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Assessment of psychiatric symptoms of pregnant Women: An institutional based study

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Abstract
Background: Pregnancy has typically been considered a time of emotional well-being, recent studies suggest that mood and anxiety disorders usually occur in 20-25% women. The present study was conducted to assess psychiatric symptoms of pregnant women.
Materials and methods: 86 pregnant women of various trimesters were enrolled. Assessment of mood disorder, depression, eating disorder, psychoses, social phobia, obsessive-compulsive disorder and schizophrenia was recorded.
Results: There were 24 women in 1st trimester, 30 in second and 32 in third trimester. The difference was significant ($P< 0.05$). Mood disorders were seen in 2 in 1st, 6 in 2nd and 3 in 3rd trimester, eating disorder in 1, 3 and 4 in 1st, 2nd and 3rd trimester respectively, psychoses in 1 and 2 in 2nd and 3rd trimester, OCD in 1, 1 and 3 in 1st, 2nd and 3rd trimester respectively, social phobia in 1, 2 and 5 in 1st, 2nd and 3rd trimester respectively and schizophrenia in 2 and 1 in in 2nd and 3rd trimester respectively. The difference was significant ($P< 0.05$).
Conclusion: Most common psychiatric disorders among pregnant women was mood disorder followed by social phobia and eating disorder.

Keywords: Pregnancy, psychiatric, social phobia

Introduction
Although pregnancy has typically been considered a time of emotional well-being, recent studies suggest that mood and anxiety disorders usually occur in 20-25% women [1], Particularly vulnerable are those women with histories of psychiatric illness who discontinue psychotropic medications during pregnancy [2]. In a recent study which prospectively followed a group of women with histories of major depression across pregnancy, of the 82 women who maintained antidepressant treatment throughout pregnancy, 21 (26%) relapsed compared with 44 (68%) of the 65 women who discontinued medication. This study estimated that women who discontinued medication were 5 times as likely to relapse as compared to women who maintained treatment [3].
High rates of relapse have also been observed in women with bipolar disorder. One study indicated that during the course of pregnancy, 70.8% of the women experienced at least one mood episode. The risk of recurrence was significantly higher in women who discontinued treatment with mood stabilizers (85.5%) than those who maintained treatment (37.0%) [4].
Once considered a time of emotional wellbeing, and "protecting" women against psychiatric disorders, it is now well established that several psychiatric disorders are common during pregnancy, with depression being the most common. Violence during pregnancy or intimate partner violence has also received research attention due to its lasting consequences on the mental health and wellbeing of the mother and her child. Further, motherhood is often glorified, which makes the pregnant woman or mother feel guilty about experiencing negative emotions [5]. The present study was conducted to assess psychiatric symptoms of pregnant women.

Materials and Methods
The present study was conducted among 86 pregnant women of various trimesters. All were enrolled after obtaining their written consent.
Data such as name, age etc. was recorded. A through clinical and psychiatric assessment of done by psychiatrist. Assessment of mood disorder, depression, eating disorder, psychoses, social phobia, obsessive-compulsive disorder and schizophrenia was recorded. Results were clubbed and subjected to statistical analysis. P value less than 0.05 was considered significant.

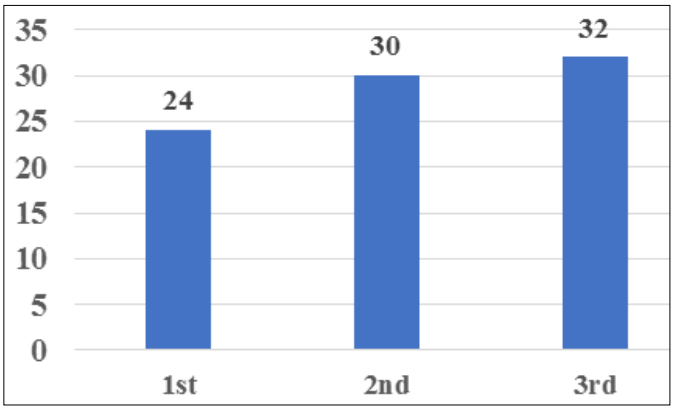
Results

Table 1, graph I shows that there were 24 women in 1st trimester, 30 in second and 32 in third trimester. The difference was significant ($P< 0.05$).

Table 2, graph II shows that mood disorders were seen in 2 in 1st, 6 in 2nd and 3 in 3rd trimester, eating disorder in 1, 3 and 4 in 1st, 2nd and 3rd trimester respectively, psychoses in 1 and 2 in 2nd and 3rd trimester, OCD in 1, 1 and 3 in 1st, 2nd and 3rd trimester respectively, social phobia in 1, 2 and 5 in 1st, 2nd and 3rd trimester respectively and schizophrenia in 2 and 1 in in 2nd and 3rd trimester respectively. The difference was significant ($P< 0.05$).

Table 1: Distribution of patients

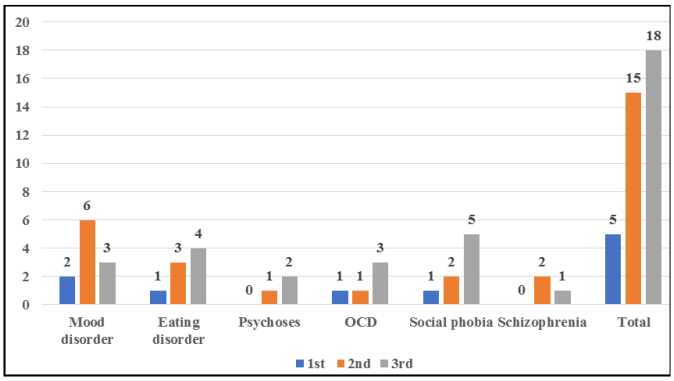
Trimester	Number	P value
1st	24	0.04
2nd	30	
3rd	32	



Graph 1: Distribution of patients

Table 2: Assessment of psychiatric disorders

Trimester	1st	2nd	3rd	P value
Mood disorder	2	6	3	0.05
Eating disorder	1	3	4	
Psychoses	0	1	2	
OCD	1	1	3	
Social phobia	1	2	5	
Schizophrenia	0	2	1	
Total	5	15	18	



Graph II: Assessment of psychiatric disorders

Discussion

A psychiatric disorder is a diagnosis made by a mental health professional of a behavioral or mental pattern that may cause suffering or a poor ability to function in life. Such features may be persistent, relapsing and remitting, or occur as a single episode. Many disorders have been described, with signs and symptoms that vary widely between specific disorders. During the first year after delivery, women with a psychiatric disorder are at the highest risk for psychiatric hospitalization and suicide is the leading cause of maternal death [6]. Psychosis and suicidal ideation with onset during pregnancy and postpartum are psychiatric emergencies that require prompt intervention. Emergency room (ER) visits related to psychiatric illness have risen to one of every eight visits in the past decade and, although investigations are limited, the prevalence and acuity of mental illness during the perinatal period contributes to the rising statistic. To prevent poor maternal and infant outcomes it is critical for clinicians to make the distinction between perinatal psychiatric symptoms that are appropriate for outpatient management and those that demand immediate intervention [7]. Perinatal worsening of mood and anxiety can progress rapidly and become an imminent risk to the patient and, in rare cases, her infant. Primary care providers, specifically obstetricians, are positioned to intervene for women who present with worsening or new onset mental illness. Although few patients have contact with a mental health provider (19%) prior to suicide, many (45%) have had contact with a primary care provider within one month of the attempt. The present study was conducted to assess psychiatric symptoms of pregnant women [8].

In present study, there were 24 women in 1st trimester, 30 in second and 32 in third trimester. Obsessive-compulsive disorder (OCD) is characterized by thoughts that cannot be controlled (obsessions) and repetitive behaviors or rituals that cannot be controlled (compulsions) in response to these thoughts. Several reports suggest that women may be at an increased risk for the onset of OCD during pregnancy and the postpartum period. In one study of women with diagnosed OCD, 39% of the participants reported that their OCD began during a pregnancy [9].

We found that mood disorders were seen in 2 in 1st, 6 in 2nd and 3 in 3rd trimester, eating disorder in 1, 3 and 4 in 1st, 2nd and 3rd trimester respectively, psychoses in 1 and 2 in 2nd and 3rd trimester, OCD in 1, 1 and 3 in 1st, 2nd and 3rd trimester respectively, social phobia in 1, 2 and 5 in 1st, 2nd and 3rd trimester respectively and schizophrenia in 2 and 1 in in 2nd and 3rd trimester respectively. Generalized anxiety disorder has no data on the prevalence or course of generalized anxiety disorder (GAD) through pregnancy. Most women, naturally enough, worry about the health of the fetus and how they will cope with labor and bodily changes. Excessive worrying, however, may be a symptom of GAD or depression. Social phobia is felt by a very small number of women experiences tocophobia, an unreasonable dread of childbirth. These women are more prone to postpartum depression if denied the delivery method of their choice (i.e., cesarean section) [10].

The prevalence of eating disorders in pregnant women is approximately 4.9%. While studies have suggested that the severity of symptoms may actually decrease during pregnancy, there are many negative consequences for both the mother and her infant. One recent study reported that pregnant women with active eating disorders appear to be at greater risk for delivery by cesarean section and for postpartum depression [11]. In addition, eating disorders during pregnancy have been linked with higher rates of miscarriage and lower infant birth weights. The occurence of new episodes of psychosis during pregnancy is extremely rare. However, for women with a history of psychosis, particularly psychosis in previous pregnancies, the relapse rates are high, with the most common manifestations being bipolar illness, followed by psychotic depression and schizophrenia.[12]

Conclusion

Authors found that most common psychiatric disorders among pregnant women was mood disorder followed by social phobia and eating disorder.

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