



News About Action on Puerperal Psychosis

Volume 5 Issue 1 May 2000

Molecular Genetic Study

Dr. Ian Jones is spending a year at the Virginia Institute for Psychiatric and Behavioral Genetics, at Virginia Commonwealth University, USA working with Professor Kenneth Kendler and his group. This group is one of the most eminent groups in the world in the field of psychiatric genetics. Ian will be learning more about statistical genetic approaches. The Institute is home to the Mid Atlantic Twin Registry which includes the families of twins born or living in North Carolina, Virginia, and South Carolina who are willing to consider participating in health-related research. Ian will be working on data from this Registry, looking at mood changes in pregnancy and the post-natal period.

While Ian is away Emma Robertson will be continuing to visit APP members to interview them and collect blood samples for the research into the molecular genetics of puerperal psychosis. Ian and Emma have asked me to extend their thanks to all the APP members who have helped them with the research, especially for the warm welcomes they have received on their visits.

We're now able to crack on with the laboratory work, looking at variants of the serotonin transporter gene and also at how oestrogen may interact with this. However it's still too early to be able to announce any definite results.

Lithium/haloperidol Trial - More volunteers needed

The prophylactic trial is now looking promising. 18 women have now taken part. 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. We know that there is high risk of recurrence following subsequent pregnancies but there is no scientifically proven way of preventing this. 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, [Jackie Benjamin](#) or [Christine Murdoch](#).

Can you help us spread the word?

One way that we reach out to women who may be interested in joining APP is by encouraging journalists who are interested in writing about the condition. They usually want to interview someone who has suffered puerperal psychosis and often want a photo for publication. I have given a number of interviews for publications such as The Guardian, The Yorkshire Post, The Birmingham Post, Practical Parenting, Parents and TV Quick magazine. A few other APP members have also helped by giving interviews, as I am now becoming somewhat over exposed. It would be very helpful if other APP members could let me know if they are prepared to consider being interviewed by the media.

You need to consider carefully whether you are prepared to go public about the problems you have suffered. Not everyone would want to do this. I haven't found that going public has been a problem for me although I was taken aback when my son's teacher told me that the TV Quick article was being passed round the staff room at my children's school!

If you would be prepared to give interviews in order to help us publicise APP and put the problem of puerperal psychosis in the public eye, please contact me. We keep all details about members confidential and would not give out any information or contact details to a journalist without the specific permission of the member involved.

Jackie Benjamin

Interview Study

Dr. Monica Doshi is now proceeding with statistical analysis of interviews completed as part of this project. She will be comparing pregnancies affected by puerperal psychosis with pregnancies in the same women, which did not lead to episodes of puerperal psychosis. She asked me to pass on her thanks to all the APP members who have helped with this project.

Nursing Standard article questions need for Mother & Baby Units

A study published in the Nursing Standard last August has caused great concern to the staff in Mother & Baby units across the country. It was published under the heading "Who needs a mother and baby unit?" The study itself is a series of statistics about 69 admissions to a 2 bed Mother & Baby Unit in a psychiatric hospital in North Cheshire over a 10-year period. The authors present a breakdown of these admissions and a variety of statistics about them and then conclude that there is no hard evidence to justify the use of Mother and Baby Units.

This study could hardly have been expected to provide any such evidence since it doesn't present a comparison with patients admitted to any kind of service and in any case the unit studied is very small and not separate from the general adult ward of the hospital. There is no evidence either to justify separating mothers from their babies and the authors are probably right in suggesting that more research is needed. What is alarming is the sensationalist way in which the journal has presented this article. In this time of continuing financial pressure on all parts of the NHS, specialist services such as Mother & Baby Units are continually required to justify themselves. I would like to hear from any of you who have been separated from your babies because of the lack of a suitable Mother & Baby Unit in your area and who are prepared to let your story become public in a bid to highlight the need for these units to continue. Please get in touch if you can help.

German long term study

Psychopathology 1999;32: 192-202 Long-Term Course and Outcome of Severe Postpartum Psychiatric Disorders

B.Pfuhmann, E. Franzek, H. Beckmann, G.Stober

Researchers at the University of Wurzburg looked at the cases of 39 women who had suffered from a severe first-episode postpartum psychiatric illness, which started within 6 months of delivery and re-examined their situation after periods of between 6 and 26 years. Of the 39, 6 (15%) had never suffered any further problems, 4 (10%) had never fully recovered. In 20 cases (51%) the women had recovered but suffered further episodes of illness averaging 2 1/2 episodes per patient. The majority of relapses (72%) were not pregnancy related. 19 women (49%) had 22 further deliveries and the risk of relapse after or during a further pregnancy was 50%. 75% of all the re-examined patients were completely well at the time of follow up. And 90% had regained full working capacity.

The risk of relapse in further pregnancies is higher than was found in earlier studies. Nevertheless the authors conclude that in view of the short duration of episodes of illness and the favourable outcome women should not be advised against further pregnancies. They should instead be correctly informed about the risk of relapse as well as the prognosis. It is a personal decision in every case to weigh up how much you want another child against the chances of becoming ill.

Study of ECT for puerperal psychosis

Journal of Affective disorders 54 (1999) 255-260 " A comparison of clinical response to electroconvulsive therapy in puerperal and non-puerperal psychoses " *Appleby et.al*

This study, based at the University Hospital of South Manchester, examined whether there is any evidence for the supposition that puerperal psychosis responds particularly well to ECT treatment. They compared the mental state 4 weeks after stopping ECT treatment of 69 women whose illnesses had begun within 3 months of childbirth and who were admitted to the Mother & Baby Unit with the mental state of 68 other female patients (under the age of 45) who received ECT for illness unrelated to childbirth. The study found that the women with puerperal illness did show greater improvement in their condition after ECT than the other women. However the authors suggested this should be regarded as a preliminary finding only as the study was based only on retrospective analysis of the case notes rather than being set up as a prospective experiment. A number of possible reasons were suggested for the findings:

- Perhaps doctors are more willing to use ECT in puerperal cases without waiting so long to be sure that drug treatments are not working.
- Perhaps being in a Mother & Baby Unit contributes to improvement in a patient's mental state.
- Women with puerperal psychosis admitted to the Mother & Baby unit may be less severely ill or have less complicating social factors to their illness.
- Perhaps puerperal psychosis has a better outcome than other illnesses regardless of how it is treated.

You may be interested to know that Louis Appleby, one of the authors of this study, has recently been appointed as the Government's National Czar for Mental Health Services.

Turkish follow up study of puerperal psychosis

Acta Psychiatrica Scandinavica 1999;100:199-204 *Kirpirnar et. al.*

This study followed up 64 patients who were admitted to a psychiatry clinic with puerperal psychosis and compared them with 64 control patients. The findings were that the majority of the puerperal psychosis patients were young, married, first time mothers with a low educational level living in rural areas. This contrasts with other western studies, which suggest that Puerperal Psychosis has a similar level of incidence in different populations. More than 75% of them had further psychotic

episodes during the 11-year follow up period. This high rate of relapse may be due to the high rate of subsequent pregnancies compared to Western populations. At the follow up investigation 42% of the puerperal cases were diagnosed as schizophrenia. This contrasts with most previous Western studies, which have found puerperal psychosis to be much more related to manic-depression. The authors suggest that there may be geographical difference in the relative frequency of schizophrenia. They stress that the findings should only be regarded as preliminary because of the retrospective nature of the study, which depended on looking at patient records.

Sorry this Newsletter is late

Apologies for the lateness of this newsletter which is due to my having been slightly unwell again. I realised in March that I was becoming high. A combination of low doses of antipsychotic medication and avoiding too much stimulation seem to be bringing things under control and avoiding a full blown manic episode. Unfortunately it meant that I had to stop working for while and was unable to prepare the newsletter in time for distribution in April.

Jackie Benjamin

Contacts

You can write to Jackie Benjamin or any other member of the team at

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

You can also reach me (Jackie Benjamin) by e-mail at j.f.benjamin@bham.ac.uk

Telephone number

Christine Murdoch (Research Assistant)

0121 678 2354 (9am -midday Mondays to Fridays)

c.murdoch@bham.ac.uk

Changes of address

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