



## ATYPICAL MANIFESTATIONS OF POSTPARTUM DEPRESSION: CHALLENGES IN RECOGNITION AND THERAPEUTIC APPROACH

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PPD affects 10–20% of mothers, yet its atypical manifestations—such as irritability, anxiety, hypervigilance, or emotional dissociation—may go undiagnosed. These symptoms may be mistaken for normal responses to postnatal stress or overlooked due to insufficient specific training among professionals. To highlight the challenges in recognizing atypical manifestations of postpartum depression and to propose therapeutic approaches, through the analysis of clinical cases and relevant literature. The paper is based on a qualitative analysis of two clinical cases, women-mothers aged between 20–35 from psychotherapeutic practice, as well as a review of the relevant literature (Sockol et al., 2021; Wisner et al., 2013). Additionally, it examines certain mechanisms that delay access to psychological help and the therapeutic strategies applied. It is essential to train professionals to recognize atypical symptoms of postpartum depression, such as emotional detachment or intense anxiety, or irritability, which are often overlooked, unfortunately. Also, postnatal screening tools should be adapted to detect these subtle signs, using both quantitative and qualitative methods. Early, individualized interventions can prevent chronicity and long-term impact. An integrated therapeutic approach strengthens the mother-child bond and promotes emotional well-being for both, ensuring healthier developmental outcomes. The involvement of family members is also essential. Recognizing atypical symptoms of postpartum depression, such as anxiety, emotional dissociation or irritability and adapting screening methods are essential. Early interventions and family involvement can prevent symptom chronicity and strengthen the mother-child relationship.

## CONTEMPORARY ANTIPSYCHOTIC TREATMENT IN SCHIZOPHRENIA PATIENTS DURING PREGNANCY.

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Gestational schizophrenia reveals a major dilemma. Discontinuation of antipsychotic therapy exposes the patient to the risk of relapse, and maintenance of treatment involves possible adverse effects. Management requires a careful pharmacologic balance between maternal psychological stability and fetal safety. The study aimed to identify the antipsychotics with the most optimal risk-benefit profile in the treatment of pregnant women with schizophrenia, correlating therapeutic efficacy with perinatal safety. An analysis of data from the specialized scientific literature, from sources published in PubMed, Medscape, Cochrane Library, Web of Science, international guidelines, observational studies over the last years, was performed to obtain comparative data according to teratogenicity, placental transfer and metabolic risks. The atypical antipsychotics: olanzapine, quetiapine, aripiprazole are the most well documented and commonly used in practice. Quetiapine, with reduced placental transfer, has not been associated with major congenital malformations, but requires weight gain monitoring. Olanzapine has increased therapeutic efficacy but with significant metabolic risk. Aripiprazole recommended in moderate forms with low risk of hyperprolactinemia. Haloperidol is useful in emergencies. Clozapine is reserved for refractory cases in the context of the development of agranulocytosis. Minimally effective monotherapy is recommended under multidisciplinary supervision. Management in pregnancy aims to stabilize the mental state without compromising fetal safety. Olanzapine, quetiapine and aripiprazole are the pharmacological options of choice and the therapeutic choice should be individualized according to symptoms, comorbidities and identified risks.