ISSN: 0975-8585

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Psychopharmacotherapy of Mental Disorders In The Course Of Physiological Pregnancy

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ABSTRACT

The authors examined 450 women aged 17 – 38 (25.6±4.4) years old with physiological pregnancy. In 26.9% of cases clinically outlined mental disorders were diagnosed: 19.3% - neurotic ones, connected with stress and somatoform disorders, 3.8% - endogenic mental disorders (schizophrenia, schizotypal disorder and affective illnesses of mind), 2.4% - organic ones, including symptomatic mental disorders, 2% - alcoholism, and 1.8% - mental defectiveness. Most of mental disorders evolved long before pregnancy and in the course of it aggravated under the influence of neuroendocrinal changes. Symptoms of depression and anxiety prevailed. The article describes approaches to psychopharmacotherapy and matters of interactions between obstetricians and psychiatrists in the course of treatment of this contingent of women.

Keywords: pregnancy, mental disorders, depression, antidepressants, minor neuroleptics.

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ISSN: 0975-8585

INTRODUCTION

Women with the first pregnancy in 30-70% have non-psychotic mental disorders [1, 2, 3], more than half of them (56%) are depressive disorders. Prevalence rate of depression during pregnancy is between 10% and 16% [4], and for its genesis unfavourable social factors play an important role. Depression throughout pregnancy bears a risk for mother and child [6, 7], therefore it is important to diagnose it betimes and provide an adequate therapy. For this purpose we suggest [8] to use selective serotonin reuptake inhibitors (SSRIs), which do not raise the risk of congenital deformities [9, 10].

Research objective

Development of differentiated approaches to psychopharmacotherapy during physiological pregnancy on the basis of verification of prevalence rate and clinical structure of mental disorders.

MATERIALS AND METHODS

We examined 450 women aged 17 – 38 (25.6±4.4) years old with pregnancy without major complications. The research took place in the third trimester. All women gave a voluntary informed consent to a psychiatrist's examination. The research protocol was approved by the Ethics Committee. Main methods of research were the following ones: clinical-psychopathologic (diagnosis was stated according to ICD-10), psychometrical (Beck Depression Inventory, Hamilton Anxiety Rating Scale – HARS, Leary's interpersonal relationships research method) and statistical one.

RESEARCH RESULTS

Clinical analysis showed (table), that in 121 (26.9%) cases mental disorders were diagnosed: 19.3% - neurotic ones, connected with stress and somatoform disorders, 3.8% - endogenic mental disorders (schizophrenia, schizotypal disorder and affective illnesses of mind), 2.4% - organic ones, including symptomatic mental disorders, 2% - alcoholism, and 1.8% - mild mental defectiveness.

Speculation

Mental disorders evolved long before pregnancy and in the course of it aggravated under the influence of neuroendocrinal changes.

Late effects of brain injury (F06.08) were evident due to obligatory symptoms and signs such as headache, meteosensitivity, shuddering at falling asleep and in sleep, undue fatiguability. During psychometrical examination we revealed a state of mild depression and anxiety.

At *neurosis-like syndrome* (claustrophobia if it is necessary to stay at home alone or to go by share taxi) we prescribed SSRIs fluoxetine 0.02 and diazepam 0.005-0.01 per day.

In case of *psychopathy-like syndrome* (irritability, ostentation, affectability, egoism) we prescribed small doses of minor neuroleptics (sonapax 0.02-0.03) and antidepressants SSRIs (fluoxetine 0.02) per day.

In case of *mental and behaviour disorders because of alcohol abuse (state of abstinence)*, during our observation, notwithstanding that patients had affective disorders and anxiety, all of them refused psychopharmacotherapy in favour of psychotherapy.

In case of *schizophrenia* in remission, from the second-third month of pregnancy we observed dyssomnic disorders, pessimistic estimation of future. In condition of high quality remission, if depressive, anxiodepressive disorders arose, we prescribed SSRIs fluoxetine 0.02 and chlorprothixene up to 0.45-0.60 per day.

In case of *schizotypal disorder* from the second month of pregnancy we observed asthenia, low mood, anxiety, unsociability, apprehensions for state of health. We prescribed SSRIs fluoxetine 0.02, sonapax 0.03, pantogam 0.5 per day. In 10-14 days patients' state improved: mood mended, anxiety lowered, activity arose,

ISSN: 0975-8585

they started wanting to do something. They began looking after themselves, performing household work. Medicine was being taken until partus.

In case of *affective illnesses of mood* during the second trimester of pregnancy patients felt fading of mood without cause, undue fatiguability, tearfulness, lost appetite. We prescribed antidepressants SSRIs (fluoxetine 0.02), minor neuroleptics (sonapax, chlorprothixene 0.015-0.03), nootropics with tranquilizing effect (phenibut 0.5) per day. In 10-14 state improved, medicine was being taken until partus and in more than half of cases after partus.

Table: **Structure of the pregnants' mental disorders**

№	Code ICD-10	Clinical unit	Amount	%
1		**Mentally sane**	**329**	**73.1**
2	**F0**	**Organic diseases, including symptomatic mental disorders**	**11**	**2.4**
	F06.8	***Late effects of brain injury***	***11***	***2.4***
	F06.8	*- neurosis-like syndrome*	*6*	*1.3*
	F06.8	*- Psychopathic-like syndrome*	*5*	*1.1*
3	**F1**	**Mental and behaviour disorders because of psychoactive substances abuse**	**9**	**2.0**
	F10.20	*- Mental and behaviour disorders because of alcohol abuse. For the time being - abstinence*	*9*	*2.0*
4	**F2**	**Schizophrenia, schizotypal and delusional disorders**	**5**	**1.1**
	F20.55	*- Schizophrenia, paranoid form, episodic type of course with stable deficiency, remission*	*3*	*0.7*
	F21	*- Schizotypal disorder*	*2*	*0.4*
5	**F3**	**Affective illnesses of mind**	**12**	**2.7**
	F32.0	*- Mild depressive episode without somatic symptoms*	*7*	*1.6*
	F33.0	*- Recurrent depressive disorder*	*5*	*1.1*
6	**F4**	**Neurotic disorders, connected with stress and somatoform disorders**	**63**	**14.0**
	F40	***Anxiety phobic disorders***	***11***	***2.4***
	F40.1	*- Social anxiety disorders*	*4*	*0.9*
	F40.2	*- Specific (isolated) phobias*	*7*	*1.5*
	F41	***Other anxiety disorders***	***12***	***2.7***
	F41.1	*- Generalized anxiety disorder*	*4*	*0.9*
	F41.2	*- Combined anxiety and depressive disorder*	*8*	*1.8*
	F43.2	***Adjustment disorder***	***25***	***5.5***
	F43.20	*- Short-time depressive reaction*	*14*	3.1
	F43.22	*- Combined anxiety and depressive reaction*	*11*	2.4
	F45.3	***Somatoform vegetative disfunction***	***4***	***0.9***
	F48.0	***Neurasthenia***	***11***	***2.4***
7	**F6**	**Disorders of mature personality and behaviour of adults**	**13**	**2.9**
	F60.30	*- Emotionally unstable personality disorder, impulsive type*	*2*	*0.4*
	F60.6	*- Anxious (avoidant) personality disorder*	*3*	*0.7*
	F60.4	*- Hysterical personality disorder*	*4*	*0.9*
	F60.7	*- Dependent personality disorder*	*4*	*0.9*
8	**F7**	**Mild mental defectiveness**	**8**	**1.8**
TOTAL			**450**	**100**

In cases of *neurotic disorders, connected with stress and somatoform disorders* therapy was prescribed in accordance with major syndrome and psychotherapy effectiveness. In case of *social anxiety disorders* (test phobia, ereuthophobia accompanied by tachycardia, cold and sweaty extremities) after pregnancy beginning fears and apprehensions became stronger and acquired content connected with the current situation. In case of *specific phobias* (fear of injections, spiders, serpents) during pregnancy they were afraid that in case of possible poor uterine contraction strength injections would be needed for labor induction. Private and group psychotherapy were carried out.

Other anxiety disorders were represented by generalized anxiety disorder and combined anxiety and depressive disorder, with depressive symptoms and signs present in clinical picture, which did not reduce after

psychotherapy, we prescribed SSRIs (fluoxetine 0.02) and nootropics with tranquilizing effect (pantogam 0.5) per day.

In case of *adjustment disorders*, observed mainly among pregnant women who became restless, worrisome and emotionally unstable in reaction to psychic trauma (break of important relationships with father of a future child, spouse's treason, husband's death), clinical picture was determined by low mood, anxiety, apprehension for future upbringing of a child, obsession with conflict relationships. All patients went to sessions of private psychotherapy. State improved after 3-5 sessions and normalization of family relationships.

Somatoform vegetative disfunction was observed independently only in 4 cases of irritable patients, having several psychic traumas in anamnesis (death of parents, danger to life). After this for a short period of time they had dismal mood, tachycardia, anxiety, apprehensions for their future. In these cases we prescribed SSRIs (fluoxetine 0.02) and sonapax 20 mg per day; given panic disorders, we added also diazepam 0.005 2-3 times per day.

In case of *neurasthenia*, disorder's symptoms and signs evolved long before pregnancy and were connected with hypersociality and enhanced responsibility of examined women. From the 3rd month of pregnancy asthenia became stronger, their ability to cope with work dropped, they had excessive tearfullness, irritancy, light sleep. Sexual interest decreased, women refused sex, which led to family fights. For treatment of such patients we used mainly psychotherapy, only in some cases, when it appeared to be ineffective and women were highly irritable and fatigable, for a short period of time we prescribed nootropics with tranquilizing effect (pantogam 0.5) and minor neuroleptics (sonapax 0.01) per day.

In case of *personality disorders* from the second trimester we observed fading of mood, hyperirritability. For "relaxation" pregnant women used alcohol drinks, which led to family conflicts. Psychometric examination revealed minor symptoms of anxiety and depression. We used methods of private psychotherapy combined with antidepressants (fluoxetine 20 mg in the morning) and minor neuroleptics (sonapax 20 mg per day). In case of *minor mental defectiveness* (IQ was < 69 points) from the second trimester of pregnancy we observed signs of asthenia (fatiguability, neediness, tearfulness). We prescribed minor neuroleptics (sonapax 0.01) and nootropics with tranquilizing effect (pantogam 0.25) 2 times per day.

In all cases of medication prescription we noted positive therapeutic effect.

CONCLUSION

Physiological pregnancy as is does not cause mental disorders. Clinically outlined mental disorders, which we observed in 26.9% of cases, evolved before pregnancy. At the syndrome level symptoms of depression and anxiety prevailed. Use of minimal therapeutic doses of SSRIs and minor neuroleptics yields positive therapeutic result.

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