Identifying Risk Factors for Postpartum Mood Episodes in Bipolar Disorder: A UK Prospective Study

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Background

- Women with bipolar disorder are at particularly high risk of experiencing severe mood episodes following childbirth.
- Severe postpartum mood illness can have devastating consequences not only for the mother, but also for her baby and wider family.
- Identifying risk factors for severe postpartum illness in women with bipolar disorder is critical for illness prevention and management across the perinatal period.
- High quality prospective studies in this high-risk group are rare.

Aim

To determine risk factors for episodes of severe postpartum mental illness in women with bipolar disorder using a prospective longitudinal design.

Methods

Sample

Pregnant women with bipolar disorder are currently being recruited into the Bipolar Disorder Research Network (BDRN, BDRN.org). Inclusion criteria: a) lifetime history of DSM-IV/ICD-10 bipolar disorder, b) aged 18 years or over and c) currently pregnant.

Recruitment

Participants are recruited via a combination of systematic and non-systematic methods (Figure 1). Systematic methods include recruitment by clinicians or clinical studies officers from community or specialist perinatal psychiatry NHS services nationwide. Non-systematic methods of recruitment include advertising via national patient support groups, the BDRN website and local or national media.

Measures

- Lifetime psychopathology is assessed via a semi-structured interview (Schedules for Clinical Assessment in Neuropsychiatry) during the second or third trimester of pregnancy (baseline) with a follow up interview to assess perinatal psychopathology at 12-weeks postpartum (Figure 2).
- Data on obstetric factors, medication use, sleep and psychosocial factors related to pregnancy are obtained using a questionnaire administered by the researcher in the third trimester.
- Participants also complete a battery of self-report questionnaires to assess lifetime history of physical illness, current mental state and cognitive and personality styles.
- Blood sample collected for genetic analysis.
- Interview data are further supplemented by clinician questionnaires completed at 8-weeks postpartum and case-note review at 12-weeks postpartum.

Statistical Analysis

Potential risk factors, measured at baseline will be compared between women who experience episodes of perinatal illness and those who remain well.

Results

Figure 3. Recruitment figures

- 100 women interviewed during pregnancy
- 75 women have reached follow-up stage
- Follow-up data obtained for 73 women

Figure 4. Timing of relapse across the perinatal period

- 93% (20/22) of episodes had onset within 6 weeks postpartum.
- 17% (12/70) of women experienced an episode of postpartum psychosis, 8% (6/75) postpartum depression and a further 8% (6/73) hypomania (Figure 5).
- Postpartum relapse was more frequent in women with bipolar I disorder (43%, 20/46) than bipolar II disorder (15%, 4/27).
- 63% (15/24) women who relapsed postpartum took prophylactic medication in the peripartum.
- Almost all women who relapsed postpartum were receiving care from secondary psychiatric services (96%, 23/24).

Conclusions

Main preliminary findings

Rate of postpartum relapse in our sample is high, despite the majority of participants being under the care of specialist psychiatric services and taking prophylactic medication in the peripartum.

Ongoing Work

We continue to recruit a larger sample of women with bipolar disorder during pregnancy which will allow us to examine potential risk factors for severe postpartum illness in this high-risk group.

Implications

Identifying risk factors for severe postpartum illness using a prospective, longitudinal design will assist clinicians in providing accurate and personalized advice to women with bipolar disorder who are considering pregnancy.

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