OBSTETRICS & GYNECOLOGY
Clinical Expert Series

Diagnosis, Pathophysiology and Management of Mood Disorders in Pregnant and Postpartum Women

Kimberly Ann Yonkers, MD, Simone Vigod, MD, FRCPC, and Lori E. Ross, PhD
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Current guidelines state that continuing medical education (CME) providers must ensure that CME activities are free from the control of any commercial interest. All authors, reviewers, and contributors have disclosed to ACOG all relevant financial relationships with any commercial interests. The authors have made the following disclosures: Dr. Yonkers has received funding for an investigator-initiated grant to treat postpartum depression. Funds were paid to Yale by Lilly. Pfizer provided medication (sertraline) for an ongoing study that is assessing the efficacy of sertraline used intermittently when symptoms begin as a treatment for premenstrual dysphoric disorder. The study is a 3-site study funded by the National Institute of Mental Health. She has also received royalties from *UpToDate* for a chapter on premenstrual syndrome. The other authors did not report any potential conflicts of interest. Any conflicts that have been resolved through group and outside review of all content.

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1. When compared to men, women suffer major depressive disorders at a rate that is approximately:

   A. One quarter as great
   B. Half as great
   C. The same
   D. Twice as great
   E. Four times as great

2. Recommended first-line treatment for major depression of any severity in nonpregnant women is:

   A. Outpatient psychotherapy
   B. Outpatient antidepressant therapy
   C. Inpatient psychotherapy
   D. Inpatient antidepressant therapy
   E. Inpatient combined psychotherapy and antidepressant therapy

3. The greatest predictive factor for another episode of a major depressive disorder is:

   A. Family history
   B. Parity
   C. Prior episode
   D. Preterm delivery
   E. Pregnancy loss

4. If a parent has a bipolar disorder, approximately what percentage of offspring will develop the same disorder?

   A. 5%
   B. 10%
   C. 15%
   D. 20%
   E. 25%

5. For individuals with bipolar disorder, treatment with antidepressant therapy alone may result in:

   A. Urinary retention if tricyclic antidepressants are used
   B. Resistance to mood stabilizer therapy or need for increased dose of a mood stabilizer
   C. Improvement in depressive symptoms
   D. Worsened manic symptoms
   E. All of the above

6. Women who become psychotic around the time of delivery are most likely to develop long-term:

    A. Recurrent psychotic episodes without mood symptoms
    B. Schizophrenia
    C. Schizoaffective disorder
    D. Mood disorder consistent with manic depressive illness
    E. Psychiatric illnesses that do not map onto a single *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition; DSM-IV) diagnosis

7. Available data suggest that when compared to the general population, the prevalence of unipolar major depression in the postpartum period is approximately:

    A. One quarter as great
    B. Half as great
    C. The same
    D. Twice as great
    E. Four times as great

8. A marker that repeatedly identifies risk for the development of postpartum major depressive disorders is:

    A. Reductions in melatonin
    B. Hyperthyroidism
    C. Deficiencies of interleukin-1-beta (IL-1β)
    D. Increased monoamine oxidase (MAO)-A levels in depressed women
    E. Positive family history of a mood disorder

9. A postpartum woman scores 11 on the Edinburgh Postnatal Depression Scale. The most appropriate next step in the management of this patient is to:

    A. Repeat the test in 1 week
    B. Perform a clinical interview
    C. Begin group counseling sessions
    D. Institute outpatient antidepressant therapy
    E. Institute inpatient antidepressant therapy

10. The use of antidepressants during pregnancy has been linked to an increased risk of:

A. Preeclampsia
B. Fetal macrosomia
C. Operative delivery
D. Preterm birth
E. Fetal demise

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