THE PERISCOPE PROJECT

PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

This toolkit was produced by the Medical College of Wisconsin and is provided to health care providers through The Periscope Project. The goal of this toolkit is to provide practitioners with an up-to-date, reliable, and easy to use source of information for mental health conditions during the perinatal period. The content is based on the latest available evidence-based guidelines and research whenever possible. If you are aware of new guidelines or research, or if you have suggestions that can help improve this toolkit, please contact cwichman@mcw.edu. Please read our disclaimer before using our toolkit.

This toolkit is for educational purposes only and does not constitute medical advice. The toolkit is not a replacement for careful medical judgments by qualified medical personnel. There may be information in the toolkit that does not apply to or may be inappropriate for the medical situation at hand.

EVALUATION AND TREATMENT

Overall Evaluation and Treatment Algorithm

Complete PHQ-9 or EPDS. Complete PASS if significant anxiety symptoms reported.

- To score PHQ-9:
  - Sum total.
  - Score >10 is considered positive for moderate to severe depression.
- To score EPDS:
  - Questions 1, 2, & 4 (without an *) are scored 0, 1, 2, or 3 (top answer = 0, bottom = 3).
  - Questions 3, 5-10 (with an *) are reverse-scored (top answer = 3, bottom = 0).
  - Score of >10 is considered potentially positive.
- To score PASS:
  - Sum total.
  - Score >26 is considered positive.

Remember that a patient's score may not correlate with symptom severity.

**Discussion points to consider…*

☛**Counsel patient about antidepressant use.**
- No medication is risk-free; SSRIs are the best studied class of antidepressants in pregnancy and lactation.

☛**Data shows that use of antidepressants in pregnancy may increase risk of**:
- Persistent Pulmonary hypertension of the newborn (absolute risk of PPHN is low), pre-term labor, poor neonatal adaptation syndrome (PNAS is typically mild and self-limited).
- Risks are NOT dose-dependent.

☛**Data shows risk of under- or non-treatment of depression in pregnancy may increase risk of**:
- Impaired bonding with baby, poor self-care, postpartum depression (which is associated independently with multiple potential negative outcomes for mother, baby, and family), pre-eclampsia, pre-term labor, substance abuse, suicide.

If score is **high** OR patient is clinically **symptomatic**:

Ask: *"Have you ever had periods of at least three days straight of feeling so happy or energetic that your friends told you you were talking too fast or that you were "too hyper?'"*[1]

If "***NO***," then *discuss options for treatment of unipolar depressive and/or anxiety symptoms.

- Watchful waiting with increased self care.
- Psychotherapy *(either stand-alone, if clinically appropriate, or adjunctive treatment).*
- Antidepressant Therapy *(see antidepressant treatment algorithm if the patient agrees to this option).*

If "***YES***," then consult PERISCOPE. Patient should be more thoroughly screened for Bipolar Disorder before any treatment is initiated.

If score is **low** AND patient is clinically **asymptomatic**:

Continue to screen using PHQ-9 or EPDS at subsequent perinatal visits.

[1]Adapted from Daniel J. Carlat. (1998) *Am Fam Physician*, 58(7), 1617-1624.