



Masterclass in Perinatal OCD

DR CHRISSY JAYARAJAH

MBBS MRCPSYCH DFRH


CONSULTANT PERINATAL PSYCHIATRIST
& CLINICAL LEAD

CNWL KENSINGTON AND CHELSEA
PERINATAL MENTAL HEALTH SERVICE

CHELSEA & WESTMINSTER HOSPITAL

C.JAYARAJAH@NHS.NET

@CHRISHA_JAY

- 
- Obsessions are unwanted ideas, images or impulses that repeatedly enter an individual's mind, and are usually experienced out of character and distressing. Compulsions (also known as rituals) are repetitive behaviours or mental acts which are often intended to neutralise the anxiety provoked by the obsessions. These rituals are often driven by rules that must be applied rigidly

APA 2000

You've got mail +++

- Basal Ganglia receives a “brain dump” constant to do list from OFC, all day long.
- It organises and filters the messages, deciding what is important, what needs to be replied and what is “junk mail”
- In Non-OCD brains this happens without interruption
- In OCD-brains the inbox is filling up fast with URGENT messages, and BG cannot keep up and treats everything as urgent, not able to filter spam/junk.



What is perinatal OCD?

- ▶ New onset during pregnancy/postnatal
- ▶ Relapse of previous OCD condition
- ▶ Misunderstood
- ▶ Misdiagnosed
- ▶ Mistreated
- ▶ MISSED



What if good enough isn't good enough?

- ▶ Good Enough Mothering – Donald Winnicott
- ▶ What is Good enough isn't good enough
- ▶ Pandemic of “Perfect Parenting” (and “perfect children”)
- ▶ Societal Ideation becomes Idealisation of Motherhood
- ▶ Idealisation (and denigration) of Mothers – Mother Madonna Whore Estella Weldon



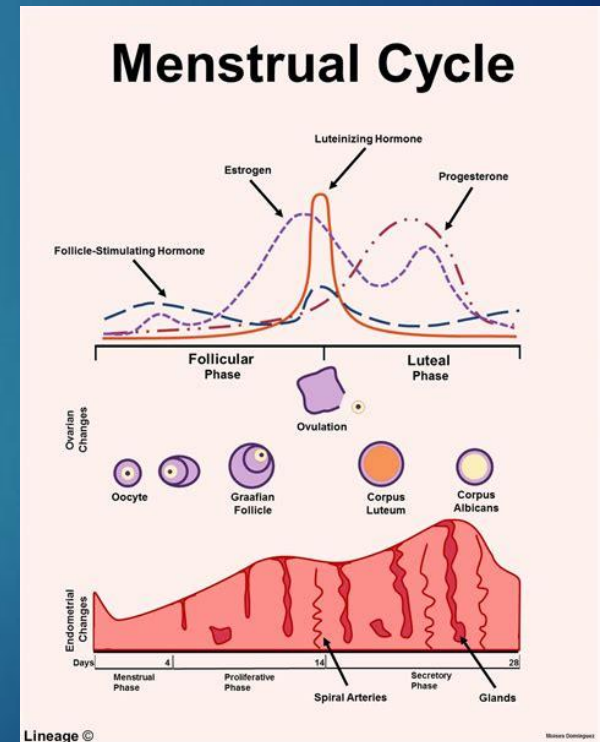
Intrusive thoughts, OCS and OCD

- ▶ Intrusive Thoughts are common, and more common when becoming a parent
- ▶ Obsessive compulsive symptoms
- ▶ Obsessive compulsive DISORDER

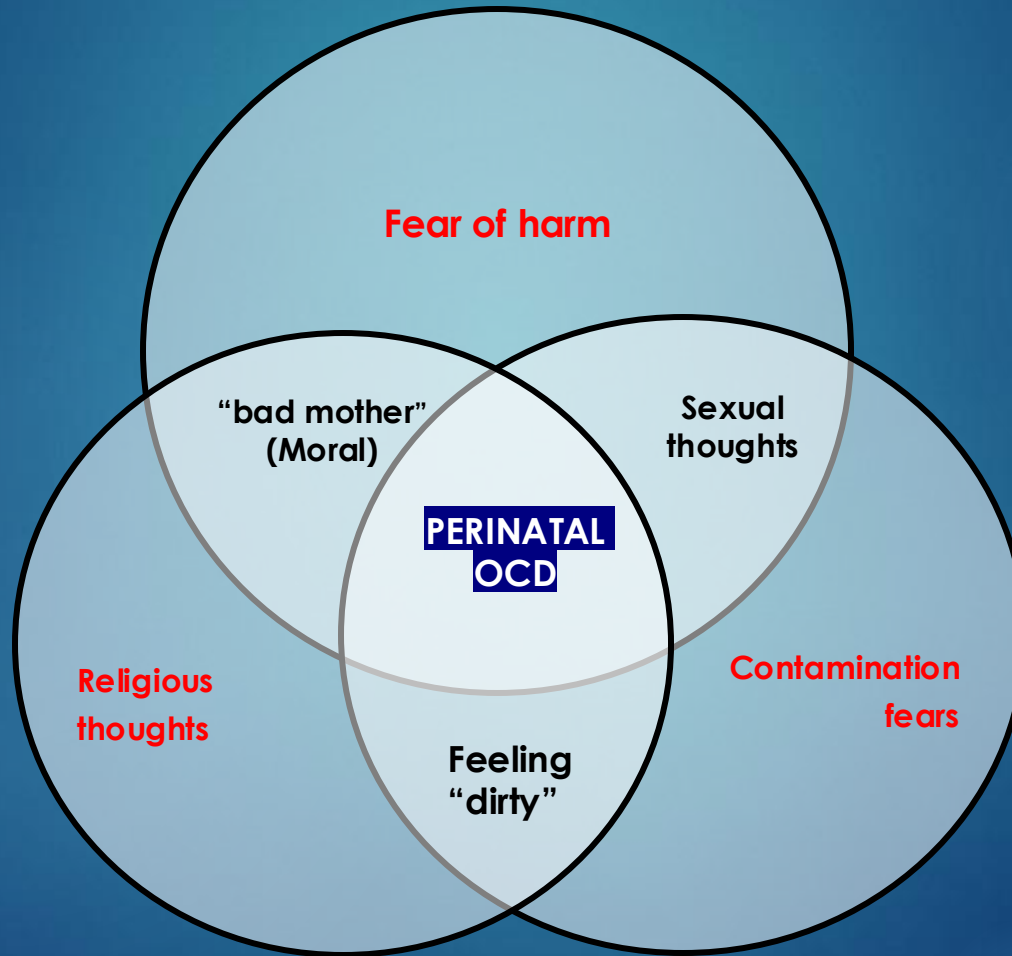


Perinatal OCD and hormones?

- ▶ Lots of interest recently into the impact of hormones on mental health
- ▶ ... and thus hormone replacement therapy
- ▶ PMS / PMDD
- ▶ Research shows increase in OCD symptoms on age of menarche, and monthly variations pre-menstruation, pregnancy and postnatal
- ▶ No significant increase at perimenopause/menopause transition



TYPES OF OCD



Unique symptoms of Perinatal OCD

- ▶ Worrying about the child+++
- ▶ Obsessional thoughts & doubts about paternity
- ▶ Concerns around breastfeeding
 - ▶ contamination of breast milk with infection (HiV)
 - ▶ Fears of sexual thoughts whilst breastfeeding
 - ▶ Contamination of bottles
- ▶ VISUAL “FLASH FORWARDS” distressing unwanted images of worst case scenario

Exposure and Response Prevention (ERP)

- ▶ NICE guidelines recommended
- ▶ Form of specialist CBT for OCD
- ▶ Practical
- ▶ Challenging “face your fears head on”
- ▶ Anxiety provoking
- ▶ 50% drop out rate



ERP example

- ▶ Fear of contamination of baby's bottles
- ▶ Constantly sterilising 4x a day
- ▶ Aim to NOT Sterilise
- ▶ Challenge self to SIT with the anxiety
- ▶ QUESTION your hypothesis (what happened by not over-sterilising? Did the baby die?)
- ▶ PERINATAL OCD GOAL IS TO LIVE WITH UNCERTAINTY



To Reassure or not to reassure ... ?

- ▶ Reassurance seeking from therapists/family members
 - ▶ How much reassurance is too much reassurance
 - ▶ Cruel to be kind? For their own good?
 - ▶ Ban on reassurance can spike anxiety/agitation
 - ▶ Vicious cycle
-
- ▶ Tips – find something to do together outside the reassurance cycle,
 - ▶ Find other ways to reduce the moment of anxiety together
 - ▶ If situation is stuck – boundary one reassurance to move it forward
 - ▶ Bring it back to discussion at a later date when calm to form a “care plan”
 - ▶ Discuss in therapy (joint)

ATTACHMENT : fantasy vs. reality

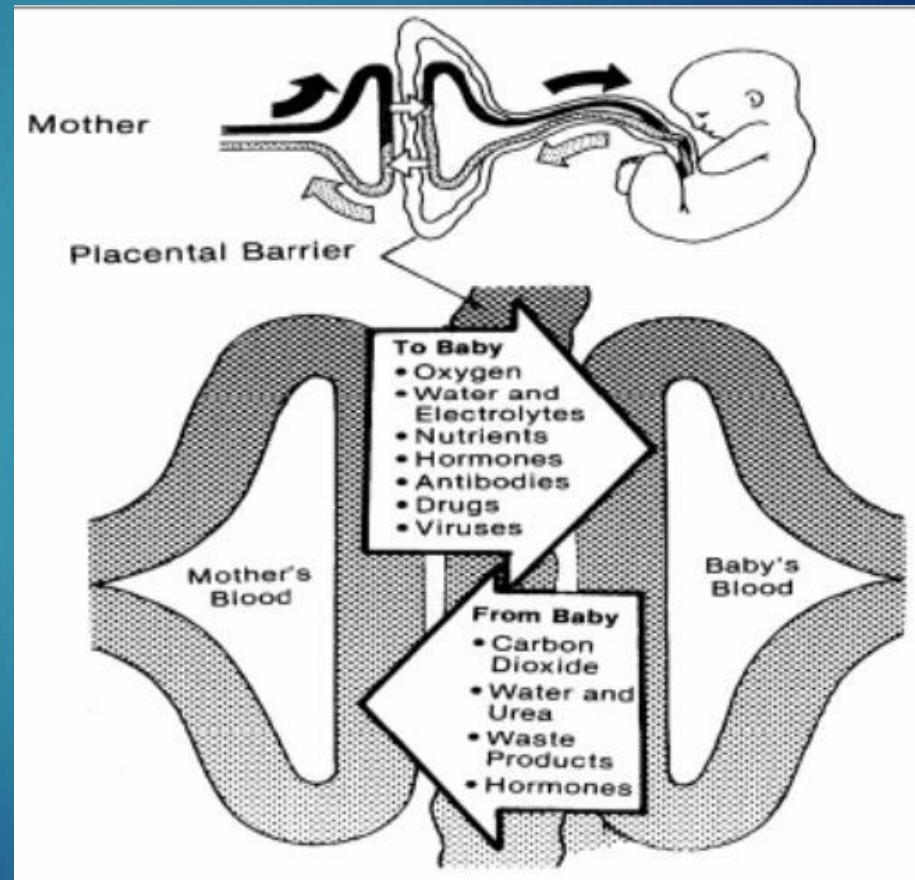


Attachment challenges in perinatal OCD

- ▶ The world does not feel like an emotionally safe space for the mother
- ▶ Danger doubt and worry at every turn
- ▶ Excessively strict, restrictive, avoidant
- ▶ Distracted by their own constant obsessional thoughts
- ▶ Distracted by the time taken to complete compulsive rituals
- ▶ “practically” but not “emotionally” present

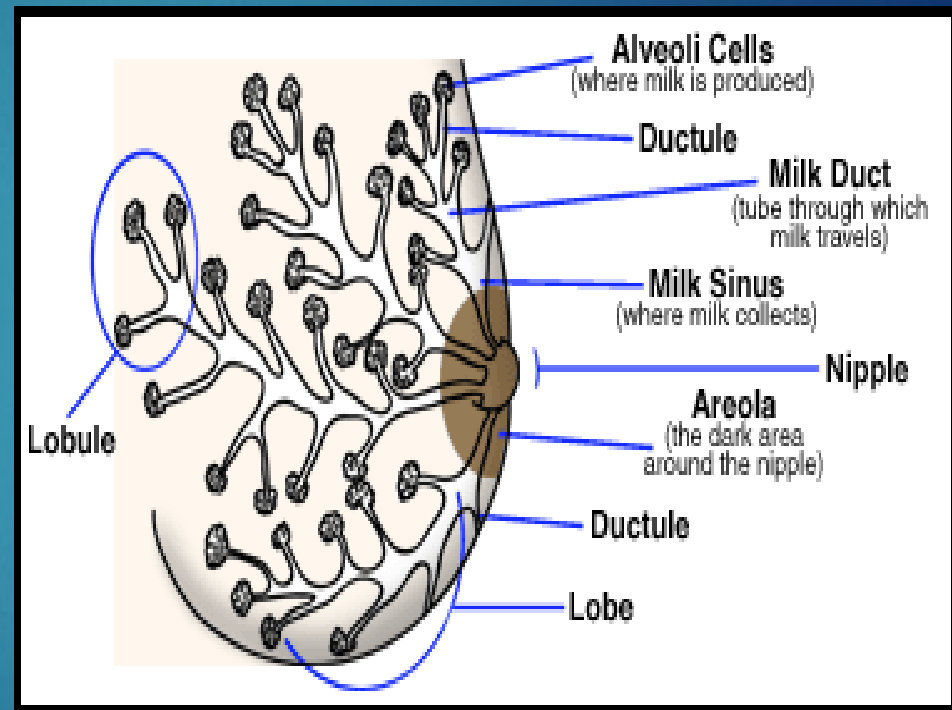
Drugs in Pregnancy

- Antidepressants
 - Antipsychotics
 - Mood stabilisers (antiepileptics)
 - Painkillers
 - Sedatives
 - Herbal remedies
 - Alcohol
 - Nicotine
-
- **Increased eGFR and plasma volume can affect clearance of medicines – may need increased dose in 3rd trimester**



Drugs in Breastfeeding

- Almost all drugs pass through breast milk
- Relative Infant dose 1-5% (up to 10%)
- Women feel pressure they have to choose either meds / or breastfeeding
- Encourage women to breast feed should they wish to do so and are able



Clinical risk vs. benefit

- ▶ Benefit/Risk of medication vs. non medication
- ▶ Risk to Mother (Obstetric)
- ▶ Risk to Baby (Teratogenic / Neonatal)
- ▶ Risk to Mother and Baby (Psychiatric relapse)
- ▶ Risk may change at different stages
 - ▶ First trimester
 - ▶ Delivery
 - ▶ Breastfeeding
- ▶ Risk of untreated severe and enduring mental illness (SMI) / risk of relapse short and long term

Antidepressants

- ▶ Used to treat depression, anxiety, OCD, eating disorders, neuropathic pain
- ▶ SSRIs (citalopram, sertraline) relatively safe
- ▶ TCAs (amitriptyline, imipramine, nortriptyline) also safe, but riskier in overdose (cardiotoxic)
- ▶ Clinical Risk of discontinuing medication vs. risk of relapse
- ▶ If on antidepressant medication, continue during pregnancy is safer
- ▶ Not recommended to stop abruptly

- ▶ Refer to Neonatology on delivery
 - ▶ Neonatal Withdrawal Syndrome
 - ▶ Persistent Pulmonary Hypertension of the Newborn
 - ▶ Cardiac Malformation (Paroxetine)

Drug	Mechanism	Dose	Pregnancy	Breastfeeding (relative infant dose/ *maternal adjusted weight in exclusively breastfed infants)	Common side effects
Sertraline	SSRI	50-200mg	Safe and recommended in pregnancy Monitor for Neonatal Withdrawal Syndrome	Undetectable/Trace amounts in Breast Milk (<1%) Not dose dependent	Nausea and Vomiting Reduced libido Sleep disturbance Headache
Citalopram	SSRI	20-40mg	Safe and recommended in pregnancy Monitor for Neonatal Discontinuation Syndrome	Advised to continue if used in pregnancy Approx 0-5% detected in breastmilk Dose dependent	Nausea and vomiting Reduced libido Sleep disturbance Headache
Escitalopram	SSRI	10-20mg	Safe and recommended in pregnancy Monitor for Neonatal Discontinuation Syndrome	Advised to continue if used in pregnancy Approx 0-8% detected in breastmilk Dose dependent	Nausea and vomiting Reduced libido Sleep disturbance Headache
Fluoxetine	SSRI	20-80mg	Safe and recommended in pregnancy Monitor for Neonatal Discontinuation Syndrome	Advised to continue if used in pregnancy Breakdown product norfluoxetine higher levels Approx 3-12% detected in breastmilk Monitor for colic, agitation, irritability, poor feeding, and poor weight gain in newborn	Nausea and vomiting Reduced libido Sleep disturbance Headache
Paroxetine	SSRI	20-60mg	small increased risk of CV malformations in first trimester Monitor for Neonatal Discontinuation Syndrome	Relatively safe to use 1-5% detected in breast milk	Nausea and vomiting Reduced libido Sleep disturbance Headache Drowsiness
Clomipramine	TCA	100-200mg	small increased risk of CV malformations in first trimester Monitor for Neonatal Discontinuation Syndrome	Relatively safe to use but limited studies Undetectable amounts in Breast Milk at low doses <125mcg 1-2% concentration in breastmilk at higher doses (>125mcg)	Blurred vision Constipation Dry mouth Sedation Increased appetite

Neuromodulation techniques – DBS & TMS

- ▶ Currently only used in research settings/private practice (non NHS)
- ▶ Possibly favourable for perinatal OCD as non invasive can administer whilst pregnant/breastfeeding
- ▶ Reversible
- ▶ Outpatient / day hospital setting with minimal pre/post op requirements (more clinical evidence needed on this)

Deep Brain Stimulation

- ▶ 2009 DBS approved in the USA for treatment of severe OCD (= unresponsive to medication/psychological therapy)
- ▶ Placing of electrodes on the brain, sending electrical impulses to certain areas of the brain involved in OCD pathway
- ▶ Pulse generator externally fixed (usually on chest, similar to a pace maker)
- ▶ Mobile
- ▶ Parkinsons, depression, tourettes disorder, tics



Transmagnetic Stimulation (TMS)

- TMS / TCDS
- Magnetic plate (similar to MRI) is placed above head
- Targetting specific neural pathways in the brain
- 15-30 min sessions
- Fully conscious
- Perinatal Population advantages
- Alternative to ECT
- Used in neurological conditions and other mental health conditions



Summary

- ▶ Misunderstood, misdiagnosed, mistreated
- ▶ Consider challenges at different stages (conception, pregnancy, delivery, postnatal)
- ▶ Perinatal OCD unique presentation and themes
- ▶ Old and New treatment modalities – high success rate if identified and treated

References

- ▶ Lochner, C., Stein, D. (2011) Gender in obsessive-compulsive disorder and obsessive-compulsive spectrum disorders. *Arch Womens Ment Health* 4, 19–26
- ▶ Sharma V. (2018) Pharmacotherapy of postpartum obsessive-compulsive disorder: a systematic review, *Expert Review of Neurotherapeutics*, 18:12, 925-931
- ▶ Karpinski, M., Mattina, G. F., & Steiner, M. (2017). Effect of gonadal hormones on neurotransmitters implicated in the pathophysiology of obsessive-compulsive disorder: A critical review. *Neuroendocrinology*, 105(1), 1-16
- ▶ Green, S.A., Graham, B.M. Symptom fluctuation over the menstrual cycle in anxiety disorders, PTSD, and OCD: a systematic review. *Arch Womens Ment Health* 25, 71–85 (2022)
- ▶ Fairbrother N, Collardeau F, Albert AYK, Challacombe FL, Thordarson DS, Woody SR, Janssen PA. (2021) High Prevalence and Incidence of Obsessive-Compulsive Disorder Among Women Across Pregnancy and the Postpartum. *J Clin Psychiatry*
- ▶ Clark S. , Coker S. (2009) Perfectionism, self-criticism and maternal criticism: A study of mothers and their children, *Personality and Individual Differences*, Volume 47, Issue 4, 2009, Pages 321-325
- ▶ Abramowitz, J.S., Schwartz, S.A. & Moore, K.M. (2003a) Obsessional Thoughts in Postpartum Females and Their Partners: Content, Severity, and Relationship with Depression. *Journal of Clinical Psychology in Medical Settings* 10, 157–164