PUERPERAL PSYCHIATRIC ILLNESS

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SYNOPSIS

In a study of 15 women with puerperal psychiatric illness, there were 8 with affective disorders (depression and mania), 6 with schizophrenia and 1 case of thyrotoxic psychosis. The mean age was 27.1 years, and 6 patients had a past history of psychiatric illness. The onset of symptoms began within a month after childbirth in all the cases, but 12 were unwell even in the first week. Follow-up after a year indicated that the prognosis was better for those with affective disorders compared with schizophrenia.

INTRODUCTION

There is a greater risk of admission to a psychiatric hospital during the 12 months after childbirth than at any other time in a woman's life (1, 2). Most psychiatric disorders in the puerperium are mild, transitory and predominantly depressive in nature. 'Post-partum blues', which affects more than half of normal women (3, 4) is characterised on the third or fourth day after delivery by weepiness, lethargy, despondency and anxiety often related to a conviction of maternal incompetence. A more severe mood disturbance, post-natal depression, may arise in the third week with accompanying complaints of fatigue, irritability and insomnia (1). Only a small minority with florid psychosis require admission to hospital.

The incidence of puerperal psychosis is estimated at about 1.4 to 4.6 per 1000 pregnancies (5, 6). It does not constitute an illness entity distinct from non-puerperal psychosis and can be classified as affective, schizophrenic and organic. This differentiation may be difficult in the early stages of the illness; and the survey by Protheroe (7) demonstrated a preponderance of affective disorders (68%), over schizophrenia (28%) and organic illness (4%). The onset is heralded by clouding of consciousness in 30% of cases (7, 8). The aetiological relationship to childbirth has been explained in terms of organic (endocrine or biochemical change) and psychosocial factors (attitude to childbirth, change in body image, social support, etc). Primiparity, unwanted pregnancy and premorbid neurotic personality may predispose but there is no relationship to obstetric complications (9).

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The aims of this study were to analyse the clinical characteristics and assess the outcome of the patients with puerperal psychiatric illness, referred to Woodbridge Hospital and the Department of Psychological Medicine, National University of Singapore.

METHODOLOGY

The case notes of all those whose recorded diagnosis referred to the puerperium were selected and those who were admitted to hospital or referred as outpatients within a year of childbirth were included in the study. Diagnostic criteria were based on the International Classification of Diseases (WHO 1978) (10). Age, parity, civil state, past psychiatric history, family history of psychiatric illness, the interval between delivery and onset of symptoms, as well as presence of delusion, hallucination, disorientation, lability of mood and abnormal behaviour (agitation, restless, agression) were recorded. The treatment regime and outcome on follow up after a year were noted.

RESULTS

There was a total of 15 women with puerperal psychiatric disorders and all were married. Their mean age was 27.1 years (range 22 to 33) and none had a family history of mental illness.

In the diagnostic classification, there were 8 women with affective disorders (6 depression and 2 mania), 6 with schizophrenia and 1 was admitted with thyrotoxic psychosis (Table 1). There was a past history of non-puerperal schizophrenia in 3 cases, puerperal schizophrenia in 1 and puerperal depression in 2. All those with depression were treated as outpatients but the 2 cases of mania needed hospitalization. Patients with schizophrenia were admitted to Woodbridge Hospital and the case of thyrotoxic psychosis was managed jointly with the endocrinologist at the Singapore General Hospital. Amongst the patients with affective disorders, 5 were primiparous and 3 multiparous; for those with schizophrenia, 4 were primiparous and 2 multiparous; the patient with thyrotoxicosis was multiparous.

Table 1 Characteristics ofl pueperal psychiatric illness in 15 women

Diagnostic group	Mean age in years	Previous psychiatric history	Inpatient/ outpatient treatment	Onset of illness after childbirth	Outcome after a year
Affective disorders (8 cases)	27.5	nil — 6 puerperal depression — 2	inpatient — 2 outpatient — 6	first week — 6 second week — 0 third week — 1 fourth week — 1	well — 6 still on treatment — 1 died (suicide) — 1
Schizophrenia (6 cases)	28.1	nil — 2 non-puerperal schizophrenia — 3 puerperal schizophrenia — 1	inpatient — 6	first week — 5 second week — 1	still on treatment — 4 defaulted treatment — 2
Thyrotoxic Psychosis (1 case)	25	nil	inpatient	first week	well

As shown in Table 1, the onset of symptoms occurred within the first month for all the cases and in the first week for 12 cases (80%). The salient symptoms were delusional ideas of persecution (especially towards family members), agitation and lability of mood (Table 2). The patients were admitted mainly because the families could not cope with the aggressive behaviour and restlessness. Disorientation in time and auditory or visual hallucination were uncommon.

Table 2 Symptomatology of puerperal psychiatric illness

	Affective disorder n=8	Schizophrenia n=6	Thyrotoxic psychosis n=1
Hallucination	—	3	—
Delusion	2	6	1
Disorientation	1	2	1
Lability of mood	2	3	1
Agitation	2	4	1

Patients with depression were treated with amitriptyline for about 6 months and 2 manic patients improved on haloperidol. The cases of schizophrenia were prescribed chlorpromazine or trifluoperazine and 2 patients were given electroconvulsive therapy as well. The duration of hospitalization varied between 2-4 weeks.

The single case of organic psychosis had been treated previously for thyrotoxicosis but was not consistent with medication. She began to manifest bizarre behaviour on the third day after deliveering a stillbirth. Her mood fluctuated between depression and elation with paranoid ideas against the husband and neighbours. Laboratory investigation revealed an elevated T_4 level. She was treated with propanolol,chlorpromazine, thiouracil and later radioactive iodine.

On follow up after a year, 6 patients (75%) with affective disorders recovered totally, one commited suicide and another was still on maintenance treatment. Those with schizophrenia did not improve as well —

4 needed further neuroleptic (fluphenazine decanoate) to prevent relapse and 2 defaulted treatment. The patient with thyrotoxicosis remained euthyroid and was without any psychotic symptoms.

DISCUSSION

The results of this study may not reflect the presentation of puerperal psychiatric illness in Singapore because of the small sample size. One would expect a higher incidence of affective disorders in that many mothers with mild depression are treated by the general practitioners or obstetricians and some may be undiagnosed. Most reports (7, 8, 11, 12, 13) support a predominance of affective disorders over schizophrenia, and organic psychosis is relatively uncommon. Patients referred for psychiatric treatment in Singapore are usually severely ill with florid psychosis and agitation.

The mothers with depressive illness were able to cope at home probably with the assistance of relatives and none had to be admitted. One depressed patient committed suicide after killing her baby; 4 others improved on antidepressant and another continued to have recurrent depressive episodes which necessitated lithium therapy. Of the 6 cases of schizophrenia, 4 had previous psychiatric history — on follow-up, 2 defaulted treatment after the third month but the rest needed maintenance fluphenazine decanoate to remain in remission. The thyrotoxic psychosis could have been precipitated by the stress of childbirth and the death of the foetus. After discharge from hospital she suffered a brief relapse but recovered rapidly. In the main, the recovery rate is good for affective disorders and the main predictor of a poor outcome is a diagnosis of schizophrenia (5, 7, 11).

The risk of developing a post-partum mental disorder diminishes as the puerperium advances. According to Jannson, (8) about 90% of cases began in the first 6 months after parturition and the majority in the first ten days. In this study the symptoms emanated within the first 4 weeks in all the patients and 12 patients (80%) in the first week.

The recent study by Dean and Kendel (14) examined the phenomenology of post-partum affective disorders. The puerperal depressed patients showed more psychotic symptoms (hallucinations and delusions), disorientation, agitation and lability of mood than non-puerperal controls. In our sample the common clincial features of puerperal psychosis included delusions, lability of mood and agitation.

In the management, the present trend advocates admitting both mother and baby, but careful supervision is needed (15, 16). It is generally accepted that the mentally-ill mother can take some responsibilities in baby care to enhance confidence, skill and the bonding process. In a woman who has had puerperal psychosis, the risk of recurrence if she becomes pregnant again is 17.7% (17), and the risk of having a non-puerperal psychosis is estimated at about 30-40% (7).

ACKNOWLEDGEMENT

We wish to thank Dr Teo Seng Hock, Officiating Director of Woodbridge Hospital, for his support and the staff of the Medical Records Office, Woodbridge Hospital for their assistance.

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