

Panic Disorder in the Perinatal Period

BC Reproductive Mental Health Program



Perinatal Anxiety

Becoming a parent can be a pretty stressful time. It is natural to worry about whether your baby is healthy, how your relationship with your partner will change, and whether you're truly up to the job of parenthood. However, if your worry is becoming difficult to control and interfering with your day-to-day activities it is possible that you may have an anxiety disorder.

Anxiety disorders are the most common type of mental health problem. If you think that your anxiety symptoms may be part of an anxiety disorder, it is important that you seek help. With appropriate help, most women with perinatal anxiety are able to overcome their struggles and enjoy their lives and their babies.

What is a panic attack?

A panic attack is a sudden feeling of intense anxiety and fear that typically lasts 5 to 10 minutes at peak intensity. You may experience any four or more of the following 14 symptoms during a panic attack:

- shortness of breath
- palpitations or accelerated heart rate
- chest pain or discomfort
- hot flashes or chills
- trembling or shaking
- nausea or abdominal distress
- choking or smothering sensation
- tingling sensation (paresthesia)
- sweating
- faintness
- fear of dying
- fear of going crazy or doing something uncontrolled
- depersonalization (feeling disoriented or that the world has become unreal)
- dizziness, light headedness or unsteady feelings

Panic attacks do not always signal a mental illness; they can be quite common in the general population. They are only considered part of a psychiatric illness if they cause significant distress or impairment.

What is Panic Disorder?

Panic Disorder is an anxiety disorder and is characterized by repeated panic attacks and worry or fear of having panic attacks. Often people begin to avoid situations that they associate with having had a panic attack. This can lead to *agoraphobia* (avoidance of places or situations from which escape might be difficult if a panic attack occurs). Between panic attacks, women may have varying degrees of anxiety and fear. During pregnancy panic attacks are often triggered by changes in women's bodies which may cause uncomfortable physical symptoms and cause them to worry excessively about their own health and/or the health of their unborn baby and about how they will be as mothers.

After the birth of a baby, panic attacks may occur in the context of increased stress and responsibility of parenting a child. Panic attacks can also be triggered by the baby crying uncontrollably or needing to feed. A common response for mothers that experience panic attacks is to fear being left alone with the baby because of the possibility of having a panic attack and losing control and not being able to care for their baby. Some women also fear going out of the home with the baby.

How Common is Panic Disorder during pregnancy or the postpartum period?

2 -5 % of pregnant women experience Panic Disorder. Panic Disorder is more common in perinatal women than in the general population of childbearing women. The risk of developing new onset Perinatal Panic Disorder is the highest in the first 3 months postpartum.

Why do women develop Panic Disorder in pregnancy and postpartum?

Women are at greater risk of experiencing Panic Disorder (PD) in pregnancy or after birth if they have a previous history of Panic Disorder.

History of PD Prior to pregnancy;	increased risk of developing symptoms during pregnancy,
History of PD During pregnancy	increased risk of developing symptoms postpartum
History of PD During previous pregnancies	may be at increased risk of developing symptoms during subsequent pregnancies (depending on current treatment, other stressors and presence of obstetrical or medical complications).

If I Have Anxiety, Why Do I Feel So Depressed?

Many women who have Panic Disorder during pregnancy will also experience depression. Some symptoms of depression are feeling extremely sad most of the day and nearly every day, feeling hopeless and loss of interest in things one used to enjoy. It's important to tell your healthcare provider *all* of the symptoms you are experiencing. That way you can both discuss all of the support and treatments that are available to you.

A Note About Substance Use

Some women with anxiety disorders during pregnancy or following the birth attempt to manage their symptoms by using alcohol or drugs. This can be harmful to both the mother and the baby. There is no known safe amount of alcohol or recreational drugs for women to consume during pregnancy. Moreover, these substances may be passed on to the infant through breast milk, so it is also best not to use them in pregnancy or if breastfeeding. If you are having difficulty with substance use it is important that you talk to a health care provider.

Why should women with Panic Disorder seek treatment in pregnancy or postpartum?

Severe untreated anxiety during pregnancy has been associated with pregnancy complications including low birth weight, pre-term delivery, high blood pressure and failure to progress in labor leading to caesarean section delivery. After birth, anxiety can affect a woman's ability to cope with the demands of her newborn, impair her ability to bond with the baby and can lead to depression.

With respect to the child, severe untreated maternal anxiety can impact fetal brain development and has been associated with childhood behavioral and emotional problems, ADHD & anxiety. Moreover, untreated Panic Disorder in pregnancy may predispose women to greater illness and increased symptoms in the postpartum period. Use of anti-panic medication in the postpartum period has been shown to decrease symptoms.

What are the treatment options for women with Panic Disorder?

There are several types of treatment that have been shown to help women with Panic Disorder including:

- self-care (e.g. NESTS Self Care Program, available online)
- psychotherapy (e.g. CBT & Mindfulness Based Cognitive Therapy)
- Medications (e.g. SSRIs)

The decision about which type of treatment is best for you depends upon the severity of your symptoms, how you feel about different treatment options and the availability of these different treatment options within your community.

Prior to starting treatment routine blood tests may be ordered to rule out any medical cause for your symptoms. (e.g. TSH to rule out thyroid dysfunction)

Cognitive Behavior Therapy (CBT):

Cognitive Behavior Therapy is one of the most effective treatments for Panic Disorder. It is based on understanding the connection between the way we think and behave affecting the way we feel. In CBT, the therapist helps the patient identify distorted thoughts and replace them with more realistic thoughts.

CBT for panic disorder also involves helping patients become more comfortable with physical feelings in their bodies that might trigger panic attacks. CBT can be provided individually or in a group format.

Medications

The use of medication in pregnancy or after birth needs to be evaluated for individual women and depends on the severity of illness, level of distress and impairment and individual history. The goal is always to expose the pregnancy to the fewest number of medications at the lowest effective doses.

It is best to ask your health care provider about your specific medications and treatment plan. The most commonly used medications for panic disorder are the benzodiazepines (lorazepam, clonazepam) and the antidepressants, including the SSRIs (Selective Serotonin Reuptake Inhibitors) and the SNRIs (Serotonin and Norepinephrine Reuptake Inhibitors) that also have a positive effect on anxiety.

Who should I talk to?

If you think you may be experiencing perinatal anxiety, please contact your:

- family doctor, obstetrician, or psychiatrist
- midwife
- public health nurse
- a registered psychologist 1-800-730-0522
- a registered clinical counselor 1-800-909-6303
- Pacific Postpartum Support Society (provides telephone support) 604-255-7999 or www.postpartum.org

Resources

BC Reproductive Mental Health Program. Visit www.reproductivementalhealth.ca

BC Partners for Mental Health & Addictions Information. Visit www.heretohelp.bc.ca

Your Local Crisis Line. These phone lines aren't only for people in crisis. If you are in distress, call 310-6789—24 hours a day. Do not add 604, 778 or 250 before the number.

1-800-SUICIDE. If you're thinking about suicide, call 1-800-SUICIDE (1-800-784-2433) to get help right away, any time of day or night. It's a free call.

HealthLink BC. Call **811** or visit www.healthlinkbc.ca for free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can speak with a nurse, a pharmacist or a dietitian. Translation services are available in over 130 languages. For deaf & hearing-impaired assistance (TTY), call 711.