Aripiprazole as a Mood Stabiliser in Postpartum Depression With Premorbid Passive-Dependent Personality Structure: a Case Report

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ABSTRACT

Depression is becoming a widespread illness. One of the most dangerous types of depression is postpartum depression. In the presented case of postpartum depression, the aggravating factor was the patient’s personality structure. With the frequent giving up on previous therapy, frequent mood swings, and the present feeling of helplessness, the very treatment of depressive episode within the postpartum depression was difficult. In this case report, the introduction of aripiprazole as a drug with a proven effect on mood swings and tendency to mood stabilisation resulted with complete and long-lasting remission.

Key words: postpartum depression, premorbid personality structure, aripiprazole.

INTRODUCTION

Postpartum depression is a serious health problem. Studies indicate that the prevalence of postpartum depression in new mothers runs at about 10-15%. Some studies report on a risk as high as 35%. Given the wide spectrum of clinical features and the existence of multiple forms in which this disorder manifests itself, individual studies have shown that a severe depressive episode appears in 7.1% of mothers postpartum.1, 2

Clinical studies point out the importance of premorbid personality traits for the development of depressive episodes and/or bipolar disorder. The most important traits of personality are the passive, dependent, and obsessive-compulsive ones dominated by introvertity.3

CASE HISTORY

Patient AC, 28 years old, primipara, had an appointment with a family doctor due to anxiety, sadness, loss of appetite, fear and guilty feeling of "not being a good mother". The problems occurred immediately after discharge from the hospital after delivery. Patient was mainly complaining of reduced social functioning and the inability to fulfil her mother’s duties.

During examination the patient had a bent forward posture, looked scruffy, with expressed vascular markings and most of the time was avoiding eye contact. She was cracking knuckles during our conversation and bouncing her legs. The patient had slightly extended latency of response time and tenacity focused on blaming herself for the entire course of pregnancy and peripartum period.

From the medical records and conversation, it was found out about patient’s visits to a psychiatrist and a psychologist and about her history of depression. It was also found out about the existence of a passive-dependent personality structure.
DISCUSSION

In the presented case, the patient suffering from postpartum depression with a feature of major depressive episode, who had a pre-diagnosed passive-dependent personality and a bipolar disorder, is described. It is considered that the structure of the personality contributes to the previous withdrawal from therapy, which implied mainly antidepressants. Numerous studies have demonstrated a high degree of withdrawal from therapy in patients with a personality disorder, ranging from 37.5% to 58% .4, 5

It is believed that in the case of sudden mood swings (within cyclothymia, bipolar disorder, etc), the dominant benefit for the patient comes from using mood stabilisers, while antidepressants are useful in depressive phases. The antidepressants themselves, without mood stabilisers, increase the risk of a manic “switch”, and the consequent withdrawal from therapy.6-8

The patient in the presented case previously used sertraline, for which she stated that she “believed most” and was a logical choice as an antidepressant in the treatment of the current depressive episode. Later, the patient, with addition of aripiprazole 2.5 mg qd, was introduced into psychotherapeutic cognitive behavioural treatment (CBT). While adhering to psychopharmacotherapy and regular control and treatment of psychologists and psychiatrists, sudden mood swings disappeared, only the spirit was on a higher level, and the patient began to feel "as a parent ready to give all her love to her child."

Aripiprazole is first antipsychotic (followed by quetiapine ER and olanzapine) that according
to the United States Food and Drug Administration (FDA) received approval for use in addition to antidepressants in the treatment of a severe depressive episode.\textsuperscript{11-14}

In this case, it was shown that the combination of antidepressants with aripiprazole led to the withdrawal of the symptoms of depression, with long-term persistence and without the occurrence of subsequent sudden mood disorders. Bearing in mind the long history of use of antidepressants and psychotherapy combined, which gave no desired results, it was concluded that adding of aripiprazole as an additional therapy proved to be extremely useful.

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REFERENCES

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