

P-1458 - POSTPARTUM PSYCHOSIS: A CASE REPORT

A.S.Cruz

Hospital de Braga, Braga, Portugal

Puerperal young female, without relevant personal or family history of mental illness, develops an episode of psychomotor agitation, disorientation, irritability, delusions and bizarre behavior, a few days after the childbirth of her first daughter.

The onset of psychotic symptoms during the postpartum period is considered a psychiatric emergency. This usually occurs in the first two weeks after childbirth. The etiology of postpartum psychosis is not fully known, but genetic and hormonal factors appear to be related. Women with history of postpartum psychosis or bipolar disorder, family history of postpartum psychosis or bipolar disorder, first pregnancy and recent discontinuation of lithium have increased risk to develop postpartum psychosis.

Postpartum psychosis usually presents as a combination of psychotic and mood disorder symptoms. In some cases, patient's mental status is altered. These women have a higher risk of suicide and infanticide.

Other causes of psychosis should be excluded, such as intoxication or drug withdrawal, metabolic encephalopathy, endocrine dysfunction or central nervous system lesions.

An acute approach should include hospitalization, antipsychotic medication and treatment of the underlying disorder. Prophylactic treatment with mood stabilizers should be considered in women previously diagnosed with bipolar disorder or postpartum psychosis.

Postpartum psychosis episodes can be severe and prolonged, and may affect bonding between mother and infant.