



# News About Action on Puerperal Psychosis

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## Lithium/haloperidol Prophylactic Trial

The prophylactic trial is now looking quite promising. 16 women have now completed the trial and 2 more are now due to take part when their babies are born. More volunteers are needed so that the trial can be finished.

The aim of the trial is to establish whether taking lithium or haloperidol after giving birth is an effective way to prevent a recurrence of puerperal psychosis if you have had puerperal psychosis before. At present there is some evidence from retrospective studies to suggest that taking lithium is effective. The problem with these studies is that they were not double blind controlled studies. In a double blind study, some participants take the active drug and the rest take a placebo (a harmless substance which has no effect). Neither the participants nor the researchers who assess them know whether or not they are taking the active drug. The reason for this is that it is well known that simply believing a patient has been given an effective treatment can affect both the patient's and the doctor's assessment of how well they are. In this trial, only the pharmacy and the psychiatrist in charge of each patient will know whether they are receiving the active treatment. They will need to know this because patients taking lithium need to have regular checks of the level of lithium in their blood to ensure that it is just right. (Too little lithium isn't effective and too much can be harmful).

In this trial 1/3 of participants will get the placebo and 2/3 will get the active treatment. Lithium in breast milk may be harmful to babies, and for this reason, mothers in the trial who want to breastfeed will take haloperidol instead (assuming they are part of the 2/3 on the active treatment). The treatment (or placebo) will be started within a few hours of the birth of the baby and will continue for 8 weeks. A researcher will visit participants every 2 weeks during that period to assess how they are.

If you are currently pregnant and interested in the possibility of taking part in the trial, please contact [Professor Brockington](#), [Jackie Benjamin](#) or [Christine Murdoch](#). ♦

# Menstrual Psychosis

An international workshop was held at the University of Birmingham in August with researchers from a number of different countries including Chile, Germany, Japan, Israel, Italy and Switzerland. The workshop heard about cases identified in different countries and the different approaches to treatment. In the UK these cases are usually treated by using drugs which suppress the menstrual cycle. In Japan and Chile it is not culturally acceptable to do this and the tendency is to use other treatments, including the use of progesterone and oestrogen.

Menstrual psychosis has been known about for more than 150 years but is not properly recognised in the classifications of illnesses used by psychiatrists. It occurs when a woman suffers psychotic symptoms (such as confusion, delusions, hallucinations, stupor & mutism or mania) which only last for few days and recur in rhythm with her menstrual cycle. In between episodes there is complete recovery. Unlike the case where some women with chronic psychiatric disorders such as schizophrenia or manic depression find their symptoms worsen in rhythm with their menstrual cycle. Menstrual psychosis is very different from pre-menstrual tension, pre-menstrual syndrome or depression which is far more common. However it does not seem to be a disease entity in its own right as some women with menstrual psychosis have also had other episodes of more chronic illness, including puerperal psychosis in some cases.

It is difficult to diagnose Menstrual Psychosis because precise dating of a number of periods and episodes of illness is needed to prove statistically that the timing of illness is related to the menstrual cycle. But if it can be diagnosed, it offers a new range of treatments such as hormones ( oestrogen or progesterone), drugs stopping menstruation, and those which promote ovulation. In some cases these treatments are superior to conventional treatments, and can greatly improve the condition of women with menstrual psychosis and stop symptoms completely.

As a result of the workshop, the researchers who took part hope to collaborate in the future on research to shed more light on this little understood condition. We are keen for any women who think they may be suffering from Menstrual Psychosis to contact [Professor Ian Brockington](#) at

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## How much should patients be told ? - your views

In the last issue we included information about the risks of having further non-pregnancy related episodes of mental illness if you have suffered from puerperal psychosis. I asked for readers' views on the question of whether it is better to know about these risks or be left blissfully unaware. I have had a lot of letters on the subject which I will try to summarise.

Although all the replies we received were in favour of patients being given full information about their risks of having repeat episodes and this includes not only being told about the risk of having another psychosis following another pregnancy, but also being told about the risk of being mentally ill at some other time in the future.

Anna Davison points out that very little is definitely known about puerperal psychosis and that doctors should avoid making sweeping statements. She thought that it was up to psychiatrists to judge when a patient is ready to receive the full facts about the illness. This would probably be when being discharged from out-patient psychiatric care. As she says, "If a patient is unable to deal with this information at this time then the question arises, are they ready to be discharged?"

Val Pearson and **Diane Malpass** both had moving points to make about being given proper information on which to base the decision about whether to have more children. Diane was advised not to have any more children but was not told of the risk that she might be ill again anyway. Some time later she suffered a manic depressive breakdown. She says, "If we had been given correct information regarding the possibility of further incidence of depression then who knows we may have decided to add to our family. An informed choice would have been preferable to a future of "what ifs"." Val on the other hand, was not advised against having a second child, although she did know there was some risk of being ill again. She was much more severely ill the second time. She writes "However, 23 years on I am thankful that I have two sons ( my other son will be 18 in July). I am happy with life and although I have been "through the mill" being in various Psychiatric Hospitals for ECT treatment, I am a stronger person by having such an experience."

Chris England writes "that self respect and being in control is vital to a person's sense of self esteem." Having full information is important for this. However from her many years' experience in running a support group for women who have suffered post-natal illness she believes that a minority of women never want to have full information and prefer to rely on others.

Another reader says that she also prefers to be told about the risk of getting ill in the future. She particularly appreciates " when doctors .. are honest and say when they don't personally know or that no one knows the risk of something concerning mental or medical health. " She likened mental illness to medical conditions like asthma which "can flare up under conditions of stress. Knowledge about risk, symptoms and triggers give you the tools to decide for yourself about how to acceptably adjust your lifestyle.." One example she gives is getting someone else to look after you baby at night.

Another reader feels strongly that she should have been made aware of the risk of getting ill again , having had a severe recurrence of her illness following some stressful family circumstances some years later. She feels it is important that this risk should become almost common knowledge so that not only women who have suffered puerperal psychosis, but also their families and friends would be well aware of the risks and be in a position to spot warning signs.

I had been concerned that perhaps being too aware of the risks of repeat episodes, I had almost "thought" myself into one.

Simone Plaut wrote that " I believe our bodies are set up for a further bout of mania regardless of being warned about it ". She now has a supply of medication at home in order to get over any bouts of high stress or poor sleep.

All in all, the message to psychiatrists is that women definitely want to be given full information. That includes knowing about the risks of being ill in the future. It also includes being told what doctors do not know or are not sure about. However the last word should go to one reader who pointed out that women who don't want to know about the risks, probably wouldn't be reading this newsletter ! ♦

## **Recent Research**

An important Danish study on puerperal psychosis was published in The British Journal of Psychiatry (**Terp & Mortensen** , "Post-partum psychoses, clinical diagnoses and relative risk of admission after parturition" 1998, **172**, 521-526). This study looked at the importance of childbirth as a risk factor for the onset of psychosis. It was seeking to replicate the findings of an earlier study ( Kendell et al., 1987 British Journal of Psychiatry **150** 662-673) which found that the rate of admission to a psychiatric hospital with a psychotic illness was highly increased during the first 30 days after childbirth compared to the admission rate among the same women before delivery.

The Danish study used a somewhat different method. By linking the Danish Medical Birth Register and The Danish Psychiatric Central Register for a period of 20 years (from 1973 to 1993), they compared the admission rate for women after delivery with the admission rate for women of similar age who had not had children. Unlike the earlier study by Kendell, this study found that the overall relative risk of psychiatric admission ( i.e. the risk compared to other times in a woman's life) was only slightly increased after childbirth. They did find that the admission rate for a first psychiatric admission was highly increased, whereas the admission rate concerning readmissions was reduced. The reasons for the difference from the earlier study are not altogether clear. The study included women who had pre-existing diagnoses of mental illness and it is suggested that they have a reduced fertility rate compared to other women which would lead to a bias in the statistics.

The study found a rate of post-partum psychoses of 0.89 in 1000 births which is consistent with , although a little lower than, earlier studies.

## **New Mother & Baby Unit In Bangalore, India**

Dr. Prabha Chandra is setting up a Mother & Baby Psychiatric Unit in Bangalore, India. She sees many cases of puerperal psychosis in her work and is interested in setting up a network similar to APP with a newsletter in the local language, Kanaka. Dr. Chandra is keen to carry out research in this area and writes that "We have started a project on mother infant interactions with the inpatients admitted - pre and post treatment. The unit is also planning to bring out training material for nurses and informational material for mothers with postpartum psychiatric problems." ♦

## Books on Puerperal Psychosis

I am frequently asked to suggest books which give information about puerperal psychosis. Unfortunately there does not seem to be anything available which is aimed at patients and their friends and families except some brief leaflets which do not go into much detail. There are two books aimed at health professionals which go into the subject in more depth: - **Perinatal Mental Health – a sourcebook for health professionals** by Diana **Riley**, published 1995 by Radcliffe Medical Press, Oxford, price £16.50- this very readable and gives references to source material.

[Motherhood and Mental Health](#) by Ian **Brockington**, published 1996 by Oxford University Press, price £55- This is even more thorough and authoritative and is definitely the place to look if you want as much information as possible. However, be warned that the language is very technical and if you are not a health professional you will probably need a medical dictionary in your hand as you read it. It has taken me several readings to start getting to grips with it. ♦

## Contacts

You can write to any member of the team at:

*Department of Psychiatry, University of Birmingham, Queen Elizabeth Psychiatric Hospital, Mindelsohn Way, Edgbaston, Birmingham, B15 2QZ*

You can reach me (Jackie Benjamin) by e-mail at [J.F.Benjamin@bham.ac.uk](mailto:J.F.Benjamin@bham.ac.uk)

### New phone number

[Christine Murdoch](#) (Research Assistant)

0121 678 2354 ( Christine is usually available from 9am -midday Mondays to Thursdays. At other times messages can be left on the answerphone.)

### Changes of Address

Please remember to let us know if you change your address.

### Mind infoline

Mind, the national mental health charity, provides a telephone information service. The lines are open Mondays to Fridays 9.15 am to 4.45 pm. You can reach them on **0345 660 163** (outside London) or **0181 522 1728** (Greater London).

### MAMA PNI Helpline

The Meet-A Mum Association (MAMA) runs a PNI Helpline for mothers suffering from Post-Natal Illness (PNI) and their families. The Helpline is operated by trained

volunteers who provide a listening ear. The Helpline is open Mondays to Fridays,  
7pm-10pm on 0181 768 0123.

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8 November 1999