

Title: Psychopathology of Postpartum Psychosis: Complexities of a Challenging Psychiatric Disorder

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Postpartum psychosis (PP) is the most severe psychiatric disorder associated with childbirth, affecting 1-2 per 1,000 women shortly after childbirth (Fusté, 2018). Women are more likely to experience psychiatric illness postpartum and are 25 times more likely to become psychotic than at any other time in their life. A 4% chance of infanticide and 5% chance of suicide is present in cases of untreated postpartum psychosis. The neurobiological basis of postpartum psychosis still remains poorly understood. The lack of etiology beyond childbirth, combined with misdiagnosis, stigmatization, and lack of treatment options could prove to be ill-fated for not only the child, but also the mother.

A recent emerging study used fMRI for the first time in patients with PP, which has given insight to brain structures that may aid in determining the pathophysiology of PP. Monozygotic twin case studies have given rise to consideration of non-genetic factors that may cause PP. While another study used similar methods to test if immune system-mediated myelination processes increase PP risk. Researchers worldwide are beginning more studies focused around defining certain criterion that delineates PP, in addition to, establishing phenotypical characteristics amongst women with postpartum psychotic episodes. Similarly, various global comparisons of self-reported PP patient symptomatology found there to be significant cultural and socio-economic influence on willingness to admit infanticidal thoughts.

Conjointly, these findings suggest that the basis of postpartum psychosis has several possible biological/environmental etiologies. In addition, an immense challenge presents when comparing data from different cultures in determining an accurate infant/mother risk.

References

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