POSTPARTUM PSYCHOSIS: TREATMENT

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Background
Postpartum psychosis appears to be a group of mood and psychotic disorders. They have in common the emergence of psychotic symptoms such as delusions and hallucinations in the first weeks postpartum.

Women are more likely to experience psychosis during the period following childbirth than at any other time in their lives. In these women appear more likely to commit suicide or homicide than the general population. It’s a medical emergency.

Ensuring safety and initiating treatment with psychotropic drugs are the initial priorities of clinical management.

Main Objective
It knows the treatment of postpartum psychosis

Methods
Literature review of articles in PubMed, Medline, Cochrane Library and Uptodate data.

Preliminary Results
Antipsychotic medications are typically the first-line treatment for psychosis and agitation in postpartum psychosis.

The choice of agents should be restricted to those with better safety data in pregnancy and lactation. It’s prefered olanzapine, quetiapine, and risperidone over aripiprazole, ziprasidone and Iloperidone because of longer clinical experience and the safety data in pregnancy and lactation. Treatment should be continued for at least one year to reduce the risk of relapse

Benzodiazepines such as lorazepam have been found to be effective adjuncts to antipsychotics in inducing sleep or controlling agitation in other psychotic disorders. Early intervention to promote sleep in postpartum psychosis may avert or attenuate the psychotic episode.

Conclusions or Comments
Insomnia, which can be an early symptom of a mood disorder and a trigger for an episode of postpartum psychosis, can be treated postpartum with a benzodiazepine.

Irritability, a symptom of mood instability, can be treated with one of the antipsychotics.
Education is an important component of prevention. Patients at risk for postpartum psychosis and their partners or other family members should receive education about risks and early signs of a mood or psychotic disorder (eg, insomnia or irritability).

References