Perinatal Obsessive-Compulsive Disorder (OCD)

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Perinatal OCD

Perinatal period is a high-risk time for the onset or exacerbation of OCD and the risk is higher in the postpartum period than during pregnancy; rates of postpartum OCD exacerbation between 25% and 50%; rates of new-onset OCD in pregnancy range from 2 to 22%.
Consider screening for OCD in patients presenting with anxiety and depression (high rates of comorbidity with anxiety disorders and MDD).

Screening for OCD symptoms and intrusive thoughts of harming the baby

- Examples of screening questions:

  "Are you having any thoughts that keep bothering you that you'd like to get rid of but cannot?"

  "Do you do things over and over again because you feel anxious if you don't (for example, checking on your baby, washing your hands)?"

  "Sometimes parents have scary thoughts or images of harm coming to their baby, accidentally or deliberately. Have you had any thoughts like that?"

- positive OCD screen should be followed by a diagnostic evaluation
- OCD screening: Obsessive Compulsive Inventory-Revised (OCI-R); 18-item self-report scale
- Perinatal Obsessive-Compulsive Scale (POCS); self-report scale, not freely available
- Yale-Brown Obsessive-Compulsive Scale (Y-BOCS): gold-standard for OCD symptom severity

Unique features of perinatal OCD

Pregnancy: gradual onset
- contamination obsessions accompanied by cleaning and washing compulsions (frequent)

Postpartum: rapid onset (within 4 weeks)
-frequent occurrence of aggressive obsessions and intrusive thoughts/fears of accidentally harming the baby
-avoidance behaviors (e.g. avoiding infant, knives), mental rituals, compulsive checking of infant
-contamination obsessions and excessive cleaning compulsions

Risks of untreated OCD

-adverse pregnancy outcomes (preterm birth, low-birth weight, preeclampsia)
-reduced ability to care for the newborn
-negative impact on mother-infant bonding
-negative cognitive and emotional development in children
-diminished quality of life

Differential diagnosis of intrusive thoughts about harming the baby

OCD: thoughts of harm are ego dystonic (foreign/disturbing to the patient, inconsistent with their beliefs and values); feelings of guilt and shame, preserved insight, compulsive rituals, no desire to act on thoughts, no risk of infant-harming behaviors

Postpartum psychosis: thoughts of harm are ego syntonic (acceptable to the patient); poor insight, no feelings of guilt and shame, delusions and/or hallucinations, no compulsive rituals, increased risk of harm, never leave the mother alone with the baby

Postpartum depression: associated depressive symptoms, no delusions and/or hallucinations or mood-congruent psychotic symptoms, low risk of harm but increased risk with associated psychotic symptoms

Perinatal OCD (Continued)

Guidelines for management of perinatal OCD

First-line evidence-based therapies: CBT, specifically exposure and response prevention (ERP), SSRIs
CBT/ERP: 1st line treatment for mild-moderate OCD, highly effective
CBT/ERP + SSRI: for moderate-severe OCD
SSRIs: preferred when the severity of symptoms prevents the mother from engaging in CBT/ERP
Other interventions: psychoeducation provided to mother and families about the nature of infant-focused obsessions

Pharmacological treatment:

SSRIs: 1st line, no data suggesting one SSRI is superior to another, higher dose than used for depression
See antidepressant table in the depression care guide

Fluvoxamine: limited data, no major malformations with exposure (n~500); low levels in breastmilk (dose <300 mg/daily), and not expected to cause adverse effects in the breastfed infant; monitor infants for diarrhea, vomiting, decreased sleep, and agitation.

Clomipramine: limited data and less well tolerated compared to SSRI's, associated with elevated risk of major malformations (n>1600, odds ratio 1.4) including cardiovascular defects (odds ratio 1.6), more severe and prolonged neonatal adaptation syndrome (jitteriness, tremor, and seizures); limited data about risks in lactation, no adverse effects in 4 infants

Treatment-resistant OCD

-address specific treatment for comorbid disorders
-add CBT/ERP (if not already initiated) to SSRI
-longer trial of SSRI, dose optimization, switch to a new SSRI, try SNRI
-augmentation of SSRI with atypical antipsychotics: very limited data, quetiapine augmentation (average dose of response 100mg daily) after inadequate response to SSRI (n=17 postpartum women)
-initiate psychiatric referral or psychiatric consultation

Perinatal OCD Resources

Review articles:

Hudepohl N, MacLean JV, Osborne LM. Perinatal Obsessive-Compulsive Disorder: Epidemiology, Phenomenology, Etiology, and Treatment. Curr Psychiatry Rep. 2022 Apr;24(4):229-237. doi: 10.1007/s11920-022-01333-4.

Brok EC, Lok P, Oosterbaan DB, et al. Infant- related intrusive thoughts of harm in the postpartum period: a critical review. *J Clin Psychiatry*. 2017;78(8):e913–e923. https://doi.org/10.4088/JCP.16r11083

Stein DJ, Costa DLC, Lochner C, et al. Obsessive-compulsive disorder. Nature Reviews 2019; 5:52; https://doi.org/10.1038/s41572-019-0102-3

Fairbrother N, Collardeau F, Woody SR, Wolfe DA, Fawcett JM. Postpartum Thoughts of Infant-Related Harm and Obsessive-Compulsive Disorder: Relation to Maternal Physical Aggression Toward the Infant. J Clin Psychiatry. 2022 Mar 1;83(2):21m14006. doi: 10.4088/JCP.21m14006. PMID: 35235718.

Fineberg NA, Van Ameringen M, Drummond L, et al. How to manage obsessive-compulsive disorder (OCD) under COVID-19: a clinician's guide from the International College of Obsessive-Compulsive Spectrum Disorders (ICOCS) and the Obsessive-Compulsive and Related Disorders Research Network (OCRN) of the European College of Neuropsychopharmacology. Comprehensive Psychiatry 2020; 100: 152174

Patient manuals:

Break Free from OCD: Overcoming Obsessive Compulsive Disorder with CBT Paperback – September 1, 2012 by Dr. Fiona Challacombe, Dr. Victoria Bream Oldfield, Professor Paul Salkovskis: https://www.amazon.com/Break-Free-OCD-Overcoming-Compulsive/dp/0091939690/ref=sr_1_1?dchild=1&qid=1618855536&refinements=p_27%3ADr.+Fiona+Challacombe&s=books&sr=1-1&text=Dr.+Fiona+Challacombe

Treatments that Work Exposure and Response (Ritual) Prevention Therapy (2012) by Edna B. Foa, Elna Yadin, Tracey K. Lichner: https://www.amazon.com/Exposure-Response-Prevention Obsessive-Compulsive-Disorder/dp/0195335287/ref=sr_1_2?dchild=1&keywords=Treatments+that+work+ocd&qid=1590530983&s=books&sr=1-2

Websites for patients:

Royal College of Psychiatrists' page on Perinatal OCD
https://www.rcpsych.ac.uk/mental-health/problems-disorders/perinatal-ocd

International OCD Foundation page with fact sheets, brochures, apps, books about OCD; guidance in finding treatment
https://iocdf.org/

NIMH webpage about OCD with links to brochure, books
https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml