

From Bump to Baby: *Pregnancy and Postpartum Obsessive Compulsive Disorder*

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Presentation Overview

- Background
- Clinical Care
- Disclosure and Self-Advocacy
- Impact on Relationships
- Questions

Background



Epidemiology of OC Symptoms

- Obsessive-compulsive symptoms (OCS) are **normal** during pregnancy:
 - 65% of the new parents who have experienced a recent birth reported obsessional intrusive thoughts_(Abramowitz et al., 2003)
- Longitudinal study:
 - 37.5% of women reported experiencing subclinical obsessions or compulsions at two weeks postpartum
 - 29.2% at 6 months_(Miller et al., 2013; Miller et al., 2015)

Epidemiology of pOCD

- Risk Factors for pOCD
 - Higher levels of overall anxiety
 - Higher levels of preexisting subclinical obsessive compulsive symptoms
 - Presence of cognitive distortions such as thought-action fusion.

(Abramowitz et al., 2003; Abramowitz et al., 2006; Timpano et al., 2011)

Epidemiology of pOCD

- World-wide meta-analysis suggests women who are pregnant or who have given birth are 1.79 times more likely to experience OCD than regionally and time matched women
 - Women in the prenatal period are 1.45 times more likely
 - Women in the postpartum are 2.38 times more likely

(Russell et al., 2013)

Onset Among Pregnant or Postpartum Women	Prenatal %(N)	Postpartum %(N)	Peripartum %(N)
Prospective Samples			
Uguz et al., 2007a*		3.9 (12)	
Miller et al., 2013		5.5 (18)	
Chaudron & Nirodi, 2010*		31.3 (5)	
Retrospective Samples			
Fairbrother et al., 2016	2.9 (9)	3.6 (11)	3.9 (12)
Uguz et al., 2007b*	0.5 (2)		
*indicates clinical interview versus self-report			

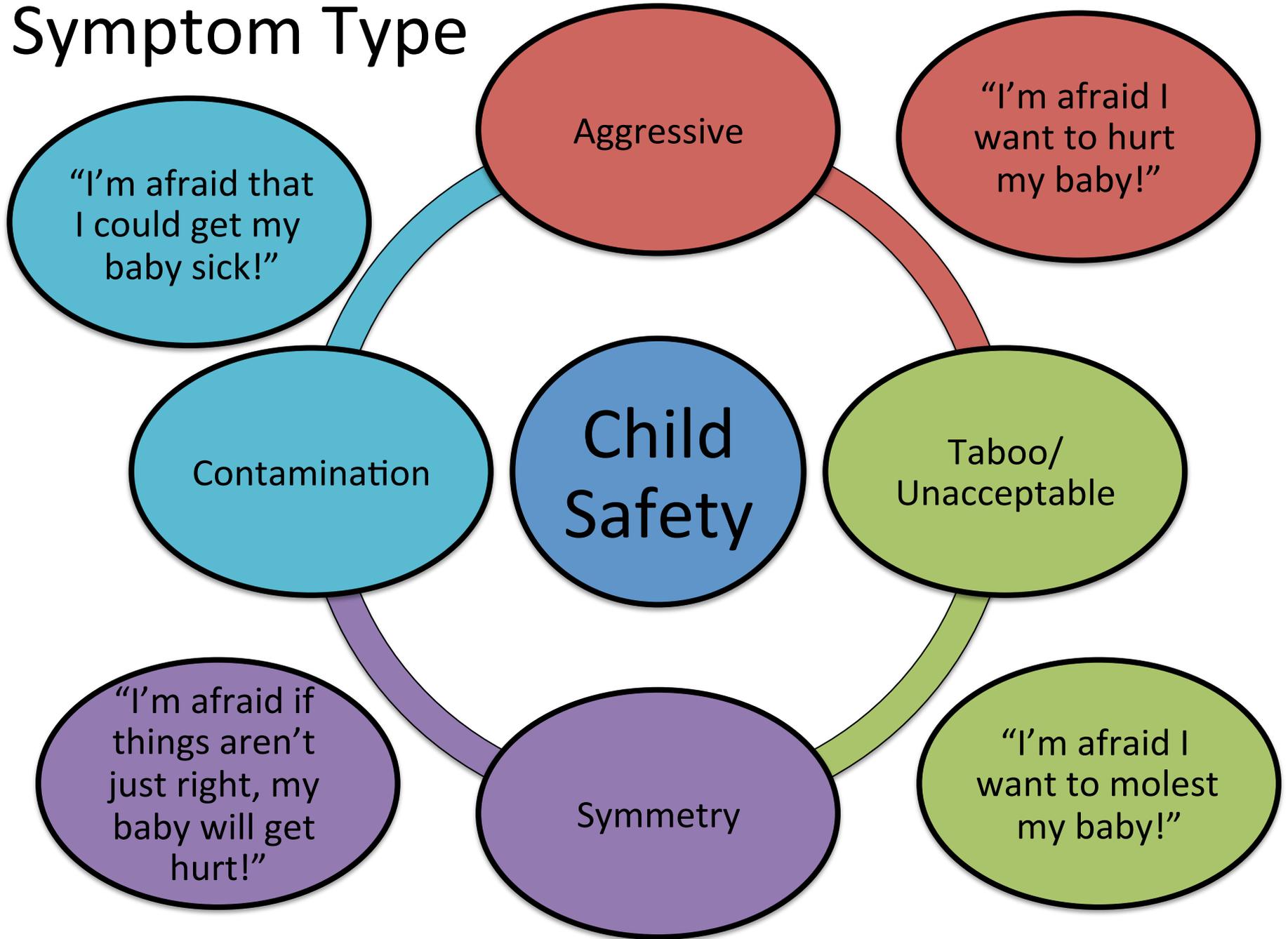
Exacerbation of Symptoms

Among women with OCD or OCS prior to pregnancy:

- Between 30-50% will experience exacerbation of symptoms during or following pregnancy
- Between 8-20% will experience improvement
- Roughly 50% will experience no change

(Forray et al., 2010; Guglielmi et al., 2014; Labad et al., 2005; Maina et al., 1997; Uguz et al., 2011; Williams & Koran, 1997)

Symptom Type



Depression

- 15-40% of postpartum women with OCD experience postpartum depression (Kaya et al., 2013, Labad et al., 2005; Miller et al., 2013; Williams & Koran, 1997; Wenzel et al., 2005; Zambaldi et al., 2009).
- Postpartum depression and pOCD are closely linked and can look similarly clinically (Mauri et al., 2010)
 - Many women with postpartum depression will endorse OCS, with similar symptom content (Humenik & Fingerhut, 2007; Miller et al., 2013; Wenzel, Gorman, O'Hara & Stuart, 2001)
- Women with pOCD experience significantly more distress, anxiety and depression when compared to community controls (Challacombe et al., 2016)

Partners

- Anxiety disorders (Leach, Poyser, Cooklin, & Giallo, 2016)
 - 4.1-16% prenatal
 - 2.4-18.0% postpartum
- Depression (Paulson & Bazemore, 2010)
 - 10% postpartum
 - Highest risk occurring during the 3-6 month postpartum period
- Retrospective studies
 - 2.9%_(n=1; Maina et al., 1999) and 6.5%_(n=23; Torresan et al., 2013)
- Single prospective study (n=726)_(Coelho et al., 2014)
 - 3.4% in the third trimester
 - 1.8% during the postpartum
 - 92.3% new onset
 - maternal OCD status may increase the risk (6 times more likely)

Clinical Care



POCD and CBT-E/RP

- Can be used alone or in conjunction with psychopharmacological treatment
- Effective for patients unwilling to take medications due to concern of side effects or contamination
- Better long term OCD treatment gains with less relapse than medication alone (O'Sullivan et al., 1991; Koran et al., 2002)

POCD and Prevention

- A single randomized control trial suggests that psychoeducation regarding postpartum anxiety and OCS, treatment, exposure therapy and cognitive restructuring can be effective in preventing vulnerable individuals from reaching clinical levels (Timpano et al., 2011)

POCD and Family Accommodation

- pOCD affects parenting style (Abramowitz et al., 2003; Jennings et al., 1999; Miller & Shah, 1999)
 - Over responsible or avoidant
- Most common family accommodations (Stewart et al., 2008)
 - Providing reassurance
 - Waiting for ritual completion
- Family inclusive treatment for OCD targeting accommodation has been associated with greater improvement in patient functioning. (Thompson-Hollands et al., 2014)

- Untreated prenatal OCD is significantly associated with poor quality of life (Gezginc et al., 2008)
 - Impairments in physical health, psychological health, social relationships and environment quality
- Mothers with OCD reported less enjoyment of child interactions, greater marital distress, less social support, and less parenting confidence compared to community controls (Challacombe et al., 2016)

*Medical care,
Psychopharmacological Care,
Disclosure, and Self-Advocacy*

A short video with
Dr. Roussos-Ross



Future Directions

- Currently recruiting clinicians and researchers to complete qualitative interviews gathering information their perspectives on pOCD
- Future research will involve asking patients similar questions about their perspectives on pOCD to see where clinician and patient perspectives converge and diverge