

## PSYCHOTIC DISORDERS IN THE POSTPARTUM PERIOD. ETIOPATHOGENETIC AND CLINICAL-EVOLUTIONARY ASPECTS.

Author: Baltag Ecaterina, affiliation: Cathedra of Psychiatry, narcology and medical psychology. Chisinau, Republic of Moldova.

### Introduction

Postpartum psychosis (puerperal psychosis) presents a risk of various mental and psychotic disorders in addition to hormonal and somatic. The postpartum (postnatal) period is the period that begins immediately after the birth of a child and extends for about six weeks. The clinical picture of postpartum psychosis includes rapid onset of psychotic symptoms including hallucinations and delusions, bizarre behavior, confusion, and disorganization that may appear to be delirium.

### Purpose

Analysis of theoretical notions in the field of psychiatry to highlight the basic etiopathogenetic aspects in the primary onset of postpartum psychotic disorders. Elucidation of the symptoms and clinical-evolutionary features of puerperal psychoses.

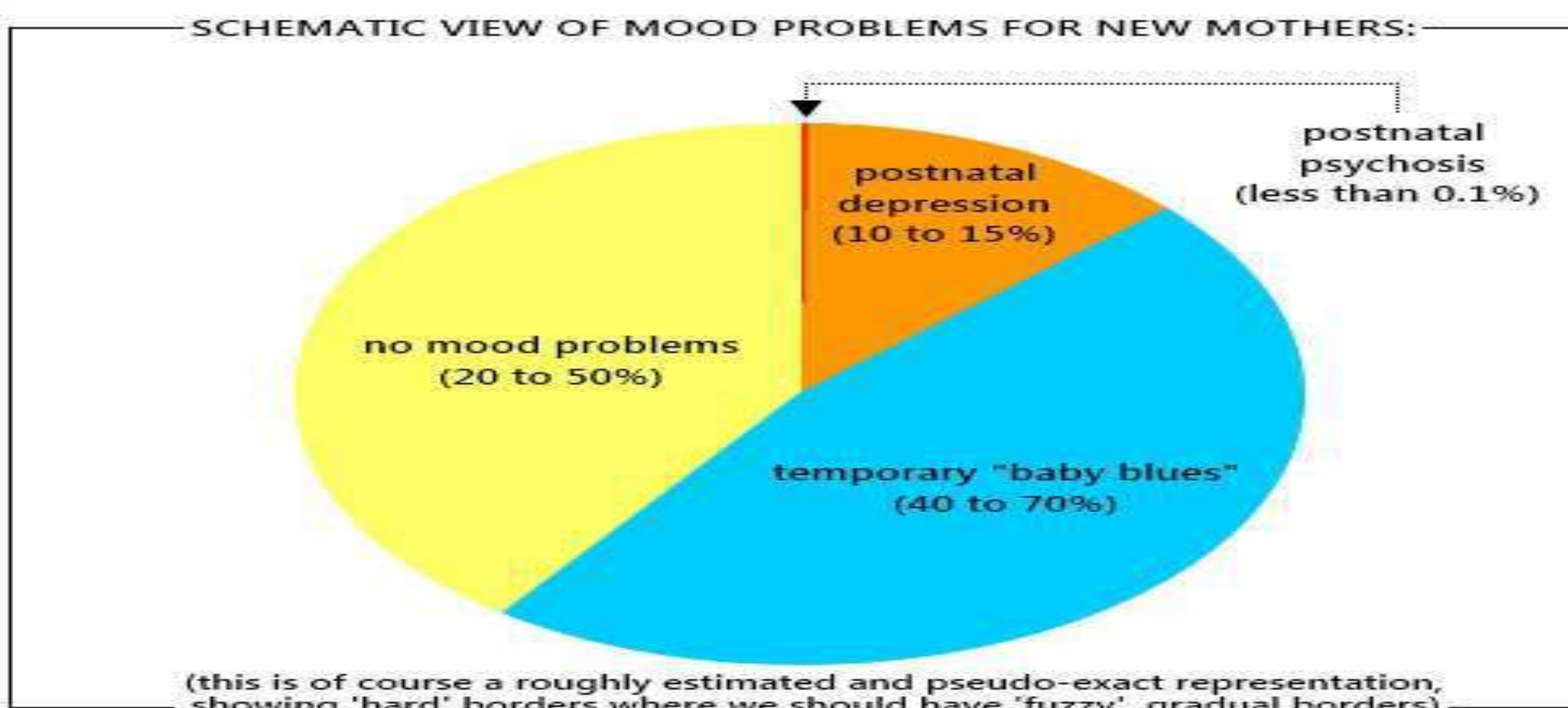
### Material and methods

Was studied the specialized literature of the last 3 years to detect the factors that can lead to the development and manifestation of different postpartum psychotic states according to statistical data.

### Results

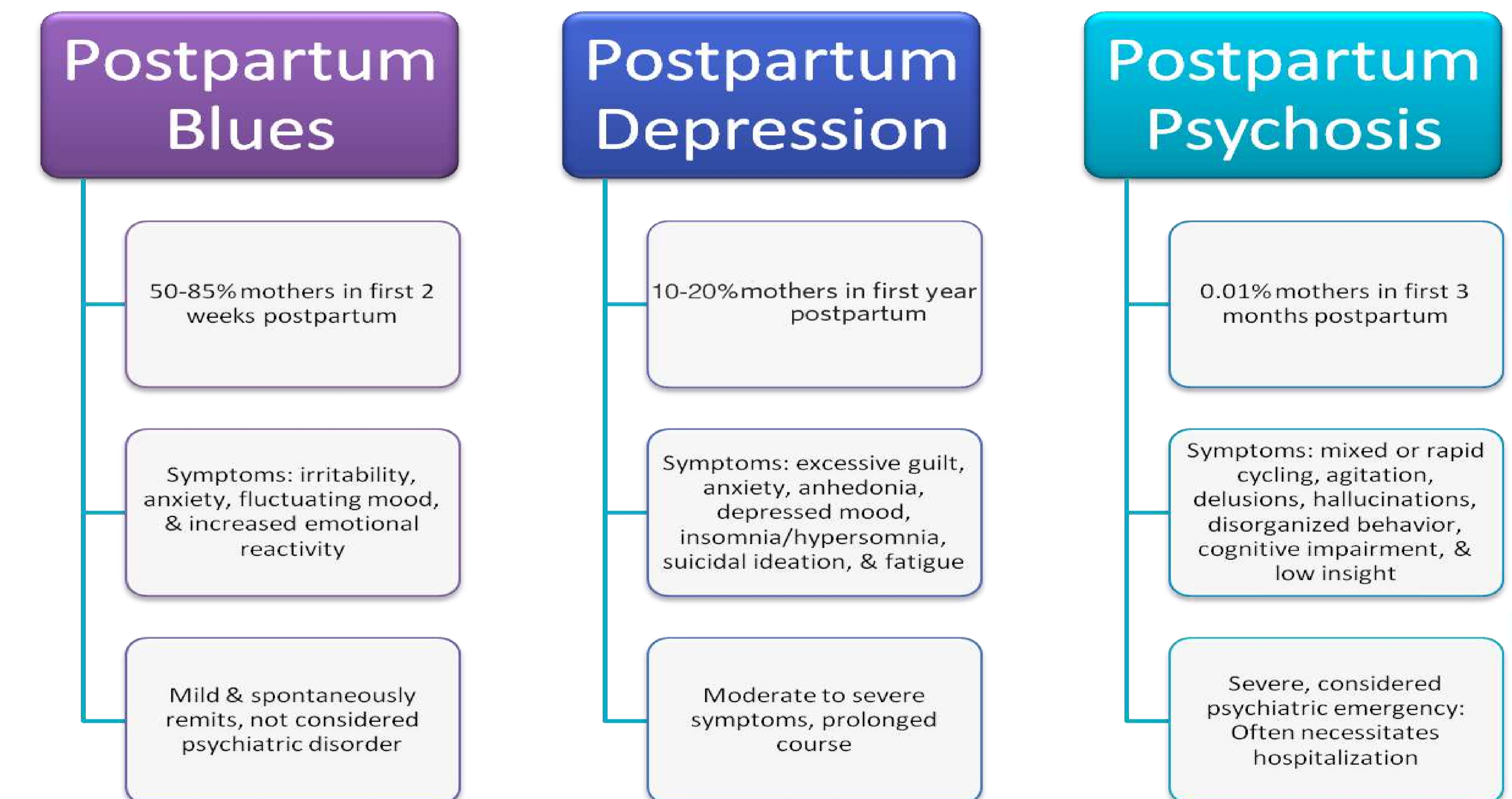
Postpartum psychosis is a relatively rare affection. It is estimated that 1-2 out of every 1,000 mothers develop postpartum psychosis. About 25-85% will experience "blues" for a few days. The clinical presentation of postpartum psychosis includes the rapid onset of psychotic symptoms like perceptual and thinking disorders, confusion and disorganization. The main cause is the decrease of estrogen and progesterone.

Fig.1 Schematic view of mood problems for new mothers.



Pregnancy puts additional stress on patients, and physiological changes are particularly acute in the postpartum period. In cases of long-term postpartum disorders develop into postpartum mania or depression. In postpartum psychosis, these symptoms are typically accompanied by symptoms of a mood disorder, such as manic or depressed mood (or both), severe insomnia, rapid mood changes, anxiety, irritability, and psychomotor agitation. Persistent severe insomnia (not related to caring for the newborn) is often the first indication of an incipient postpartum psychosis.

Fig.2. The basic features of different types of postpartum disorders.



### Conclusions

Postpartum psychosis is a medical emergency and requires rapid intervention and hospitalization, as well as a comprehensive medical evaluation and multidimensional management in terms of somatic, neurological and psychiatric. A subset of women experience isolated postpartum psychosis that does not progress to mood or psychotic episodes outside the postpartum time period. Postpartum psychosis constitutes a medical emergency and generally requires rapid intervention and hospitalization, as well as a comprehensive medical evaluation and psychiatric management.

### Keywords

Postpartum disorders.