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Poster Presentations

Near Term Pregnancies overlooked by psychiatrists

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Even in the well-developed countries, the rate of unplanned pregnancies is reported to be about %50. This rate is thought to be higher in the psychiatric population because of side effects of psychotropic medication like irregular menstruation, cognitive status or on-going psychotic states. It is supposed that clinicians should pay attention to the possibility of pregnancy and screen for it. Unfortunately, unwanted consequences of neglect can be seen in women mental health clinics. Here we present 2 near term pregnancy cases with psychiatric diagnoses who have been overlooked by psychiatrists.

Case 1; A 35-year-old woman was admitted to the psychiatric ward from emergency room with complaints of sleeplessness, aggression and claiming that she would be hurt by others. She has been married for 11 years, graduated from middle school, and gave birth to 2 children aged 10 and 4 months, who have been recently cared by their grandfather. Her previous psychiatric diagnosis was paranoid schizophrenia. The duration of her disease was 15 years with 2 previous admissions in two different psychiatry clinics.

Due to her psychiatric history, in her previous admission, she had been treated with haloperidol 20 mg/day, biperidene 4 mg/day and quetiapine 200 mg/day, she had been discharged with the same regimen. Although she had been reported to have irregular menstruation, no screening had been done for pregnancy. After her discharge, the weird feeling that she had been felt in her abdomen came out to be the moving of fetus. She had been learned about her pregnancy with a pregnancy test and an obstetric examination, it came out that she was 26 weeks old pregnant, later she gave birth in 32nd week.

Case 2; A 26 year-old woman was admitted to psychiatric ward from emergency room with complaints of sleeplessness, loss of appetite, increase in talking and goal oriented action, wasting too much money and irritability. She has been married for 8 years, graduated from primary school, gave birth to 1 child aged 7. Her previous psychiatric diagnosis was Bipolar Disorder, Type I. The duration of her disease was 10 years with 1 previous admission in a psychiatry clinic. She was on treatment of carbamazepine 400 mg/day, quetiapine 200 mg/day and olanzapine 2.5 mg/day until 3 weeks ago, when she learned that she was pregnant for 24 weeks. She had continued regular follow up for her disease but doctors did not check any pregnancy for 24 weeks.

The first Schizophrenia case had been neglected in throughout her hospital admission. She had been thought to be obese and no pregnancy screening had been made although she reported to have irregular menstruations. In the second case that is a Bipolar Disorder patient, she had been neglected in her medical examinations in the outpatient clinic for 24 weeks.

Both of them were on psychotropic treatment that needed to be regulated due to pregnancy. Screening for pregnancy is vital in psychiatric population, not only in gynecology wards but also in outpatient clinics.

Keywords: perinatal psychiatry, pregnancy, neglect, pregnancy screening

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