

## Book Forum

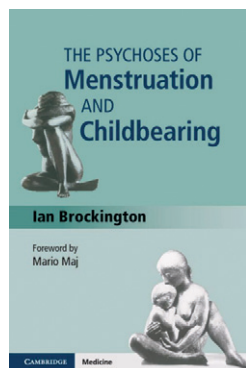
### The Psychoses of Menstruation and Childbearing

by Ian Brockington, M.D., F.R.C.P.  
Cambridge, England, Cambridge University Press, 2017, 391 pp., \$140.00 (hardcover).

*The Psychoses of Menstruation and Childbearing* is a fascinating read not only because of the subject but also because the book represents what psychiatry is today: a blend of clinical observation and tantalizing but not yet fully realized science.

Ian Brockington is a well-known “reproductive psychiatrist,” a relatively new term being used to describe those of us who focus on the management of psychiatric disorders during and after pregnancy and more expansively during reproductive life events. He begins the book with the following quote, attributed to Séverin Icard: “If our fore-fathers lacked the scientific tools we now have at our disposal, they had superior powers of observation and intuition. We find in their works, time and again, the seeds of our century’s finest flowers of scientific achievement.” He thus sets the stage for the blend of keen clinical observations, historical context, and the most recent basic science underlying our current understanding of puerperal and menstrual psychoses. Brockington painstakingly reviews 2,450 publications on the psychoses of childbearing and 470 on menstrual psychosis. Perhaps more important, he details a case series of 321 puerperal psychoses and 60 menstrual psychoses personally evaluated and followed by the author, thus adding richly to the existing literature. The book is a detailed accounting and description of what is known and has been published on these topics, and Brockington does a wonderful job of synthesizing a complex subject and relating not only a master clinician’s observations but a scientist’s understanding of the biological basis for these illnesses.

The book is divided into sections called Organic Psychoses, The Psychopathology of Parturition, Non-Organic Psychoses, Menstrual Psychosis, and, the most thought-provoking, The Challenge and the Opportunity. The Organic Psychoses section is a detailed accounting of the various types of psychoses seen during pregnancy, delivery, and the postpartum period with underlying medical conditions such as those due to eclampsia, metabolic disorders, clotting disorders, etc. With advances in medical care available in much of the world, these psychoses are rarer than they once were but are still an important part of a thorough differential diagnosis when confronted with



psychoses during childbearing. The Non-Organic Psychoses section confirms what the field has known—a majority of nonorganic puerperal psychoses are ultimately a manifestation of bipolar disorder and tend to recur both with and without reproductive triggers. Brockington, like others in the field (1), recommends lithium as a first-line treatment. This section also summarizes what is known about other pregnancy-associated triggers for illness, including abortion, miscarriage, and weaning. The Menstrual Psychosis section is a valuable synthesis of case studies and concludes that menstrual psychoses are also associated with and are likely a manifestation of bipolar disorder. The last section synthesizes Brockington’s clinical and scientific understanding of the topic and gives the reader and field directions for future research. In this section, Brockington strongly recommends large longitudinal studies with a focus on clinical observation with basic scientific observations saved for well-characterized clinical samples.

One other strength of the book deserves mention. Brockington not only describes these illnesses from both clinical and basic science perspectives, but he discusses them in a historical context and is not shy about criticizing the field for frequently ignoring or misclassifying these illnesses. For example, chapter 18 is a description and discussion of the ICD and DSM attempts to classify puerperal psychoses and concludes, “The influence of the ICD and DSM has been unhelpful” (p. 166). Brockington goes on to point out that because of the lack of classification, it has been difficult to conduct epidemiological studies that may allow for a greater understanding of the biological basis for puerperal psychoses.

Why study puerperal and menstrual psychoses? From a clinical research perspective, episodes of psychiatric illness that have a particular biological trigger may be a more biologically homogeneous group that will allow for the parsing out of the biological cause(s) of a more general psychiatric syndrome. This idea has been termed “reproductive depression” (2) in reference to postpartum depression, premenstrual dysphoric disorder, and other depressive illnesses triggered by reproductive events in women. This same idea can be extended to psychotic illnesses triggered by reproductive life events. There is significant evidence of a genetic susceptibility to both postpartum psychosis (3–5) and postpartum depression (6–9), both of which may be triggered by the significant hormonal fluctuations that women experience through labor and delivery, and similar hormonal shifts occur during the premenstrual time period. The fact that the postpartum and premenstrual time periods are really the only times that psychiatry can predict when a woman may become psychiatrically ill means that these susceptible periods lend themselves well to scientific characterization. If we can understand the biological bases for puerperal and menstrual psychoses, then

we may be able to extrapolate to psychoses more generally and eventually be able to move toward prevention and targeted treatments. Brockington argues that the art of clinical observation not only remains alive and well in psychiatry but also serves as the basis for allowing meaningful scientific discovery that will lead to improved outcomes and treatments for our patients. This book substantially adds to our ability to make progress in our field by drawing together a diverse literature, clinical expertise and experience, and the current basis of scientific knowledge. May it serve as the starting point for the scientific breakthroughs we need to move forward in the care and management of our psychiatric patients.

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Jennifer L. Payne, M.D.

*Dr. Payne is Associate Professor of Psychiatry and Director of the Women's Mood Disorders Center, Johns Hopkins School of Medicine, Baltimore.*

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*Dr. Payne has performed legal consulting work for Abbott Pharmaceuticals and Eli Lilly, received research support and consulting fees from Sage Therapeutics, and served on a relapse adjudication board for Johnson & Johnson. Dr. Payne also has a patent on the epigenetic biomarkers of postpartum depression.*

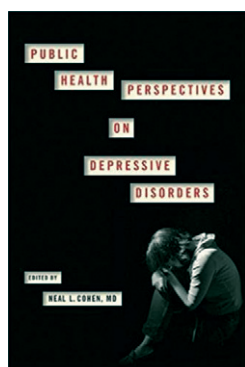
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## Public Health Perspectives on Depressive Disorders

edited by Neal L. Cohen, M.D. Baltimore, Johns Hopkins University Press, 2017, 456 pp., \$49.95 (paperback).

*Public Health Perspectives on Depressive Disorders*, edited by Neal Cohen, M.D., is an ambitious and comprehensive book that details multiple aspects of the public health dimensions of major depressive



disorder. The editor has gathered national experts in the public health field of depression to address numerous complex aspects of how depression affects public health, how societal forces influence depression, and how we (both in primary care and in mental health specialty fields) can begin to effectively address the enormous burden that depression places on society.

The book provides an excellent overview of a wide range of topics regarding depression, and it serves as a useful guide to the academic and clinician alike in mental health.

The prologue to the book provides a nice summary of the history of epidemiological study of major depressive disorder. The main body of the book is divided into three parts; each section addresses different public health aspects of the disorder.

Part I of the book, “Impact,” provides a general overview of the impact of major depressive disorder on society, its frequent comorbidities, and the phenomena of “dual diagnosis” of major depression and substance use disorders. Several key points are emphasized in these sections, including the profound worldwide impact of major depression as described in the World Health Organization Global Burden of Disease study; a 2000 update of this study ranks unipolar depression as the third leading cause of disease burden in the world, with a prediction that major depressive disorder will become the number one cause of disability by 2030. The authors point out that this is likely an underestimation because the study does not take into account disability from mortality from depression (e.g., suicide, cardiovascular disease). Major depressive disorder is described as a recurring illness, with clinical samples demonstrating a very high relapse rate (75% at 10 years); furthermore, the disorder often demonstrates continuity from adolescence to adulthood and is most frequently acute in nature (85%). These chapters highlight the important interplay between genetics and environmental factors that influence major depression, with environment perhaps playing a more critical early role (in childhood and adolescence) and genetics being more influential later in life.

There is ample and detailed discussion of the comorbidity of major depression with general medical illness and substance use disorders. Regarding the former, the authors argue that there is an interplay between general medical illnesses and major depression, with failure to successfully treat depression leading to poor medical outcomes, worse functional impairment, and increased medical costs. Several medical illnesses are identified as having close connections with major depression, including cardiovascular disease, arthritis, and hypertension. The authors propose, given that the preponderance of depression is seen in primary care settings, that collaborative care models, as currently practiced in Europe, which “embed” mental health treatments within primary care, provide a method for identifying and treating depression and its frequent general medical comorbidities.

In addition, an entire chapter is devoted to describing the frequent comorbidity of substance use disorders and major depressive disorder. Comorbidities of these disorders are common, with the primary comorbid substance use disorders in the United States being nicotine and alcohol use disorders