

What would be your recommended treatment plan?
Any considerations for case assignment?
Background

Started individual therapy with social worker
Within one month, positive pregnancy test!
Therapist also pregnant, due around the same time

Questions?

What are the transference issues?
When should therapist disclose she is pregnant?
Background

Pregnancy course uneventful until 8th month

Emergency c-section

Baby does not survive

Background

OB M&M discussion

Autopsy results

Multidisciplinary meeting with patient and her husband

Questions?

Regroup- revise treatment plan
What are the contributing factors?

What are the transference issues?

What are the counter-transference issues? How do you address those?

When to try again to conceive?

Should any med changes be made?

What about returning to work?

Who should continue therapy? Should provider change?

Should therapy modality change?
Conclusion

Attended Bereavement group with spouse

Following the loss symptoms included paranoia, referential ideas—especially at work, depression, anxiety. Stabilized with Clozapine increase.

Following 2 subsequent miscarriages—Depression and anxiety with no psychosis

High risk OB after losses, consultation with reproductive endocrinologist

MD becomes pregnant!

Background- Fourth Pregnancy

4th pregnancy successful—spontaneous conception

Anxiety as focus of treatment, no other symptoms

Recommended changes to obstetrical course

Connecting to the pregnancy
“I’m finally a member of the Mom’s club”