

# Psychiatric Emergencies in Pregnant Women



Michael P. Wilson, MD, PhD<sup>a,b,\*</sup>, Kimberly Nordstrom, MD, JD<sup>a,c</sup>,  
Asim A. Shah, MD<sup>d,e</sup>, Gary M. Vilke, MD<sup>a,b</sup>

## KEYWORDS

• Emergency psychiatry • Pregnancy • Psychosis • Depression • Bipolar disorder

## KEY POINTS

- The management of psychiatric conditions in pregnant women involves a comprehensive evaluation and teamwork.
- Pregnant females presenting with new-onset psychosis are more likely to have a medical cause for illness and require a thorough medical screening and evaluation.
- Routine laboratory testing cannot be recommended for nonpregnant patients with psychiatric disease, but pregnant patients are a special population and may require more testing.
- No psychotropic medications are considered safe in pregnancy, but the risk of not treating may be greater than medications that are not known teratogens.
- Medications like lithium, valproic acid, carbamazepine, and benzodiazepines should generally be avoided if possible.

## INTRODUCTION

Mental health-related visits to emergency departments (EDs) are common. From 1992 to 2001, approximately 53 million ED visits in the United States involved a behavioral health emergency.<sup>1</sup> In 2011, approximately 3.9% of visits involved a discharge diagnosis of “mental disorder,” although it is unknown how many of these visits solely involved pregnant patients.<sup>2</sup>

Although there are increasing numbers of visits to EDs in the United States, clinical research in the field of emergency medicine remains scarce.<sup>3</sup> This gap is especially true

---

Disclosures: The authors have no financial disclosures relevant to this article.

<sup>a</sup> Department of Emergency Medicine Behavioral Emergencies Research (DEMBER) Lab, San Diego, CA, USA; <sup>b</sup> Department of Emergency Medicine, UCSD Health System, San Diego, CA, USA; <sup>c</sup> Department of Psychiatry, Denver Health Medical Center, University of Colorado School of Medicine, Denver, CO, USA; <sup>d</sup> Department of Psychiatry, Baylor College of Medicine, Houston, TX, USA; <sup>e</sup> Department of Community and Family Medicine, Baylor College of Medicine, Houston, TX, USA

\* Corresponding author. Department of Emergency Medicine Behavioral Emergencies Research (DEMBER) Lab, San Diego, CA.

E-mail address: [mpwilso1@outlook.com](mailto:mpwilso1@outlook.com)

Emerg Med Clin N Am 33 (2015) 841–851  
<http://dx.doi.org/10.1016/j.emc.2015.07.010>

[emed.theclinics.com](http://emed.theclinics.com)

0733-8627/15/\$ – see front matter © 2015 Elsevier Inc. All rights reserved.

of research in mental illness in pregnancy, even though pregnancy and the postpartum period have traditionally been thought to be times of increased vulnerability for psychiatric disorders. Despite this, there are few randomized trials in pregnancy. Although community-based studies comparing rates of mental illness in pregnant and nonpregnant females have actually found lower rates of mental illness in pregnant females compared with nonpregnant females, rates of illness, particularly depression, still remain high in this population.<sup>4</sup> Thus, it is likely that emergency physicians will encounter pregnant patients suffering from psychiatric complaints. Despite the lack of clear guidelines, emergency physicians nonetheless play a key role in the treatment of these patients, because failure to diagnose or failure to treat appropriately may lead to serious adverse maternal and fetal outcomes.

### **MEDICAL SCREENING OF PSYCHIATRIC ILLNESS IN PREGNANCY**

The first step in the evaluation of pregnant patients with behavioral disorders in the ED is medical screening to detect medical problems that may be contributory to the ED presentation (Wilson MP, Nordstrom K, Anderson EL, et al. American Association for Emergency Psychiatry Task Force: review and consensus statement on medical assessment of adult psychiatric patients presenting acutely to United States emergency departments. Part II: controversies over medical assessment, and consensus recommendations [indicates reviews of existing literature]. Submitted for publication).<sup>5-7</sup> This process is commonly termed “medical clearance,” and is covered more thoroughly elsewhere in this issue.

#### ***Defining an Adequate Medical Examination***

---

Several studies have investigated the important elements of emergency medical examinations for psychiatric patients, although no study has specifically evaluated key elements of emergency medical examinations in pregnant patients. There is general consensus that abnormal vital signs are an important first clue to the presence of medical illness. Unfortunately, vital signs outside the normal range can be somewhat misleading in pregnancy.<sup>8</sup> Heart rate, for instance, often increases in pregnant females to compensate for decreasing systemic vascular resistance. Systolic blood pressures also typically decrease in pregnancy, reaching their lowest values around 24 weeks of gestation.<sup>8</sup> Fever, however, may be more useful. Although mild hyperthermia may be common in pregnancy, fever defined as 100.4°F or greater, is more concerning for a medical illness.<sup>9</sup>

Assessment of mental status has also been suggested as an important component of screening patients with psychiatric complaints.<sup>5</sup> Given difficulties in using vital signs, mental status screening may potentially be more important in pregnant, behaviorally disordered patients. Case reports exist in which mental status changes, such as disorientation, were misdiagnosed as new-onset psychosis during a prolonged hospital course for hyperemesis gravidarum.<sup>10</sup> New-onset psychosis is relatively uncommon in pregnancy, but may be seen in rare but life-threatening diseases such as Wernicke’s encephalopathy. Although often thought of as a disease of alcohol-using patients, Wernicke’s encephalopathy may sometimes be associated with hyperemesis gravidarum.<sup>10,11</sup> Because frank disorientation is relatively uncommon in psychiatric disease, patients with mental status alterations like that of Wernicke’s encephalopathy are more likely to have a medical etiology for their symptoms.<sup>12</sup> Although a prospective, randomized trial of the addition of mental status screenings to comprehensive physical examinations has never been performed, studies such as these highlight the importance of a mental status examination in

Download English Version:

<https://daneshyari.com/en/article/3236631>

Download Persian Version:

<https://daneshyari.com/article/3236631>

[Daneshyari.com](https://daneshyari.com)