PEACE for Moms

DEPRESSION SCREENING AND TREATMENT ALGORITHM FOR CLINICIANS
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1 in 5
Women will develop pregnancy related symptoms of depression, anxiety or psychosis

50%-85% will experience Baby Blues
2%-3% will develop Bipolar Disorder

Who is at Greater Risk?

- Personal history of a mood disorder or anxiety
- Family history of a mood disorder or anxiety
- Lack of social support (single mother, geographically isolated)
- Low socioeconomic status
- History of trauma including birth trauma
- Current domestic violence and/or relationship discord
- Multiple births
- Chronic medical illness
When to screen your patient?

**During Pregnancy.**
- At the time of their first prenatal visit
- The visit when you discuss results of Gestational Diabetes testing (24-28 weeks)
- Any time you have concern for the patient

**After Delivery.**
- 2 weeks postpartum if high risk for PPD/PPA
- 6 weeks postpartum for all patients
- 6 and 12 months postpartum (with OB or PCP)
- 3, 9, and 12 month pediatric visits
Treating patient for EPDS ≤ 8 OR PHQ-9 ≤ 4?

An EPDS score of 8 or lower OR a PHQ-9 less than 5 suggest that the patient is NOT depressed and their current level of functioning should be supported.

Options include observation and support,

**Patient Reports:**
- Occasional sadness
- Some inner tension
- Generally content
- Normal appetite, sleep, and personal hygiene
- Good concentration and motivation
- Enjoying social interactions
- Good self esteem
- Improvement with rest or sleep
- NO SUICIDAL IDEATION
- NO PSYCHOTIC SYMPTOMS

**Treatment Options:**
- Support and education
- Address difficulty infant may be having with sleep, colic or feeding
- Emphasis on self care, i.e., sleep, diet, rest
- Dietary supplements such as Omega 3 Fatty Acids
- Complimentary/Alternative therapies
- Community and social support
- Support groups and peer counseling
Treating patient for EPDS 9-13 OR PHQ-9 5-9

An EPDS score between 9-13 or a PHQ-9 between 5-9 suggests the patient may be MILDLY DEPRESSED and comorbid illnesses must be considered:

Psychiatric: Substance abuse, Anxiety, PTSD
Medical: Anemia, Thyroid Disorder, Infection

Intervention and close follow up may be helpful.

**Patient Reports:**
- Mild apparent sadness but brightens easily
- Feelings of edginess and inner tension
- Problem staying or falling asleep
- Reduced appetite
- Difficulty concentrating
- Difficulty motivating self
- Less interest in being with friends, family
- Feels inferior or inadequate
- Angry outbursts, mood swings
- FLEETING SUICIDAL IDEATION

**Treatment Options:**
- Consider medication
- Psychotherapy for mother (i.e., “talk therapy” or counseling)
- Support and education
- Address difficulty infant may be having with sleep, colic or feeding
- Emphasis on self care, i.e., sleep, diet, rest
- Community and social support
- Support groups and peer counseling
An EPDS score between 14-18 or a PHQ-9 between 10-14 suggests the patient may be MODERATELY DEPRESSED and comorbid illnesses must be considered:

Psychiatric: Substance abuse, Anxiety, PTSD
Medical: Anemia, Thyroid Disorder, Infection

Intervention and close follow up may be helpful.

Patient Reports:

- Pervasive feelings of sadness and tearfulness
- Continuous tension
- Persistent anxiety and episodic panic
- Sleep reduced by two or more hours, multiple prolonged wakenings, early morning waking
- Feelings of inadequacy or self-hatred
- Hopelessness or despair
- Reduced appetite
- Poor motivation, concentration
- Withdrawal from friends and family
- Angry outbursts or mood swings
- POSSIBLE SUICIDAL IDEATION
- NO PSYCHOTIC SYMPTOMS

Treatment Options:

- Medication recommended
- Inpatient hospitalization may be considered if there are concerns for safety
- Partial hospitalization or day program may be appropriate
- Short term follow-up appointment
- Support and education
- Address difficulty infant may be having with sleep, colic, etc.
- Emphasis on self care, i.e., sleep, diet, rest
- “Talk” therapy - psychotherapy, counseling, group therapy
Treating patient for EPDS ≥19 or PHQ9 ≥16

An EPDS score 19 or higher, or a PHQ-9 16 or greater, suggests the patient may be SEVERELY DEPRESSED and comorbid illnesses must be considered:
- Psychiatric: Substance abuse, Anxiety, PTSD
- Medical: Anemia, Thyroid Disorder, Infection

Intervention and close follow up may be helpful.

**Patient Reports:**
- Pervasive feelings of sadness and tearfulness
- Continuous tension
- Persistent anxiety and episodic panic
- Sleep reduced by two or more hours, prolonged awakenings, early morning waking
- Feelings of inadequacy or self-hatred
- Hopelessness, despair, overwhelmed
- Poor appetite and unplanned weight loss
- Poor motivation, concentration
- Withdrawal from friends and family
- Angry outbursts or mood swings
- SUICIDAL IDEATION is common
- Unlikely PSYCHOTIC SYMPTOMS

**Treatment Options:**
- Medication recommended
- Inpatient hospitalization should be considered if there are concerns for safety
- Partial hospitalization or day program may be appropriate
- Short term follow-up appointment
- Support and education
- Address difficulty infant may be having with sleep, colic, etc.
- Emphasis on self care, i.e., sleep, diet, rest
- “Talk” therapy – psychotherapy, counseling, group therapy
A positive response on question 10 of the EPDS or question 9 on the PHQ-9 suggests the patient is SEVERELY DEPRESSED and may be at risk of self harm or suicide. Further assessment is necessary.

1. In the past two weeks, how often have you thought of hurting yourself or ending your life?
2. Have you ever attempted to hurt yourself in the past?
3. Have you made any plans or taken action to prepare to kill yourself?

Document assessment and plan in the medical record including the factors below:

**Protective Factors**
* Positive Self esteem
* Problem solving skills
* Community connection
* Financial security
  * Positive Relationships to family, friends
* Cultural, religious proscription against suicide

**Lower Risk of Suicide**
* No prior attempts
  * No plan
  * No intent
* No substance use
  * Has protective factors
  * Able to name reasons for being alive or not acting on suicidal thoughts

**Higher risk of Suicide**
* History of suicide attempt
* High Lethality of prior attempts
* Current Plan or Intent
* Substance Use
  * Access to lethal means
  * Lack of Protective factors
TALKING TO MOMS ABOUT DEPRESSION

Offer your patient an opening to discuss her emotional state

- How are you feeling about being pregnant/a mother?
- What things are you most happy about?
- What things are you most concerned about?
- Do you have someone you can talk with that you trust?
- How is your partner doing?
- Are you able to enjoy your baby?
- Do you worry about your baby's safety?
- Are you having thoughts or experiences that you find frightening

Patients may not identify as depressed. They use words such as:

- I am feeling overwhelmed
- I am having a hard time
- I have been having a lot of days
- I am really stressed/frustrated now.

Patients may not identify as depressed. They use words such as:

- Being a parent can be really tough
- You are dealing with a lot
- It is difficult when you have so much going on
- It is not unusual to feel sad/overwhelmed/frustrated
IDENTIFYING POSTPARTUM PSYCHOSIS

POSTPARTUM PSYCHOSIS: A RARE EVENT, BUT A PSYCHIATRIC EMERGENCY

Many women experience intrusive thoughts postpartum. These thoughts may be driven by, but also worsen, anxiety and depression. Intrusive thoughts (sometimes referred to as obsessions) are thoughts, images or phrases that are difficult to avoid or dismiss. Many times these intrusive thoughts focus on the mother harming the child. Differentiating intrusive thoughts from psychosis is very important.

Patient with intrusive thoughts:

- Finds thoughts to be inappropriate or wrong
- Has no visual or auditory hallucinations

Patients with postpartum psychosis:

- Does not consider thoughts to be inappropriate or wrong
- Poor insight (Delusional beliefs, distorted reality, paranoia)
- May present with visual or auditory hallucinations
- Has increased risk of harming child bases on their delusions or hallucinations

Patient with intrusive thoughts:

- Are you experiencing problematic thinking?
- Are you having thoughts or experiences which you find frightening?
<table>
<thead>
<tr>
<th>Medication may not be Indicated</th>
<th>Medication should be strongly considered</th>
<th>Consider Urgent Psychiatric Consult</th>
</tr>
</thead>
</table>
| • Mild depression per clinical assessment  
• No suicidal ideation  
• Engaged in psychotherapy  
• Symptoms have improved in past with psychotherapy  
• Able to care for self and family  
• Strong preference for psychotherapy | • Moderate to severe depression per clinical assessment  
• Suicidal ideation  
• Impaired ability to care for self or family  
• Current or prior history of severe depression  
• Current or suicide attempt or ideation  
• Comorbid anxiety diagnosis or symptoms | • Patient reports having active hallucinations  
• Expresses delusional beliefs  
• Reports suicidal ideation, with plan and or intent  
• Reports violent ideation with plan or intent toward others. |
ANTI-DEPRESSANT ALGORITHM
For someone CURRENTLY ON medication

Are their symptoms improving?

Continue medication.
Consider increasing dosage to help patient return to baseline

If at therapeutic dose for 4-8 weeks with no improvement consider changing medication

At each visit inquire about side effects, improvement, compliance

Is patient improving?
Tolerating the treatment?

CALL YES
NO YES
NO

YES
CONTINUE
AND
OPTIMIZE

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ANTI-DEPRESSANT ALGORITHM
For someone NOT CURRENTLY on medication

Have they taken an anti-depressant which helped in the past?

- Yes: Restart the medication. Titrate dose to what helped in past.
- No: Initiate and titrate a new antidepressant for the patient.

After 2-4 weeks reassess patient with EPDS. Check in regarding side effects and compliance.

Is patient improving? Tolerating the treatment?

- Yes: Continue and optimize
- No: CALL
COMMONLY USED ANTIDEPRESSANTS

- Most side effects will subside within a few days and can be addressed with minor changes.
- If patient is having intolerable side effects and not improving, change antidepressant.
- If patient has not improved or has adverse side effects on two or more SSRI, recommend change medication class. Please call PEACE for MOMS for guidance.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Starting Dose</th>
<th>How to increase</th>
<th>Therapeutic Range</th>
<th>Side Effects</th>
</tr>
</thead>
</table>
| Sertraline (Zoloft) | 25 mg         | Increase to 50 mg after 4 days. Increase to 100 mg after one week | 50-200 mg         | TEMPORARY
Nausea
Constipation
Diarrhea
Unsteady
Groggy
Headaches
Dizziness
Dry Mouth
Vivid Dreams

| Fluoxetine (Sertraline) | 10 mg         | Increase to 20 mg after one week | 20-40 mg         | PROLONGED
Weight Gain
Increased Appetite
Low Libido
Anorgasmia
Insomnia

<table>
<thead>
<tr>
<th>Citalopram (Celexa)</th>
<th>10 mg</th>
<th>Increase to 20 mg after one week</th>
<th>20-40 mg</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Escitalopram (Lexapro)</td>
<td>5 mg</td>
<td>Increase to 10 mg after one week</td>
<td>10-20 mg</td>
<td></td>
</tr>
</tbody>
</table>

£ Sertraline is consider to be the safer alternative in lactation. If a woman has done well on another antidepressant we do not recommend that you switch.
¥ If the patient has demonstrated minimal to no improvement and has minimal side effects, dose should be increased.
PEACE for Moms
Perinatal Psychiatry Education Access & Community Engagement

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