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Research Article

CASE STUDY OF POST PARTUM PSYCHOSIS: A RARE PSYCHIATRIC EMERGENCY WITH A COMORBIDITY OF PARKINSON'S IN WOMEN AFTER CHILD BIRTH

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ABSTRACT

Post partum psychosis (puerperal psychosis) is a rare psychiatric emergency in which the symptoms of high mood and racing thoughts (mania), depression severe confusion, loss of inhibition, paranoia and hallucinations begin in the first two weeks after child birth. The symptoms vary and can change quickly. The most severe symptoms last from 2-12weeks. It is a very rare condition and it occurs 1 in every 1000 women (0.1%) who have a baby. In this case study a patient of 20 years old female was admitted to the hospital with the symptoms of altered behaviour, exhibiting extreme emotions, extreme anger, extreme sadness and Parkinson disease which was observed after the death of 1 of her child (among twins) 40days after birth and diagnosed with post partum psychosis. She was treated with anti psychotics (olanzapine), anti parkinsonian drugs and anti depressants. Patient was discharged after relieving from symptoms and discharge medications were given to the patient to control the future risk and affective patient counselling was done by the pharmacist to improve the "quality of life of the patient".

KEYWORDS: Post partum psychosis (puerperal psychosis), Paranoia and hallucination, Parkinson disease, Mania, quality of life.

INTRODUCTION

Post partum psychosis (or puerperal psychosis or post natal psychosis) affects thousands of women in each year characterized by severe episodic mental illness which begins suddenly in the days or weeks after delivery.(1) Most commonly begins in the first two weeks after child birth. Many women will experience mild mood changes after having a baby, known as the "baby blues", and requires a medical emergency. It occurs in about1 in every 1000 women (0.1%) who have a baby.(2, 3) The exact causes of post partum psychosis are not clear, but one is more at risk if she has a family history of mental health illness, particularly as already have a diagnosis of bipolar disorder or schizophrenia. Psychological stresses also contribute to this high psychiatric morbidity. Women with a history of manic, depressive illness, has a much higher risk of psychiatric admission. Among patients who developed post partum psychosis immediately after child birth. Symptoms vary and can change quickly includes high mood and racing thoughts (mania), depression, severe confusion, losing inhibitions, paranoia, hallucinations and delusions. Diagnosis of psychosis in pregnant women can be challenging because some of the diagnostic symptoms of psychosis overlap with the symptoms of normal pregnancy (e.g., sleep or appetite change, fatigue, decreased libido).(4) Initial evaluation requires a thorough history, physical examination and laboratory investigations to exclude an organic cause for acute psychosis. Important tests include a complete blood count (CBC), electrolytes, blood urea nitrogen (BUN), creatinine, glucose, vitamin B_{12}, folate, thyroid function tests, calcium, urinalysis and urine culture in the patient with fever and a urine drug screen. A careful neurological assessment is essential which includes a head CT or MRI scan to rule out the presence of a stroke related to ischemia (vascular occlusions) or haemorrhage (uncontrolled hypertension, ruptured arteriovenous malformation, or aneurysm).(5) Patient may be prescribed with one or more of Antidepressants, Antipsychotics, Mood stabilizers**.** The patient may refer to a therapist for cognitive behavioural therapy (CBT), is a talking therapy which helps the patient to change her way of thinking towards positive sense.

CASE STUDY

A patient of 20 years old female was admitted in MNR Institute and hospital, Sangareddy, Telangana, India with the chief complaints of altered behaviour, behaving childish, violent behaviour, exhibiting extreme emotions, extreme anger, extreme sadness, which was observed after the death of one child (among twins) 40 days after birth.

History of present illness: Two months ago patient was apparently normal and complaints were started after the death of one of her child (among twins) 40 days after birth. Patient also suffered from nausea, vomiting and diarrhoea following HTN for very short period of time.

Personal history: Patient is slightly abnormal, lack of interest on sleeping and lack of appetite, non alcoholic and non smoker. At the time of admission, her body temperature was normal, blood pressure was 110/70 mm of Hg, pulse rate was 80/min and respiratory rate was 18/min and patient found hard time bonding with child. No breast feeding was observed.

Physical examination: Patient has undergone depression followed by anxiety (mania) and she is also suffering from Parkinsonism.

The vitals were observed to be blood pressure of 100/70 mm of Hg, temperature of 98ºF and pulse rate was 78/min. Systemic examinations were normal, non- abnormality was detected in cardiovascular system. Abdomen is soft and no organomegaly.

Table 1: Drug chart

Brand name	Generic name	ROA	Frequency	Dose
Tab.Olzic	Olanzapine	Oral	TID	5 mg
Tab.lithic	Lithium	Oral	TID	300 mg
Tab.Pacitane	Trihexyphenidyl	Oral	TID	2 mg
Tab.Depsonil	Imipramine	Oral	TID	2 mg
Tab.Haldol	Haloperidol	Oral	TID	5 mg

After admission patient was treated initially with Tab. Olzic (olanzapine) - 5mg TID which is an anti psychotic drug and is used for treating schizophrenia, bipolar disorder, bipolar depression. It is acting by inhibiting the serotonin and dopaminergic receptor present in CNS and controlling the mood regulations in the patient. Followed by Tab. Lithic (lithium)-300mg TID which is a bipolar disorder agent and is used for controlling the bipolar disorder and manic attacks, it is acting by inhibiting the post synaptic D2 receptor in nerves and muscles and influences the reuptake of serotonin. These drugs were continued up to 2 days and electro convulsive therapy was performed for first 2 days.

On the 3rd day patient was given with Tab. Pacitane (Trihexyphenidyl)-2mg TID which is an anti parkinsonian agent and it treats parkinsonism by inhibiting the para sympathetic nervous system and relaxing the smooth muscles, followed by Tab. Depsonil (Imipramine)-2mg TID which is an anti depressant drug and is used for treating depression, it acts by blocking the gaba receptor and inhibiting the gaba minergic responses. With these drugs patient has attained little symptomatic relief but bonding with child was not improved.

On 4th day patient was treated with Tab. Haldol (Haloperidol) – 5mg TID, as it is an anti psychotic drug it treats schizophrenia and psychosis. It acts by antagonising dopamine D1 and D2 receptor in brain and depresses the reticular activating system and inhibits the release of hypothalamic and hypophyseal hormones. With this medication patient attained symptomatic relief but not completely and bonding with child was improved partially. Patient was continuously monitored by the clinical pharmacist and patient counselling was done 2 sessions per day.

On 5th day patient was found to be stress free and same treatment with reduced dose of haloperidol was continued for the next day also along with olanzapine and lithium and patient was found to be normal, single session of patient counselling was performed by clinical pharmacist and monitored closely.

On 7th day patient was found to be completely normal and free from mood disturbances and bonding with baby is highly improved and started breast feeding to the child and ended up with healthy relationship with baby. So patient was counselled and discharge summary was recorded.

DISCUSSION

Post partum psychosis is a rare psychotic disorder in female patient after child birth. It should be treated as medical emergency and immediate treatment should be started. As the patient exhibits maniac like symptoms a combination of anti psychotics with anti depressants are to be prescribed. With the help of effective drug treatment (mood stabilizers), electro convulsive therapy and effective patient counselling by clinical pharmacist this mood disorder can be cured.

CONCLUSION

Post partum psychosis is a medical emergency case and it requires effective drug therapy and close monitoring of the patient. The effective patient counselling and Continuous close monitoring of the patient by the clinical pharmacist can make the patient free from psychotic symptoms and bonding with child by the mother can be increased markedly.

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