Correspondence

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Letter to the Editor
Postpartum psychosis and pre-eclamptic toxaemia: a reply

Brockington (2016) highlights the co-occurrence of eclampsia and postpartum psychosis as an important diagnostic consideration. We agree and have described in our previous work the importance of performing thorough physical, neurological and laboratory examinations of every patient with first-onset postpartum psychosis as this might lead to a diagnosis with treatable causes and co-morbidities (Bergink *et al.* 2015*b*). In addition to eclampsia, clinicians should consider the postpartum occurrence of autoimmune disorders (e.g. thyroiditis), encephalitis (e.g. NMDA encephalitis), infections (e.g. endometritis, mastitis) and rare inborn errors of metabolism.

Most women with first-onset postpartum psychosis will exhibit one of two disease courses (Bergink *et al.* 2015*a*): an isolated postpartum psychosis with vulnerability to affective psychosis only after birth or postpartum psychosis as an expression of bipolar mood disorder with non-perinatal episodes (Chaudron & Pies, 2003; Di Florio *et al.* in press). The diagnostic criteria for puerperal bipolar disorder and Donkin psychosis as described by Brockington (2016) have neither been validated nor field tested, and therefore are not currently suitable for implementation in population-based epidemiological studies.

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