NETWERKEVENT

Expertisecentrum Perinatale Psychiatrie

28 november 2022

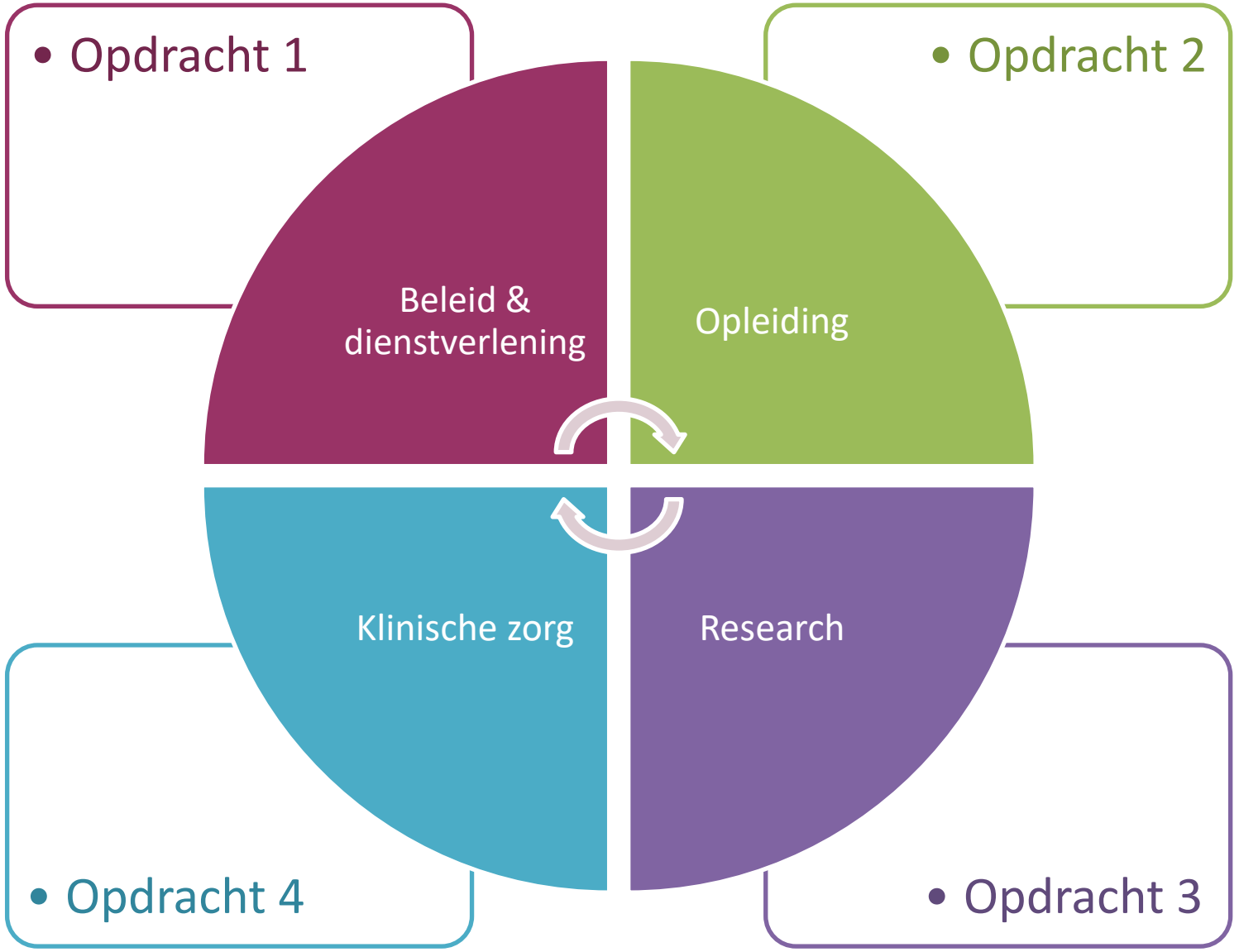
UPC
Z.ORG KU LEUVEN

UZ
LEUVEN

KU LEUVEN

Opdracht

De 4-ledige opdracht


• Opdracht 1
• Opdracht 2
Beleid & dienstverlening
Opleiding
Klinische zorg
Research
• Opdracht 4
• Opdracht 3

Inleiding
28 november 2022

Doelgroepen

4 doelgroepen binnen ECPP

PRECONCEPTIONEEL

- Artsen:
  - Huisartsen
  - Psychiaters
  - Gynaecologen
  - Pediaters
- Psychotherapeuten/ psychologen

DOELGROEP 2a -
KOPPELS MET KINDERWENS – ´♀
PSYCHISCHE KWETSBAARHEID

PERIPARTUM

DOELGROEP 1 -
(WORDENDE) MOEDERS VOOR EERST
PSYCHISCHE KWETSBAARHEID

DOELGROEP 2b -
(WORDENDE) MOEDERS REEDS GEKENDE
PSYCHISCHE KWETSBAARHEID

DOELGROEP 3 -
(WORDENDE) MOEDERS MET PSYCHISCHE &
SOCIALE KWETSBAARHEID

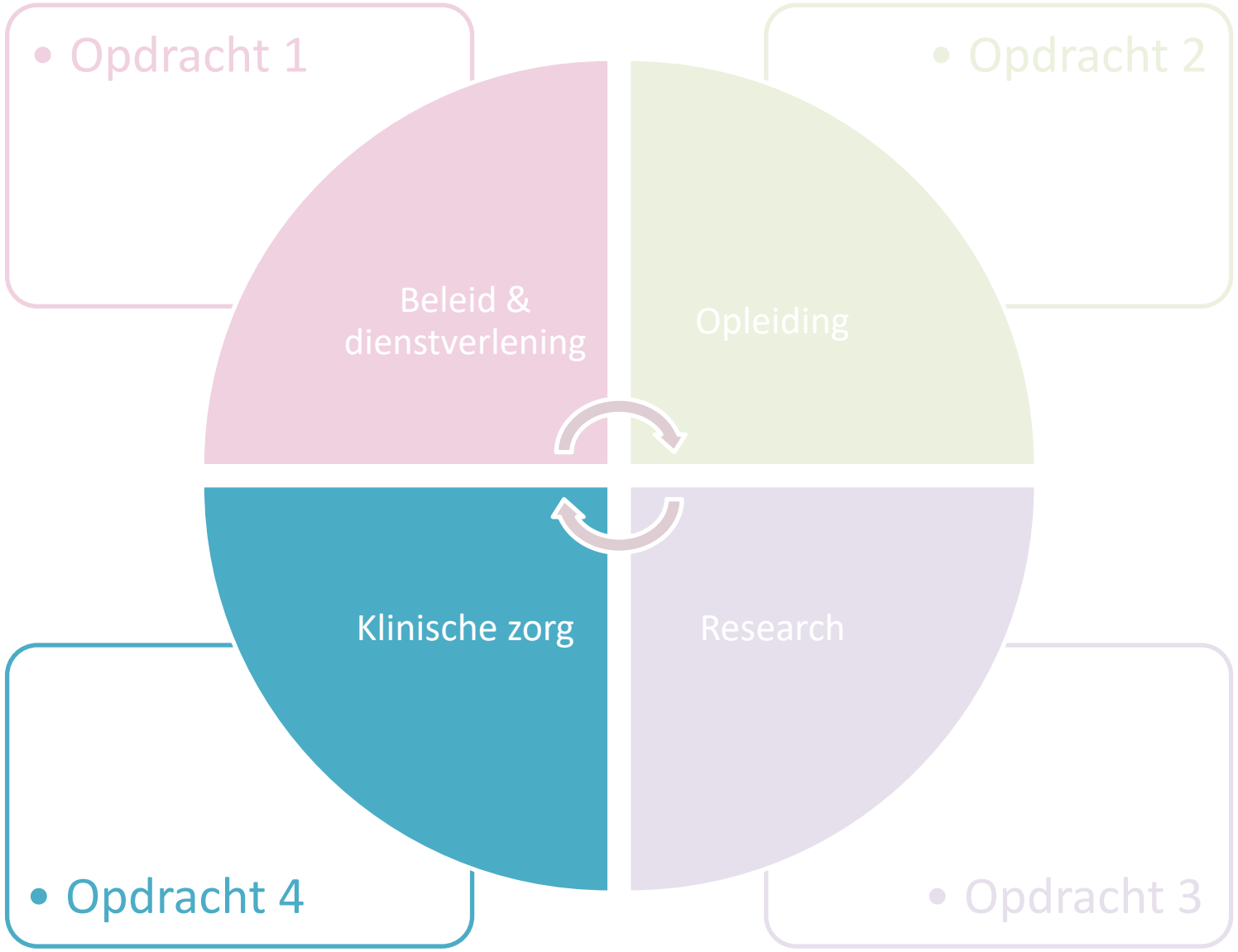
DOELGROEP 4 -
(WORDENDE) MOEDERS AT RISK

- Artsen:
  - Huisartsen
  - Psychiaters
  - Gynaecologen
  - Pediaters
- Vroedvrouwen
- Psychotherapeuten/psychologen
- Kind & gezin
- CGG
- Kraamhulp
- …

Inleiding
28 november 2022

Klinische zorg

Theorie en praktijk


• Opdracht 1
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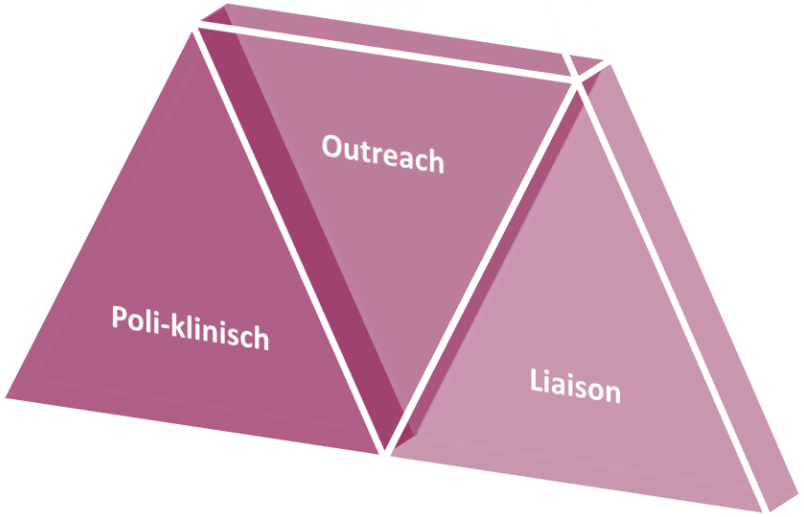
PSYCHOFARMACOTHERAPIE
& PSYCHIATRISCHE
BEGELEIDING

PSYCHIATRISCH
VERPLEEGKUNDIGE
COACHING

WEKELIJKS OVERLEG


THERAPEUTISCHE
BEGELEIDING



1. Aanmelding

Klinische interventie noodzakelijk?

Ja

2. Fase: Preconceptioneel?

Ja

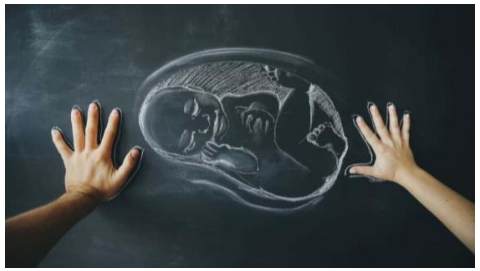
Nee

Overleg / Teamoverleg

nee

Doel:

- Onderste ning hulpverle
- Toe leider correct advies
- Uitmaken of klinisch assessment nodig is
- Patiënt kan snel terug aangemeld worden bij aanhoudende problematiek



Kennismaking

Kinderwens

Psychopathologie & Peripartum

Netwerk

- Privé
- Professioneel

Besluit

3. Klinisch specialistisch assessment

Acuut?

Ja

Crisisinschatting:
- Spoed
- Crisisslot ECPP
- Crisisslot rdpl
- Opstart MCT

nee

Intake:
- verpleegkundige
- Arts
- Psychotherapeut

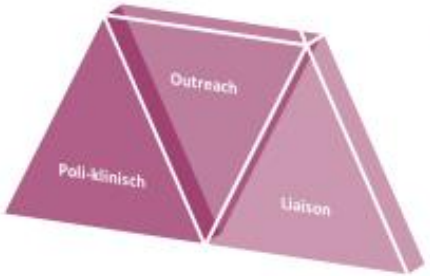
4. Interventie?

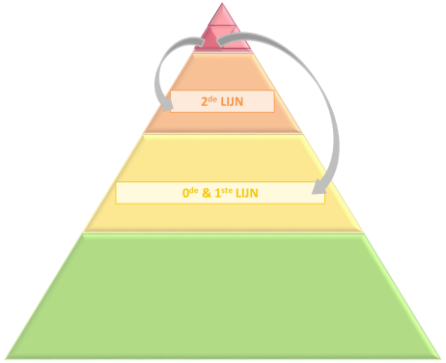
4. Interventie

ECPP?

Ja

nee





Bipolaire kwetsbaarheid & peripartum

28 november 2022

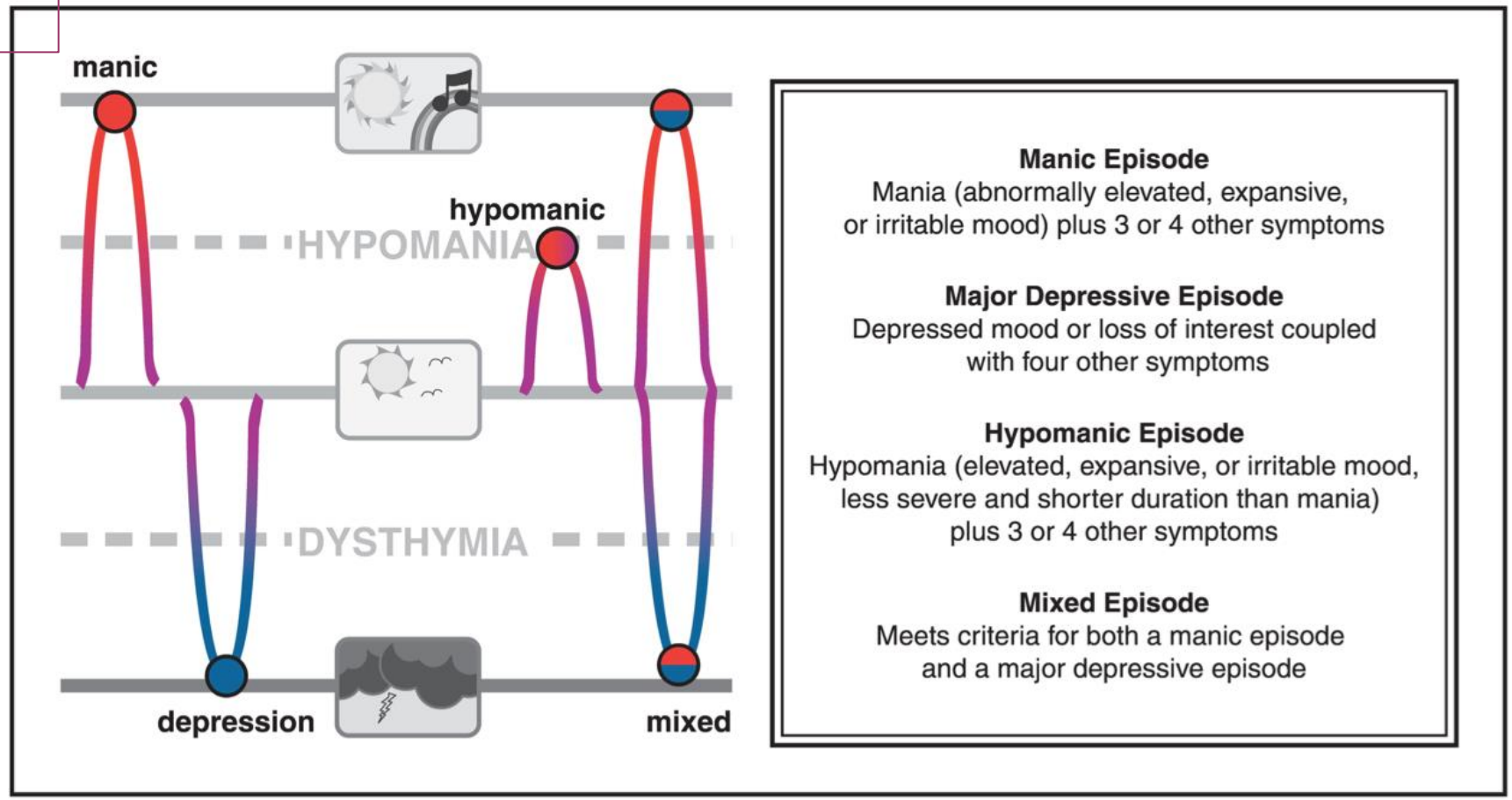
Achtergrond

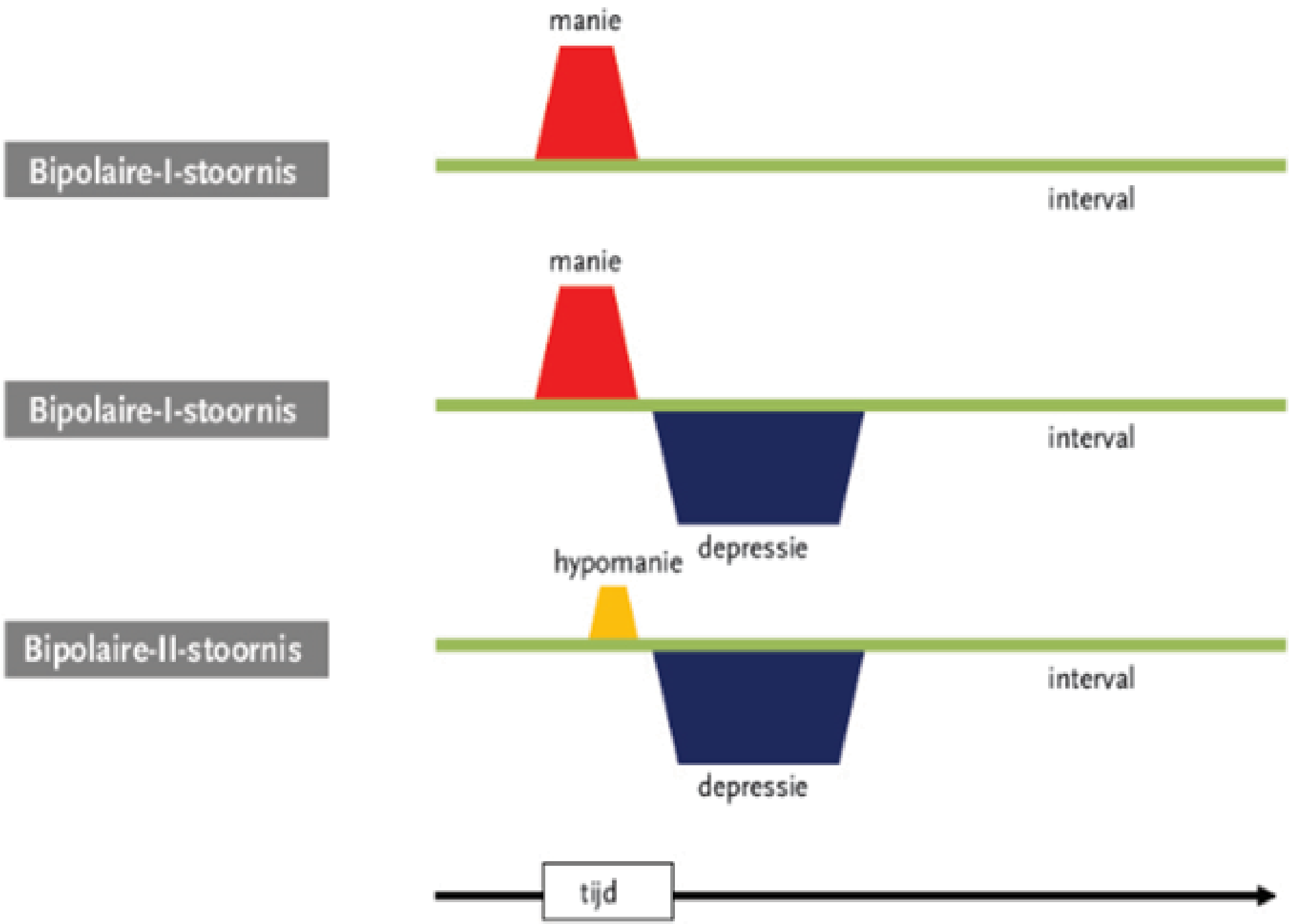
Theoretisch kader

Bipolaire stoornis - Algemeen

Bipolaire stemmingsstoornissen

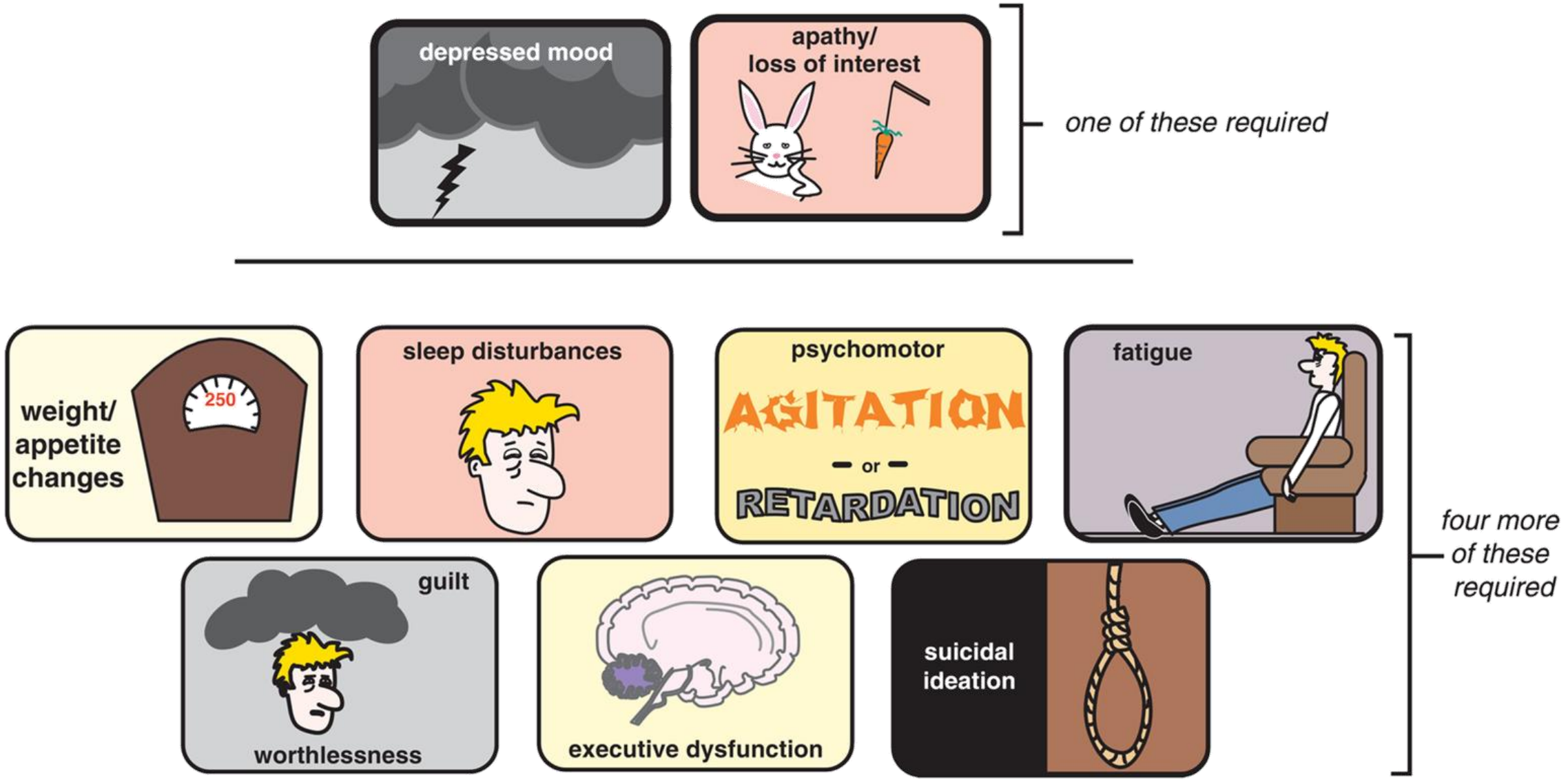
- = manisch-depressieve stoornissen
- Recidiverend
- Afwisselend depressieve, manische of hypomanische symptomen (gemengde kenmerken mogelijk)
- Symptoomvrije intervallen



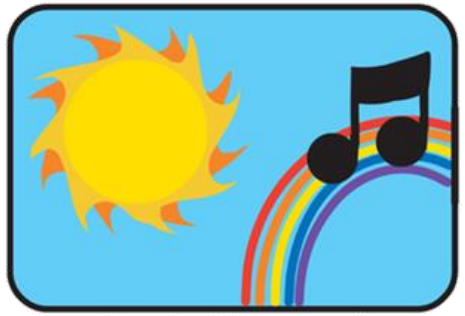

manie
Bipolaire-I-stoornis
interval
manie
Bipolaire-I-stoornis
interval
depressie
hypomanie
Bipolaire-II-stoornis
interval
depressie
tijd

DEPRESSIEVE EPISODE

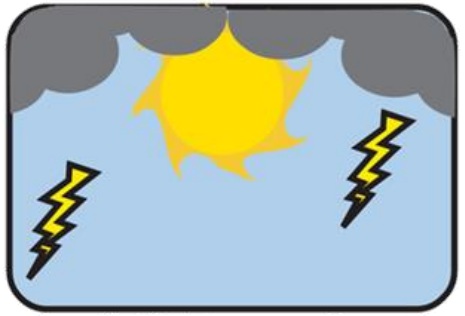
- **Duur:** ≥ 2 weken



MANISCHE & HYPOMANE EPISODE

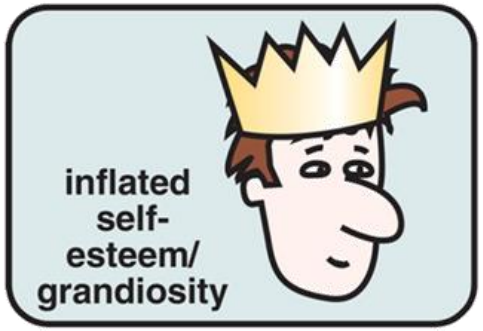


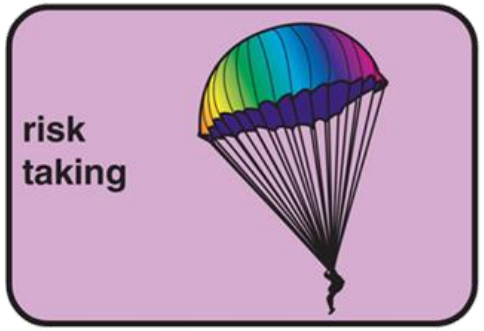
elevated/expansive mood

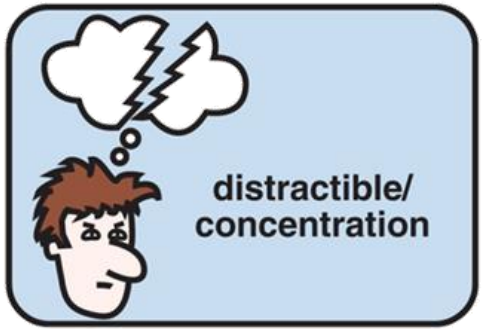


irritable mood

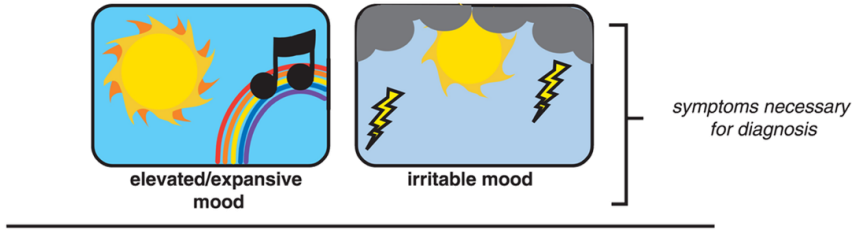
symptoms necessary for diagnosis

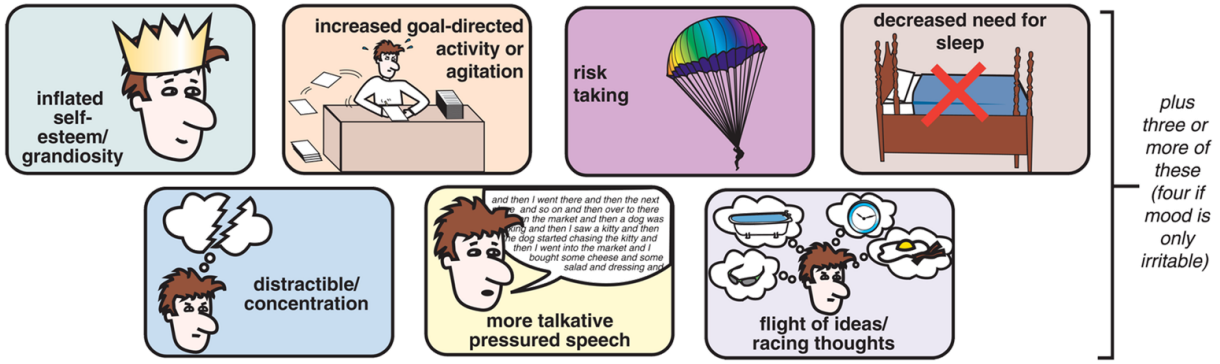


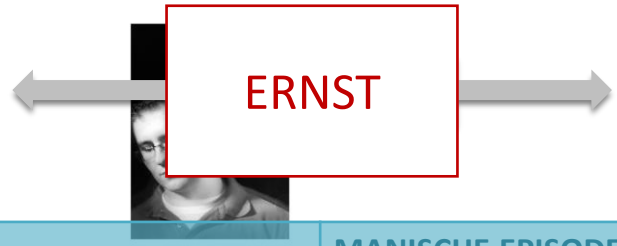




plus three or more of these (four if mood is only irritable)



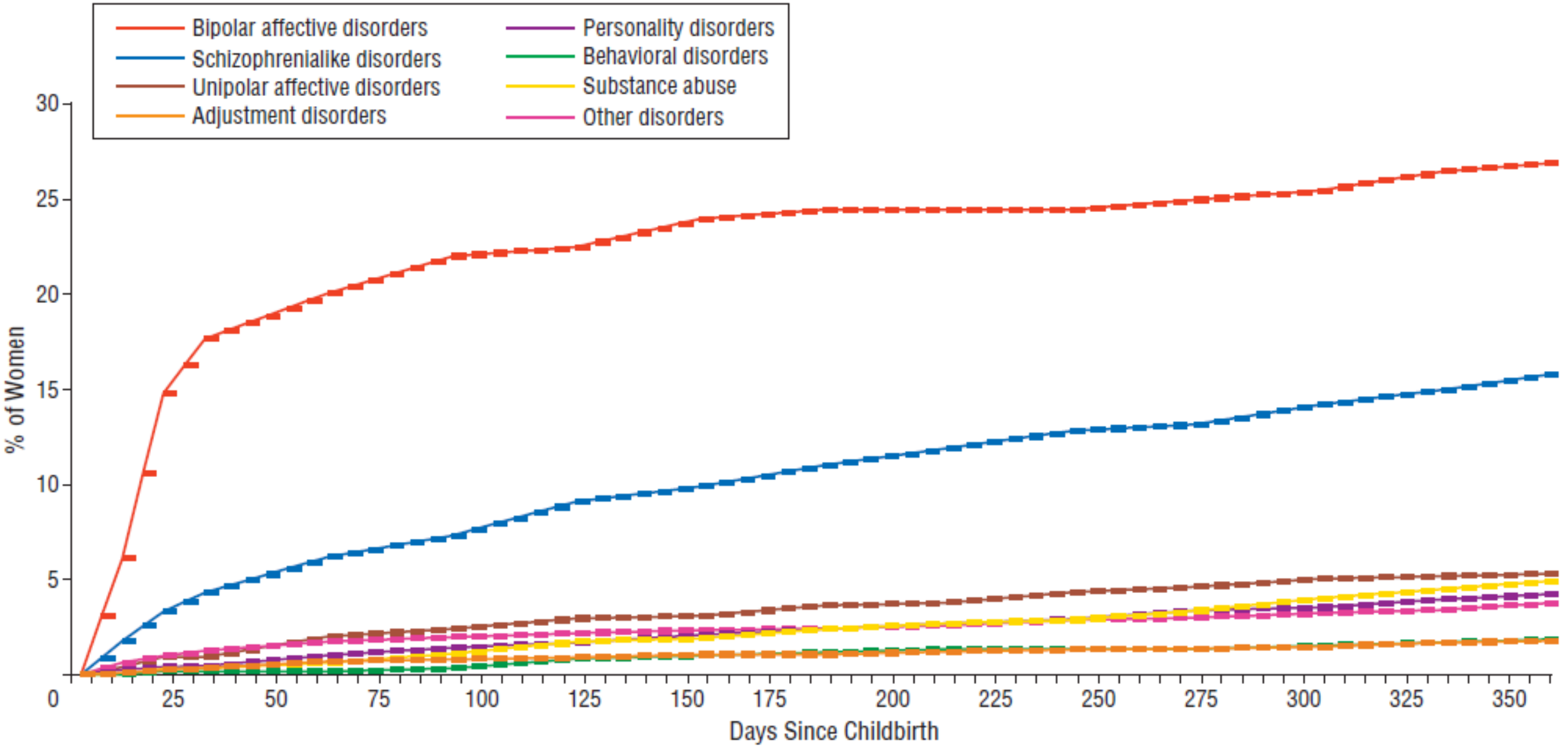




	HYPOMANE EPISODE	MANISCHE EPISODE
• **Duur**	≥ 4 dagen	≥ 1 week
• **Functioneren**	• onmiskenbare verandering in het functioneren • Geen duidelijke beperkingen: in sociale of beroepsmatige functioneren	• Beperkingen in het werk, in normale sociale activiteiten, en in relaties met anderen
• **Opname**	Niet noodzakelijk	• Kan nodig zijn om schade aan zichzelf of anderen te voorkomen OF
• **Psychotische symptomen**	Geen	• Mogelijk OF
• **Toegenomen activiteit**	Doelgericht	• Roekeloos, ongeremd, chaotisch

Inleidend – Bipolaire stoornis

Bipolaire stoornis - Peripartum



Munk-Olsen et al. 2009

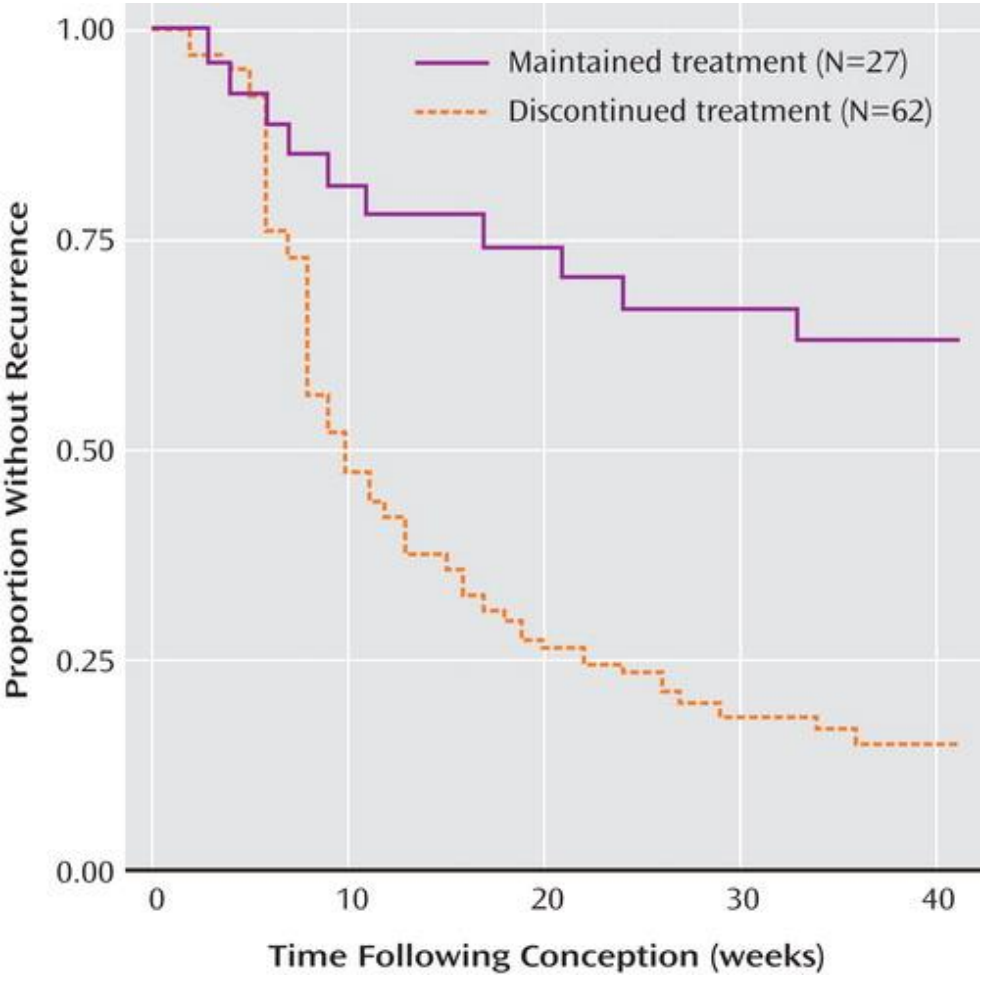


TABLE 2. Morbidity During Pregnancy Versus Treatment Status

Variable	All Subjects (N=89)		Subjects Who Maintained Treatment (N=27)		Subjects Who Discontinued Treatment (N=62)	
	N	%	N	%	N	%
Risk of at least one recurrence[a]	63/89	70.8	10/27	37.0	53/62	85.5
First recurrence risk by trimester						
First	42/89	47.2	6/27	22.2	36/62	58.1
Second	15/47	31.9	3/21	14.3	12/26	46.2
Third	6/32	18.8	1/18	5.6	5/14	35.7
Recurrence polarity (all recurrences)[b]						
Depression	34/89	38.2	5/27	18.5	29/62	46.8
Mixed state	26/89	29.2	0/27	0.0	26/62	41.9
Hypomania	15/89	16.8	7/27	25.9	8/62	12.9
Mania	6/89	6.7	2/27	7.4	4/62	6.5
Percent of pregnancy weeks ill						
	Mean	SD	Mean	SD	Mean	SD
All cases[c]	32.8	31.5	8.8	21.3	43.3	29.6
	N	%	N	%	N	%
Stable subjects (%)[d]	26/89	29.2	17/27	63.0	9/62	14.5

Viguera et al. 2007

Risk of Postpartum Relapse in Bipolar Disorder and Postpartum Psychosis: A Systematic Review and Meta-Analysis

Richard Wesseloo, M.D., Astrid M. Kamperman, Ph.D., Trine Munk-Olsen, Ph.D., Victor J.M. Pop, M.D., Ph.D., Steven A. Kushner, M.D., Ph.D., Veerle Bergink, M.D., Ph.D.

A. Overall relapse[a] rate postpartum per diagnostic group

	Relapse rate (%)	Lower limit	Upper limit	Total N
Diagnostic group				
Bipolar disorder[b]	37	29	45	5,105
History of postpartum psychosis[c]	31	22	42	595
Overall	35	29	41	5,700

I^2 for bipolar disorder=95%, I^2 for postpartum psychosis=78%, df=1, Q=0.71, p=0.400

B. Overall severe relapse[d] rate postpartum per diagnostic group

	Relapse rate (%)	Lower limit	Upper limit	Total N
Diagnostic group				
Bipolar disorder[e]	17	13	21	5,078
History of postpartum psychosis[f]	29	20	41	531
Overall	19	15	23	5,609

I^2 for bipolar disorder=82%, I^2 for postpartum psychosis=78%, df=1, Q=5.77, p=0.016

Prophylactic pharmacotherapy during pregnancy[b]

	Relapse rate (%)	Lower limit	Upper limit	Total N[c]
Yes	23	14	37	60
No	66	57	75	385

I^2 for yes=5%, I^2 for no=36%, df=1, Q=22.92, p<0.001

Table 2. Summary of Overall Prevalence Rates of Bipolar Disorder and Bipolar-Spectrum Mood Episode Occurrence From Included Studies, Stratified by Perinatal Stage

Category	Prevalence Rates		Current Episode or Symptom Occurrence		
	MDQ	Diagnostic	Depressive Episodes	Hypomanic/Manic Episodes	Mixed Episodes
Women without known psychiatric illness preceding the perinatal period					
Pregnant women only (studies = 2)	3.3%–25.5%	0.0%–2.9%	21.9%–22.1%	…	…
Postpartum women only (studies = 9)			11.1%–45.6%	31.6%	17.5%
All perinatal women (studies = 12)			11.1%–45.6%	31.6%	17.5%
Women with bipolar disorder preceding the perinatal period					
Pregnant women only (studies = 4)	100%	100%	43.2%	8.1%	…
Postpartum women only (studies = 7)			24.3%–72.1%	7.7%–27.0%	11.5%
All perinatal women (studies = 8)			24.3%–72.1%	7.7%–27.0%	11.5%

Abbreviations: AUDADIS-IV = Alcohol Use Disorder and Associated Disabilities Interview Schedule-*DSM-IV*, Diagnostic = includes the Structured Clinical Interview for *DSM-IV*, MDQ = Mood Disorder Questionnaire, MINI = Mini-International Neuropsychiatric Interview.

Table 3. Results of Meta-Analyses[a]

Studies Included	Pooled Prevalence (%)	95% CI	Heterogeneity Index
Pooled Prevalence of Overall Bipolar Disorder in Women Without Known Psychiatric Illness Preceding the Perinatal Period, as Identified by Positive Screens and/or Diagnostic Interviews			
All studies using Mood Disorder Questionnaire (studies = 6, n = 2,848)[30,31,33,34,36,51]	4.8	3.1–6.9	78%
All studies using diagnostic interview (studies = 5, n = 3,477)[32,35,37,43,49]	0.7	0.0–2.3	90%
All studies that estimate prevalence of bipolar disorder in women without known psychiatric illness preceding the perinatal period (studies = 11, n = 6,325)[30–37,43,49,51]	**2.6**	**1.2–4.5**	**92%**

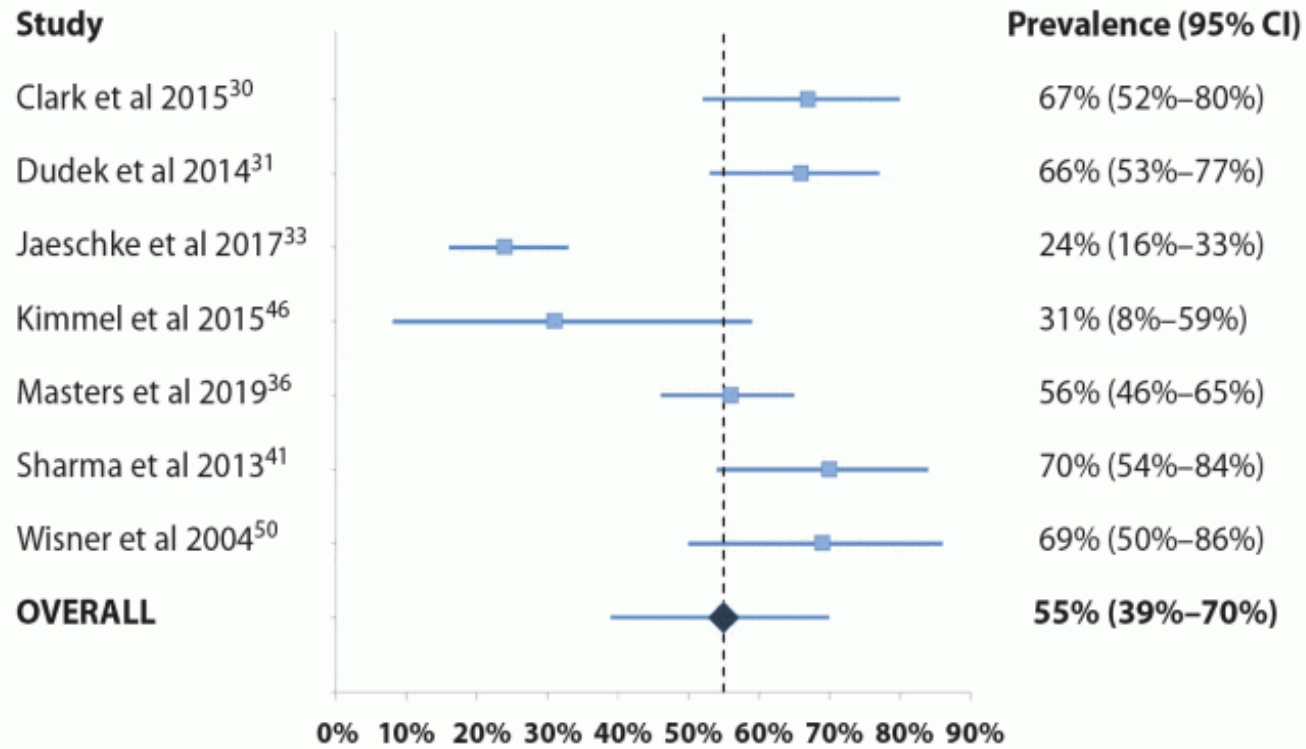
Population	Studies included	Pooled Prevalence (%)	95% CI	Heterogeneity Index
Pooled prevalence of any type of bipolar-spectrum mood episode in the perinatal population				
Women without known psychiatric illness preceding the perinatal period	Episodes in pregnancy (studies = 2, n = 744)[32,34]	22.0	19.0–25.0	…
	Episodes postpartum (studies = 8, n = 3,754)[30–33,35,37,44,51]	18.0	14.1–22.2	…
	Any episodes in perinatal period (studies = 10, n = 4,473)[30–37,44,51]	**20.1**	**16.0–24.5**	**91%**
Women with bipolar disorder preceding the perinatal period	Episodes in pregnancy (studies = 1, people = 53)[41]	51.4	…	…
	Episodes postpartum (studies = 6, n = 2,240)[30,31,33,41,46,50]	54.8	34.6–74.3	…
	Any episodes in perinatal period (studies = 7, n = 2,814)[30,31,33,36,41,46,50]	**54.9**	**39.2–70.2**	**89%**

[a]Heterogeneity index = degree of heterogeneity across studies that impacts meta-analytic estimates. Diagnostic interviews included in the estimate above include the Structured Clinical Interview for the *DSM-IV*, the Mini-International Neuropsychiatric Interview, and the Alcohol Use Disorder and Associated Disabilities Interview Schedule-*DSM-IV*.

Masters et al. 2022

Figure 2. Forest Plots Demonstrating Estimates of the Occurrence of Bipolar-Spectrum Mood Episodes in the Perinatal Period

B. Prevalence Estimates of Bipolar-Spectrum Mood Episodes in Women With Bipolar Disorder Preceding the Perinatal Period[b]



[a]Forest plot of BD and pooled prevalence estimate ($P = .00$). Heterogeneity score (I^2) was 91%.
[b]Forest plot of BD and pooled prevalence estimate ($P = .00$). Heterogeneity score (I^2) was 89%.

Masters et al. 2022

- Profylactische medicatie:

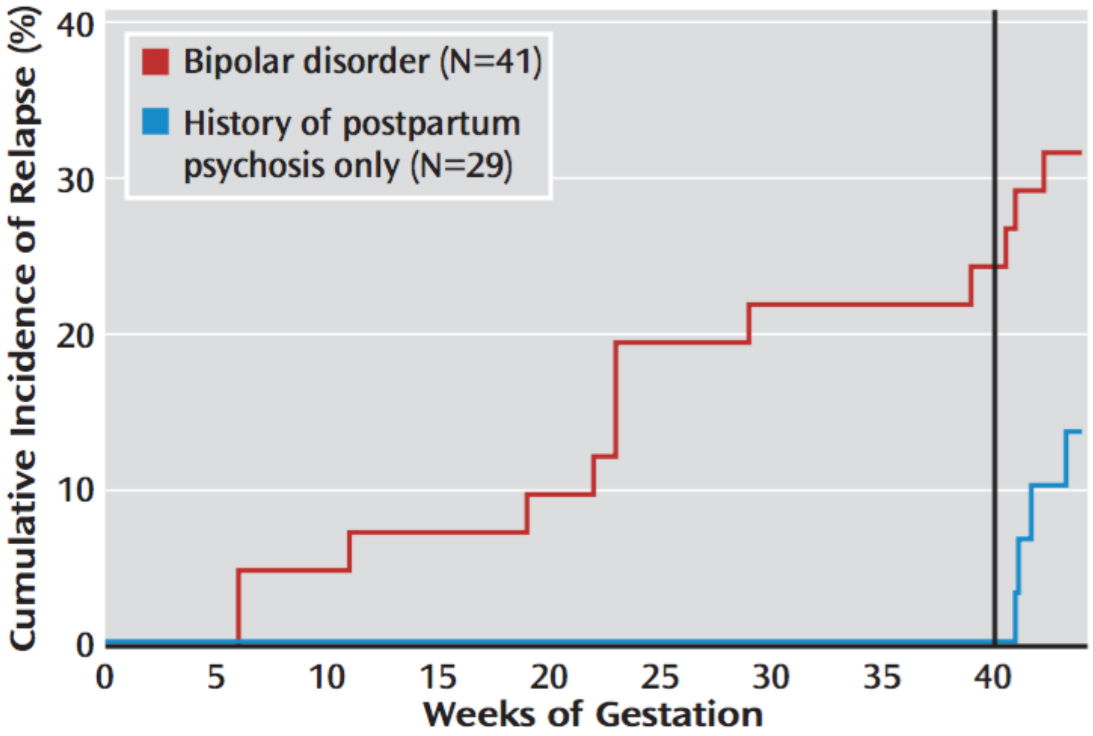
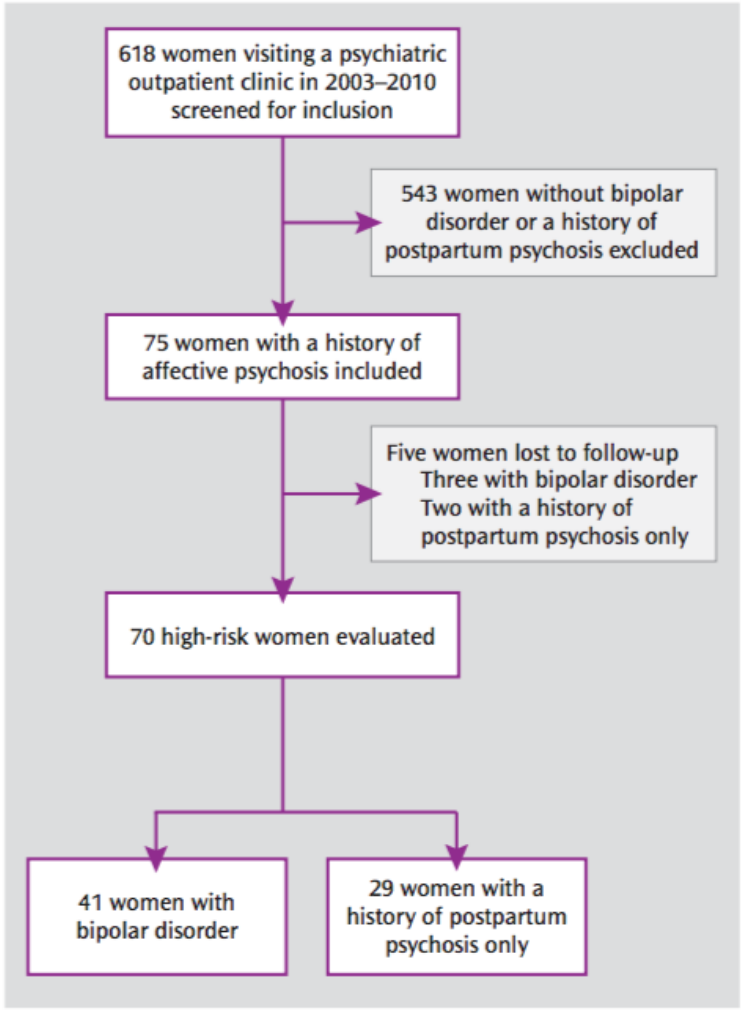


FIGURE 1. Women at High Risk of Postpartum Psychosis Included in Prevention Study



- VG geïsoleerde PPP: onmiddellijk opstarten na de bevalling
- VG bipolaire stoornis: continueren profylactische medicatie tijdens ZWS

Bergink et al. 2012; Bergink et al. 2015; Wesseloo et al. 2016

Bipolaire kwetsbaarheid & peripartum

28 november 2022

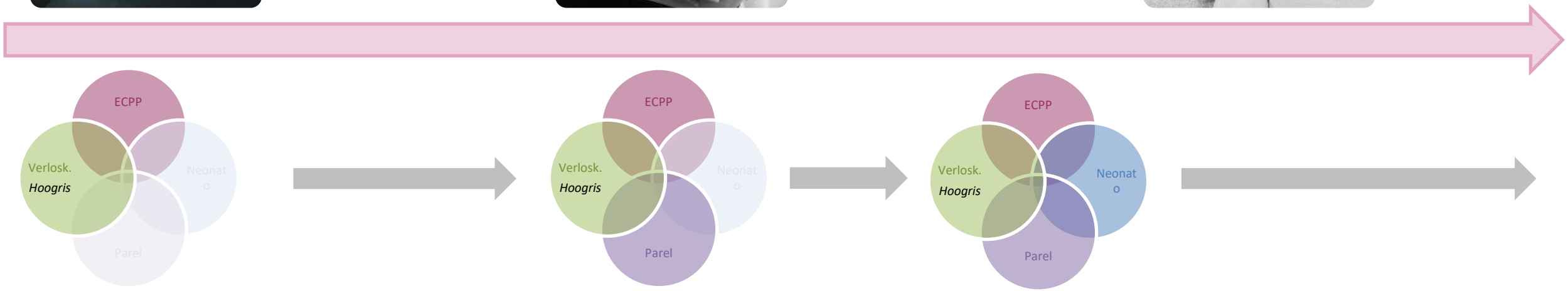
Casi

In de praktijk

Expertisecentrum
perinatale psychiatrie

Valerie & Jonas

Van preconceptie tot ... Louise



Bestaande vaste Hulpverlening:

- Psychiater & ondersteuning
- Huisarts

Bijkomende Hulpverlening:

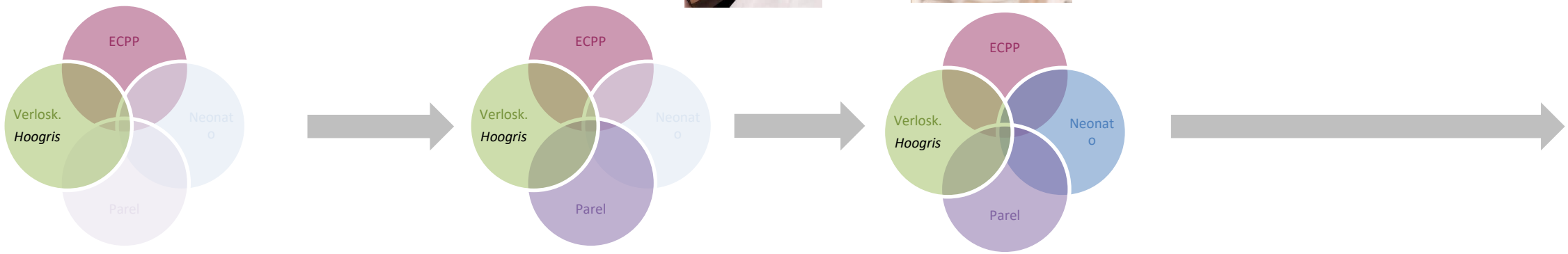
- Vroedvrouw

Bijkomende Hulpverlening:

- Vroedvrouw
- Kraamhulp
- Kind & gezin

Anne-Marie & Jens

Deel 1: de komst van Emilie …



Bestaande vaste Hulpverlening:

- Geen psychiater & geen vaste ondersteuning
- Huisarts

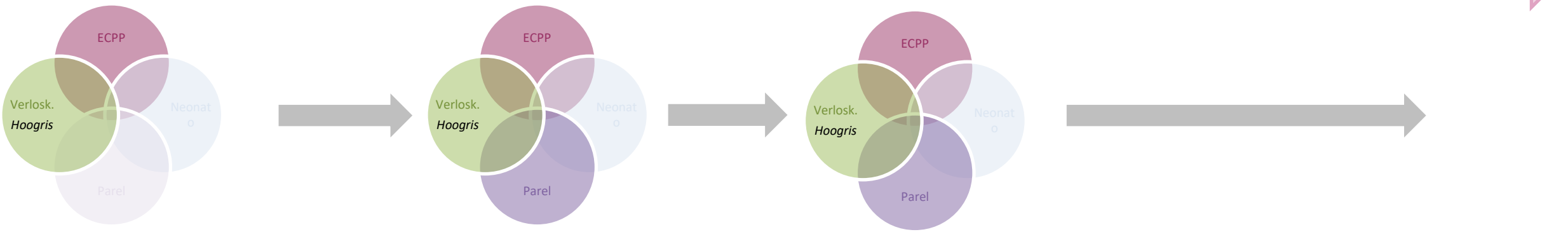
Ingeschakelde Hulpverlening:

- CGG infant team

Bijkomende Hulpverlening:

- Vroedvrouw
- Kraamhulp/Kind & gezin
- Domo

Anne-Marie
Deel 2: de komst van Max …



Bestaande vaste Hulpverlening:
- Geen psychiater & geen vaste ondersteuning
- Huisarts

Ingeschakelde Hulpverlening:
- CGG infant team – geweigerd
- CKG – De Schommel

Bijkomende Hulpverlening:
- Vroedvrouw
- Kraamhulp/Kind & gezin

Expertisecentrum perinatale psychiatrie

Contactgegevens:

- Coördinator: Hilde Parduyns – 016/34.37.85