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Correspondence

PUERPERAL PSYCHOSIS

DEAR SIR,

The paper 'Postpartum Mania' by Kadrmas, Winokur and Crowe (*Journal*, December 1979, **135**, 551–4) describing a number of patients with Schneiderian symptoms, raises questions of diagnosis, prognosis and treatment, and we would like to comment on these.

We are reviewing 32 patients with puerperal psychosis admitted to our Mother and Baby Unit during the last three years, and feel that this illness, especially in the early stages, should be described as a spectrum psychosis showing signs of affective, schizophrenic and organic features with rapid variation of symptoms. This clinical picture is similar to that produced by steroids used in the treatment of medical conditions and described by Hall *et al* (1979) who say "Steroid psychoses present as spectrum psychoses with symptoms ranging from affective through schizophreniform to those of an organic brain syndrome. No characteristic stable presentation was observed in these 14 cases reported here. The most prominent symptom constellation to appear some time during the course of the illness consisted of emotional lability, anxiety, distractibility, pressured speech, sensory flooding, insomnia, depression, perplexity, agitation, auditory and visual hallucinations, intermittent memory impairment, mutism, disturbances of body image, delusions, apathy, and hypomania".

A mother with postpartum mania should not be placed on prophylactic lithium. There are quicker, safer and more effective ways of treating her attack than with lithium, which is usually a slowly acting treatment requiring careful clinical and biochemical control. The quickest way of relieving the mother's symptoms (ideally in a Mother and Baby Unit) is desirable for the mental health of both mother and baby. Puerperal affective illnesses, including mania, are often tainted with the atypical features mentioned above. Patients with such symptoms are less likely to respond to lithium (Schou, 1968). The present attack may be the mother's first affective disorder and she may be symptom free for the next 20 or even 40 years. Generally, before using lithium, the patient should have had two or more episodes during the previous year, or one or more episodes per year during the previous two years (Kerry, 1975). Puerperal mania usually has a good prognosis thus contra-indicating prophylactic lithium with its long-term side effects. Before, during and after childbirth one should not use lithium because of the alterations in kidney function and electrolytes, often considerable at these times. In addition to this it should be avoided in the foetus at birth and in the mother's milk during the puerperium.

There have always been arguments about the exact diagnosis in puerperal psychosis. We feel that the concept of spectrum psychosis simplifies the problem and points to hormonal influences.

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References

HALL, R. C. W., POPKIN, M. K., STICKNEY, S. K. & GARDNER, E. R. (1979) Presentation of the steroid psychoses. *The Journal of Nervous and Mental Disease*, **167**, 229–36.

KERRY, R. J. (1975) In *Lithium Research and Therapy* (ed. F. N. Johnson). London: Academic Press. Pp 154.

SCHOU, M. (1968) Lithium in psychiatric therapy and prophylaxis. *Journal of Psychiatric Research*, **6**, 67–95.

MATERNITY BLUES

DEAR SIR,

I would like to report a study of the incidence of 'Maternity Blues' in a group of 50 Tanzanian mothers. 'Maternity Blues' is a term used to describe the transient mood change which often occurs in mothers at some time during the third to tenth day after delivery (Victoroff, 1952; Yalom *et al*, 1968), and is characterized by tearfulness, irritability, hypochondriasis, sleeplessness and a feeling of confusion (Pitt, 1973).

The study is part of a larger one in which a group of Tanzanian mothers will be compared with a matched group from Cardiff. The fifty African mothers were seen at post-natal appointments, two to

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