Bipolar History Boosts Depression in Pregnancy

Women with a history of unipolar depression or bipolar disorder are at increased depression risk.

BY MITCHEL L. ZOLER
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PITTSBURGH — Women with a history of bipolar disorder have an increased risk of developing depression during and after pregnancy, based on a review of more than 2,000 pregnant women.

A history of unipolar depression also predisposed women to develop depression during the peripartum and postpartum periods, although unipolar depression was not as potent a risk factor as bipolar disorder.

The findings suggest "an urgent need" for better screening and detection of bipolar-spectrum disorders in pregnant women, Adele C. Viguera, M.D., said while presenting a poster at the Sixth International Conference on Bipolar Disorders.

The results show that pregnant women with a history of bipolar disorder or unipolar depression are "ticking time bombs" for the development of peripartum or postpartum depression, Dr. Viguera, associate director of perinatal and reproductive psychiatry at Massachusetts General Hospital, Boston, told this newspaper.

Women with bipolar disorder who are treated with lithium while breast-feeding transfer a modest amount of lithium to their infant children.

"Adverse clinical effects in infants exposed to lithium through breast milk were rare and clinically insignificant" in a study with 10 mother-infant pairs, Dr. Viguera reported in a second poster at the conference, which was sponsored by the University of Pittsburgh.

The prevalence of bipolar depression in pregnant women and its association with peripartum and postpartum depression was assessed in 2,340 consecutive women who sought prenatal care at the Massachusetts General Hospital during 1996-1999.

A mood-disorder questionnaire was completed by 1,814 of the women during their second trimester, and 526 women completed a second questionnaire when they were seen at the clinic 6 weeks after delivery.

Bipolar disorder was diagnosed in women with a self-reported history of mania with or without a history of depression. Depression during pregnancy or the postpartum period was diagnosed when women scored at least 16 on the Center for Epidemiologic Studies Depression Scale.

The average age of the entire group of 2,340 women was 32.5 years, and 61% did not have children before the index pregnancy.

The women who finished their pregnancy questionnaires had a 3.2% overall prevalence of probable bipolar disorder at some time during their lives.

In the second trimester, the prevalence of depression was about 52% among women with a history of bipolar disorder, about 34% among those with a history of unipolar depression, and about 8% among women with no history of a mood disorder.

The differences between the bipolar and unipolar groups and the women with no mood disorders were statistically significant, Dr. Viguera reported.

At the sixth week post partum, the prevalence of depression was 50% among women with a history of bipolar disorder, about 32% among women with a history of unipolar depression, and about 6% among women with no history of mood disorders.

Again, the prevalence of depression was significantly greater among women with a history of bipolar disorder or unipolar depression, compared with those who did not have this history.

During and after pregnancy, depression should be closely monitored, especially in women with a history of depression or bipolar disorder. These women can be treated like any other patients with these disorders, Dr. Viguera said. Patients with bipolar disorder should receive a mood stabilizer, while those with unipolar depression should get an antidepressant.

The passage of lithium from mother to child via breast milk was examined in a separate study that involved 10 mother-infant pairs. Serum and breast milk samples were obtained from both the mothers and infants at 4-12 weeks post partum, both before a dose of lithium was administered and within 12 hours after a dose. Repeat samples were collected from five patients.

The average maternal dose of lithium was 850 mg/day, which led to an average serum concentration of 0.76 mEq/L. The average lithium concentration in milk was 0.35 mEq/L, and the average serum level in the infants was 0.16 mEq/L.

The findings suggest a "rule of halves" for lithium: Breast milk contains about half the lithium concentration as maternal serum, and infant serum contains about half of the concentration in breast milk, Dr. Viguera said. (This means that infant serum contains about one-fourth the concentration in maternal serum.)

Nine of the 10 infants in the study showed no adverse effects from lithium exposure. One infant had an elevated level of TSH, but the level normalized within 2 weeks after lithium was stopped. All of the other nine infants had TSH levels that were within the normal range.

Renal function was normal for all 10 infants, and there were no other acute effects seen. Follow-up observations and reports also showed no late, developmental abnormalities.

In routine practice, infants who are nursed by mothers treated with lithium should be monitored by serum assays of TSH, blood urea nitrogen, and serum creatinine every 6-8 weeks during breast-feeding, Dr. Viguera said. ■

Pregnancy Often Triggers Bipolar Relapse, Studies Show

BY MITCHEL L. ZOLER
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PITTSBURGH — Pregnancy can trigger a relapse in women with bipolar disorder, especially if they stop their mood-stabilizing treatment.

Although data from several studies are conflicting, a prospective study showed that about two-thirds of women with a history of bipolar disorder had a relapse during pregnancy, Adele C. Viguera, M.D., said at the Sixth International Conference on Bipolar Disorder.

In that study, about half of the women had relapsed before their 18th week of pregnancy. Relapse was even more rapid in the postpartum period, with about half of the women studied having a return of their bipolar disorder within 6 weeks after delivery, said Dr. Viguera, of the department of psychiatry at Massachusetts General Hospital in Boston.

Results from a separate study, led by Dr. Viguera and first reported 2 years ago, showed that the majority of bipolar recurrences during pregnancy or postpartum involve either major depressive episodes or mixed states.

A major factor linked with recurrences is discontinuation of mood-stabilizing treatment, especially an abrupt stop. In Dr. Viguera's study which involved 82 women, the relapse rate among the women who stopped their mood-stabilizing medication was 75%, compared with a 35% relapse rate among women who continued their treatment.

Another important determinant of relapse is whether affective illness occurs during pregnancy.

In Dr. Viguera's study, a total of 61% of the studied women had a postpartum relapse. More than 80% of the women with relapses had affective illness during pregnancy.

As a result of this observation, "we're very aggressive about maintaining euthymia" during pregnancy, Dr. Viguera said at the meeting, also sponsored by the University of Pittsburgh.

But data are limited on the safety of treatment with mood stabilizers during and after pregnancy.

A study reported earlier this year showed that in a North American registry, treatment of pregnant women with valproic acid was linked with 16 fetal anomalies among 149 women treated, an 11% rate that was "much higher than expected," Dr. Viguera said.

Additional findings from studies of valproic acid use in pregnant women with epilepsy also show a relatively high rate of major malformations, fetal death, and developmental delay.

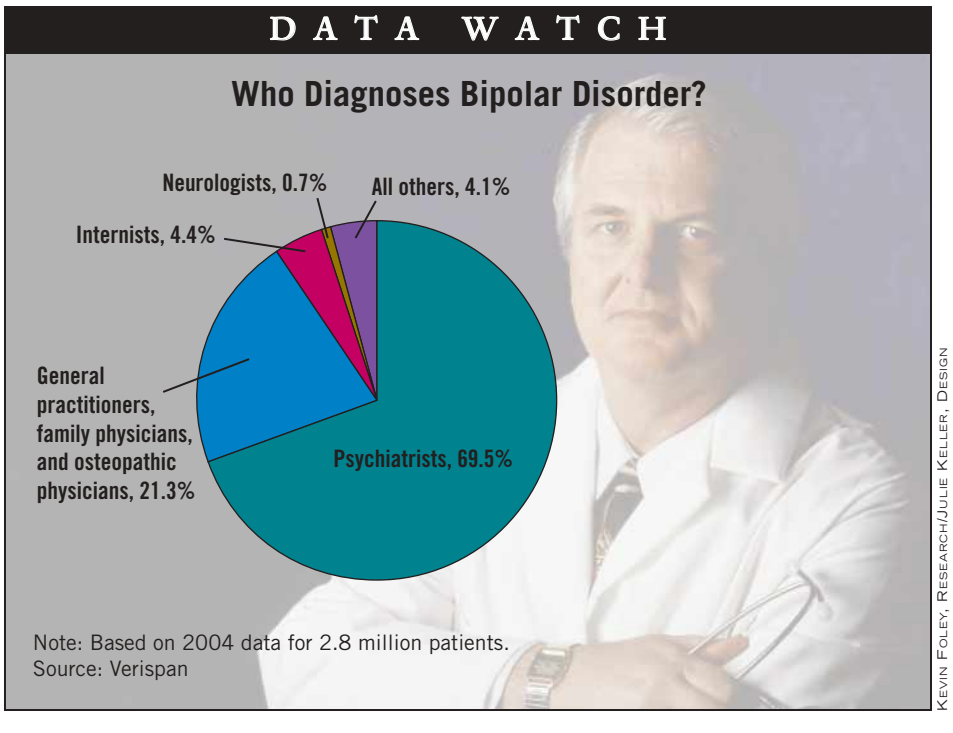
Results from another registry showed that treatment with lamotrigine was associated with a 3% incidence of major malformations in a series of 414 treated women.

The findings from other studies have confirmed that lamotrigine treatment is linked with fewer serious effects during a woman's pregnancy than other anticonvulsants.

Results from a prospective study published this year showed a single major malformation among 151 women who were treated with an atypical antipsychotic during pregnancy. The drugs included in this study were olanzapine, risperidone, quetiapine, and clozapine.

Although the low rate of fetal damage was reassuring, the number of women studied was too small to produce a definitive conclusion about safety, Dr. Viguera said. ■

DATA WATCH



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