

This is an Open Access document downloaded from ORCA, Cardiff University's institutional repository: <https://orca.cardiff.ac.uk/id/eprint/94484/>

This is the author's version of a work that was submitted to / accepted for publication.

Citation for final published version:

Di Florio, Arianna , Munk-Olsen, Trinne and Bergink, Veerle 2016. The birth of a psychiatric orphan disorder: postpartum psychosis [Correspondence]. *The Lancet Psychiatry* 3 (6) , p. 502. 10.1016/S2215-0366(16)30037-2

Publishers page: [http://dx.doi.org/10.1016/S2215-0366\(16\)30037-2](http://dx.doi.org/10.1016/S2215-0366(16)30037-2)

Please note:

Changes made as a result of publishing processes such as copy-editing, formatting and page numbers may not be reflected in this version. For the definitive version of this publication, please refer to the published source. You are advised to consult the publisher's version if you wish to cite this paper.

This version is being made available in accordance with publisher policies. See <http://orca.cf.ac.uk/policies.html> for usage policies. Copyright and moral rights for publications made available in ORCA are retained by the copyright holders.



Elsevier Editorial System(tm) for The Lancet

Psychiatry

Manuscript Draft

Manuscript Number: THELANCETPSYCH-D-16-00194

Title: The birth of a psychiatric Orphan disorder: Postpartum Psychosis

Article Type: Correspondence

Corresponding Author: Dr. Arianna Di Florio,

Corresponding Author's Institution: University of North Carolina at  
Chapel Hill

First Author: Arianna Di Florio

Order of Authors: Arianna Di Florio; Arianna Di Florio; Trine Munk-Olsen

Manuscript Region of Origin: UNITED KINGDOM

## **The birth of a psychiatric Orphan disorder: Postpartum psychosis**

Arianna Di Florio, MD, PhD

Department of Psychiatry, University of North Carolina at Chapel Hill

Division of Psychological Medicine and Clinical Neurosciences, Cardiff University

Trine Munk-Olsen, PhD

National Center for Register-based Research, Aarhus University, Denmark

Veerle Bergink, MD, PhD

Department of Psychiatry, Erasmus Medical Centre, Rotterdam, the Netherlands

National Center for Register-Based Research, University of Aarhus, Aarhus, Denmark

### **Corresponding Author:**

Arianna Di Florio, MD, PhD

Department of Psychiatry, University of North Carolina at Chapel Hill

Campus Box #7160

Chapel Hill

NC-27599

USA

Tel 001-9194450207

Email: [arianna\\_diflorio@med.unc.edu](mailto:arianna_diflorio@med.unc.edu)

**Word count:** 399

To the Editor

February 29th is officially marked as “Rare Disease Day”. Hitherto, over 5,800 rare diseases were officially recognized, but not a single adult psychiatric disorder. This leap year for the first time postpartum psychosis is included in the list curated by Orphanet, the reference portal for information on rare diseases.

Postpartum psychosis is one of the most severe and dramatic psychiatric illnesses. It is characterized by the abrupt onset of psychiatric and often neurological symptoms, mostly in the first two weeks postpartum. It affects mainly women without any medical history and is therefore very difficult to predict. The incidence is very low, 0.25-0.5 per 1000 deliveries, but the relative risk for the first onset of affective psychosis is 23 times higher postpartum than at any other period<sup>1</sup>.

If promptly and adequately treated, the short term prognosis is promising<sup>2</sup>. The risk for a disabling life-long disease (such as bipolar disorder) and for recurrence after a next pregnancy<sup>3</sup> are however high. Postpartum psychosis is also associated with an increased risk of infanticide<sup>4</sup> and suicide<sup>5</sup>, a leading cause of maternal death.

Postpartum psychosis is an orphan (from Indo-European *orbh*, bereft) disease not only because it is rare, but also because it lacks an official recognition. The uncertainties on its definition and classification have probably prevented consistent conclusions on its pathophysiology and management. Postpartum psychosis nevertheless represents a unique opportunity for psychiatry: in no other situation it is possible to so precisely define the moment of onset. The specific and close relationship with delivery offers the possibility of prevention, and, more generally, of a better understanding of the impact of hormones and the immune system on the brain.

The inclusion of postpartum psychosis in the list of rare disorders is an important recognition for the women affected, their families and the entire psychiatric community. First, it reduces the stigma, by offering an official medical status, promoting scientific information and linking patients and their families with organizations and expert centers. Second, it helps to optimize research efforts by offering a list of ongoing research projects and data repositories, facilitating collaborations and communication between researchers and specialized centres. Finally, as a substantial proportion of women with postpartum psychosis who commit suicides or infanticide were misdiagnosed and therefore did not receive adequate treatment<sup>4,5</sup>, we also hope that the recognition as a severe, rare disorder will help contrasting the tendency of labelling it as postpartum depression or blues.

## Bibliography

1. Munk-Olsen T, Laursen TM, Pedersen CB, Mors O, Mortensen PB. New Parents and Mental Disorders. *JAMA J Am Med Assoc* 2006;296(21):2582–9.
2. Bergink V, Burgerhout KM, Koorengevel KM, et al. Treatment of psychosis and mania in the postpartum period. *Am J Psychiatry* 2015;172(2):115–23.
3. Wesseloo R, Kamperman AM, Munk-Olsen T, Pop VJM, Kushner SA, Bergink V. Risk of Postpartum Relapse in Bipolar Disorder and Postpartum Psychosis: A Systematic Review and Meta-Analysis. *Am J Psychiatry* 2015;appiajp201515010124.
4. Spinelli MG. Postpartum psychosis: detection of risk and management. *Am J Psychiatry* 2009;166(4):405–8.
5. Cantwell R, Clutton-Brock T, Cooper G, et al. Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer: 2006-2008. The Eighth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom. *BJOG Int J Obstet Gynaecol* 2011;118 Suppl 1:1–203.

Conflict of Interest Disclosures: The authors declare no competing interests.

Author Contributions: ADF, TMO and VB contributed equally to the preparation of this article.

Funding/Support: ADF is funded by a European Commission Marie Curie Fellowship, grant number 623932. TMO has received funding from The Lundbeck Foundation Initiative for Integrative Psychiatric Research (iPSYCH), and the National Institute of Mental Health (grant R01MH104468). VB has received funding from the Netherlands Organization for Scientific Research (NWO, VENI and Clinical Fellow incentive).

Role of the Funder/Sponsor: The funding sources had no role in the preparation, review, approval, or decision to submit the manuscript for publication.