



# MomsPRN

## Session Topic: Perinatal Anxiety and OCD

Facilitator: Marybeth Sutter MD

Faculty Presenter(s): Zobeida “Zee” M Diaz MD MS

Case Presenter(s): Zobeida “Zee” M Diaz MD MS

Date & Time: December 17 from 12 – 1 pm

*PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting*

*Care Transformation Collaborative of RI*



# Agenda

Time	Topic	Presenter
12:00 – 12:05 PM	Welcome & Faculty Introduction	Mary Beth Sutter, MD
12:05 – 12:25PM	Didactic: Perinatal Anxiety and OCD	Zobeida “Zee” M Diaz MD MS
12:25 – 12:40PM	Case Presentation	Zobeida “Zee” M Diaz MD MS and Emily Payson
12:40 – 12:55PM	Q&A and Discussion	Mary Beth Sutter, MD
12:55 –1:00PM	Wrap up; Evaluation; Announcements	Susanne Campbell, CTC-RI



# Welcome

Please note that the didactic portion of an ECHO session will be recorded for educational and quality improvement. The case presentation portion of an ECHO session will never be recorded.

Remember to never disclose protected health information (PHI), verbally or in writing, to preserve patient confidentiality.

We are participating in an open and welcoming learning environment. Thank you for generously sharing your knowledge and experience so that all can benefit from it!

# Video Meeting Etiquette



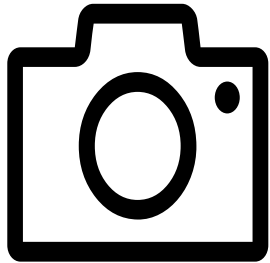
Mute your microphone when not talking.



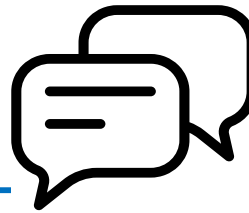
Limit distractions as best as possible.



Use reactions & the raise hand feature.



Engage and turn your camera on if you are able.



Use the chat to ask introduce yourself, ask questions and share resources.



Engage - ask questions, offer feedback, provide support.

# Zobeida “Zee” Diaz

Zobeida “Zee” Diaz, MD, MS, is the Interim Division Director and Attending Psychiatrist in the Center for Women’s Behavioral Health at Women & Infants Hospital. Dr. Diaz received her Bachelor’s in Science degree in Microbiology at the University of Michigan, a Master’s in Science degree in Cellular and Molecular Biology at the University of Wisconsin, then obtained her medical degree from the University of Wisconsin School of Medicine & Public Health. She completed her adult psychiatry residency training at The Warren Alpert Medical School of Brown University. Since joining the department, she has been caring for patients in the country’s first mother-baby partial hospital program, identifies and coordinates treatment of patients with peripartum psychiatric disorders, and serves as a psychiatric consultant with the RI MomsPRN program. Her primary clinical and academic interests include women’s mental health, eating disorders, ADHD, OCD, and medical education.



# Disclosures

- Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

# Learning Objectives

- Discuss the prevalence rates of perinatal anxiety disorders and the biological factors that may be implicated
- Discuss screening tools available for perinatal anxiety disorders, including OCD
- Review the most common presentations of perinatal OCD
- Present a patient with lived experience of OCD

# Question:

What is the estimated prevalence of perinatal anxiety disorders in the U.S?

- A) 5 - 10 %
- B) 10 - 15 %
- C) 15 - 20 %
- D) 20 - 25 %
- E) > 25 %



# Perinatal Anxiety

- ❑ In the general population, women are ~ 2 x more likely than men to suffer from anxiety disorders
- ❑ Perinatal anxiety appears to be common (~20.7%) yet there is far less research on anxiety disorders during this vulnerable time for women
- ❑ **OCD** and **GAD** appear to be more common in the perinatal period than in the general population
- ❑ For women with depression and comorbid anxiety disorder:
  - Prognosis is often poorer
  - Clinical profile is often more severe, with increased functional impairment, increased suicidality, and increased use of psychotropic medications during pregnancy and postpartum

Ross and McLean (2006) *Journal of Clinical Psychiatry* 67(8);1285-1298; Schofield, et al (2014) *Journal of Nervous and Mental Disease* 202 (2); 154-160; Reck et al (2008) *Acta psychiatrica Scandinavica* : 1-10; Wenzel et al (2005) *Journal of Anxiety Disorders* (19) 295-311; O'Hara and Wisner (2014) *Best Practice and Research: Clinical Obstetrics and Gynecology* 28 (1); 3-12; Fawcett, et al (2019) *J Clin Psychiatry* 80(4)

# Common Perinatal Anxiety Disorders

- ❑ Generalized Anxiety Disorder (**GAD**)
- ❑ Post-Traumatic Stress Disorder (**PTSD**)
- ❑ Obsessive-Compulsive Disorder (**OCD**)

# Generalized Anxiety Disorder-7 Scale:

## GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals    \_\_\_\_ + \_\_\_\_ + \_\_\_\_ + \_\_\_\_ =  
*Total score*    \_\_\_\_

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?			
Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at [rs8@columbia.edu](mailto:rs8@columbia.edu). PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

## Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day."  
 GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

PERINATAL ANXIETY SCREENING SCALE (PASS)

ANTENATAL Weeks pregnant ( )     
  POSTNATAL Baby's age ( )     
 DATE: \_\_\_\_\_

OVER THE PAST MONTH, How often have you experienced the following? Please tick the response that most closely describes your experience for every question.

	Not at all	Some times	Often	Almost Always
1. Worry about the baby/pregnancy	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2. Fear that harm will come to the baby	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
3. A sense of dread that something bad is going to happen	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
4. Worry about many things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
5. Worry about the future	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
6. Feeling overwhelmed	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
7. Really strong fears about things, eg needles, blood, birth, pain, etc	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
8. Sudden rushes of extreme fear or discomfort	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
9. Repetitive thoughts that are difficult to stop or control	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
10. Difficulty sleeping even when I have the chance to sleep	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
11. Having to do things in a certain way or order	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
12. Wanting things to be perfect	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
12. Needing to be in control of things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
14. Difficulty stopping checking or doing things over and over	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
15. Feeling jumpy or easily startled	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
16. Concerns about repeated thoughts	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
17. Being 'on guard' or needing to watch out for things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
18. Upset about repeated memories, dreams or nightmares	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	Not at all	Some times	Often	Almost Always

Continued on Back

# Perinatal Anxiety Screening Scale (PASS)



# Perinatal Anxiety Screening Scale (PASS)

	Not at all	Some times	Often	Almost Always
19. Worry that I will embarrass myself in front of others	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
20. Fear that others will judge me negatively	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
21. Feeling really uneasy in crowds	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
22. Avoiding social activities because I might be nervous	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
23. Avoiding things which concern me	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
24. Feeling detached like you're watching yourself in a movie	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
25. Losing track of time and can't remember what happened	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
26. Difficulty adjusting to recent changes	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
27. Anxiety getting in the way of being able to do things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
28. Racing thoughts making it hard to concentrate	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
29. Fear of losing control	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
30. Feeling panicky	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
31. Feeling agitated	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	Not at all	Some times	Often	Almost Always
<b>Global Score</b>				

PERINATAL ANXIETY SCREENING SCALE (PASS)

ANTENATAL Weeks pregnant ( )       POSTNATAL Baby's age ( )      DATE: \_\_\_\_\_

OVER THE PAST MONTH, How often have you experienced the following? Please tick the response that most closely describes your experience for every question.

	Not at all	Some times	Often	Almost Always
1. Worry about the baby/pregnancy	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2. Fear that harm will come to the baby	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
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16. Concerns about repeated thoughts	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
17. Being 'on guard' or needing to watch out for things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
18. Upset about repeated memories, dreams or nightmares	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	Not at all	Some times	Often	Almost Always



Continued on Back

# Perinatal Anxiety Screening Scale (PASS)



# Peripartum OCD

- Higher during perinatal period (2.9% pregnancy, 8.1% postpartum)
  - In comparison to 2.3% lifetime prevalence in the general population
- Among women with OCD:
  - 30% experienced perinatal-related onset; history of prior psychiatric illness is common
  - 34% experienced exacerbation during pregnancy
- The WHO lists OCD as one of the ten **most disabling conditions** resulting in financial loss and a decrease in quality of life.
- Average length of untreated illness is ~ 7 years, in part due to feelings of shame



# Obsessive Compulsive Disorder

## Obsessions:

1. Recurrent thoughts, urges, or images that are experienced, at some time during the disturbance, as unwanted, and that in most individuals cause marked distress.
2. The individual attempts to suppress such thoughts, urges, or images, with some other thought or action (i.e., by replacing them with a compulsion).

## Compulsions:

1. Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession.
2. The behaviors or mental acts aim at reducing anxiety or distress or preventing some dreaded situation; however, these behaviors or mental actions do not connect in a realistic way with what they are designed to prevent or are clearly excessive.

*Specifiers:* with good/fair insight vs poor insight vs absent insight/delusional beliefs



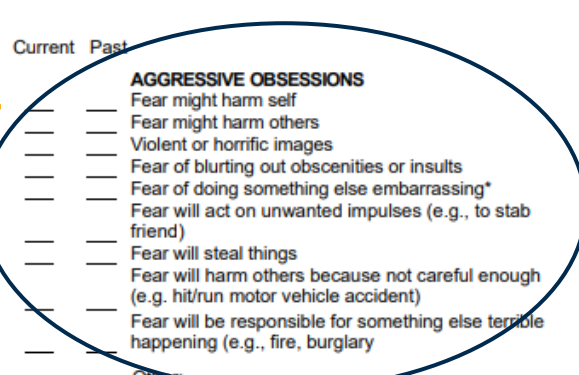
# Yale-Brown Obsessive- Compulsive Scale (Y-BOCS): Symptom Checklist

12/17/2024

Current	Past	
		<b>AGGRESSIVE OBSESSIONS</b>
___	___	Fear might harm self
___	___	Fear might harm others
___	___	Violent or horrific images
___	___	Fear of blurting out obscenities or insults
___	___	Fear of doing something else embarrassing*
___	___	Fear will act on unwanted impulses (e.g., to stab friend)
___	___	Fear will steal things
___	___	Fear will harm others because not careful enough (e.g. hit/run motor vehicle accident)
___	___	Fear will be responsible for something else terrible happening (e.g., fire, burglary)
___	___	Other: _____
		<b>CONTAMINATION OBSESSIONS</b>
		Concerns or disgust w/ with bodily waste or secretions (e.g., urine, feces, saliva Concern with dirt or germs
___	___	Excessive concern with environmental contaminants (e.g. asbestos, radiation toxic waste)
___	___	Excessive concern with household items (e.g., cleansers solvents)
___	___	Excessive concern with animals (e.g., insects)
___	___	Bothered by sticky substances or residues
___	___	Concerned will get ill because of contaminant
___	___	Concerned will get others ill by spreading contaminant (Aggressive)
___	___	No concern with consequences of contamination other than how it might feel
		<b>SEXUAL OBSESSIONS</b>
___	___	Forbidden or perverse sexual thoughts, images, or impulses
___	___	Content involves children or incest
___	___	Content involves homosexuality*
___	___	Sexual behavior towards others (Aggressive)*
___	___	Other: _____
		<b>HOARDING/SAVING OBSESSIONS</b> (distinguish from hobbies and concern with objects of monetary or sentimental value)
___	___	_____
		<b>RELIGIOUS OBSESSIONS (Scrupulosity)</b>
___	___	Concerned with sacrilege and blasphemy
___	___	Excess concern with right/wrong, morality
___	___	Other: _____
		<b>OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS</b>
___	___	Accompanied by magical thinking (e.g., concerned that another will have accident dent unless less things are in the right place)
___	___	Not accompanied by magical thinking
		<b>MISCELLANEOUS OBSESSIONS</b>
___	___	Need to know or remember
___	___	Fear of saying certain things
___	___	Fear of not saying just the right thing
___	___	Fear of losing things
___	___	Intrusive (nonviolent) images
___	___	Intrusive nonsense sounds, words, or music

Current	Past	
		<b>SOMATIC OBSESSIONS</b>
___	___	Concern with illness or disease*
___	___	Excessive concern with body part or aspect of Appearance (eg., dysmorphophobia)*
___	___	Other _____
		<b>CLEANING/WASHING COMPULSIONS</b>
___	___	Excessive or ritualized handwashing
___	___	Excessive or ritualized showering, bathing, toothbrushing grooming, or toilet routine Involves cleaning of household items or other inanimate objects
___	___	Other measures to prevent or remove contact with contaminants
___	___	Other _____
		<b>CHECKING COMPULSIONS</b>
___	___	Checking locks, stove, appliances etc.
___	___	Checking that did rot/will not harm others
___	___	Checking that did not/will not harm self
___	___	Checking that nothing terrible did/will happen
___	___	Checking that did not make mistake
___	___	Checking tied to somatic obsessions
___	___	Other: _____
		<b>REPEATING RITUALS</b>
___	___	Rereading or rewriting
___	___	Need to repeat routine activities jog, in/out door, up/down from chair)
___	___	Other _____
		<b>COUNTING COMPULSIONS</b>
___	___	_____
		<b>ORDERING/ARRANGING COMPULSIONS</b>
___	___	_____
		<b>HOARDING/COLLECTING COMPULSIONS</b> (distinguish from hobbies and concern with objects of monetary or sentimental value (e.g., carefully reads junk mail, piles up old newspapers, sorts through garbage, collects useless objects.)
___	___	_____
		<b>MISCELLANEOUS COMPULSIONS</b>
___	___	Mental rituals (other than checking/counting)
___	___	Excessive listmaking
___	___	Need to tell, ask, or confess
___	___	Need to touch, tap, or rub*
___	___	Rituals involving blinking or staring*
___	___	Measures (not checking) to prevent: harm to self - harm to others terrible consequences
___	___	Ritualized eating behaviors*
___	___	Superstitious behaviors
___	___	Trichotillomania *
___	___	Other self-damaging or self-mutilating behaviors*
___	___	Other _____

# Yale-Brown Obsessive- Compulsive Scale (Y-BOCS): Symptom Checklist



Current	Past	
		<b>AGGRESSIVE OBSESSIONS</b>
___	___	Fear might harm self
___	___	Fear might harm others
___	___	Violent or horrific images
___	___	Fear of blurting out obscenities or insults
___	___	Fear of doing something else embarrassing*
___	___	Fear will act on unwanted impulses (e.g., to stab friend)
___	___	Fear will steal things
___	___	Fear will harm others because not careful enough (e.g. hit/run motor vehicle accident)
___	___	Fear will be responsible for something else terrible happening (e.g., fire, burglary)
		<b>CONTAMINATION OBSESSIONS</b>
		Concerns or disgust w/ with bodily waste or secretions (e.g., urine, feces, saliva or germs
___	___	Excessive concern with environmental contaminants (e.g. asbestos, radiation toxic waste)
___	___	Excessive concern with household items (e.g., cleansers solvents)
___	___	Excessive concern with animals (e.g., insects)
___	___	Bothered by sticky substances or residues
___	___	Concerned will get ill because of contaminant
___	___	Concerned will get others ill by spreading contaminant (Aggressive)
___	___	No concern with consequences of contamination other than how it might feel
		<b>SEXUAL OBSESSIONS</b>
___	___	Forbidden or perverse sexual thoughts, images, or impulses
___	___	Content involves children or incest
___	___	Content involves homosexuality*
___	___	Sexual behavior towards others (Aggressive)*
___	___	Other:
		<b>HOARDING/SAVING OBSESSIONS</b>
		(distinguish from hobbies and concern with objects of monetary or sentimental value)
___	___	_____
		<b>RELIGIOUS OBSESSIONS (Scrupulosity)</b>
___	___	Concerned with sacrilege and blasphemy
___	___	Excess concern with right/wrong, morality
___	___	Other:
		<b>OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS</b>
		Accompanied by magical thinking (e.g., concerned that another will have accident dent unless less things are in the right place)
___	___	Not accompanied by magical thinking
		<b>MISCELLANEOUS OBSESSIONS</b>
___	___	Need to know or remember
___	___	Fear of saying certain things
___	___	Fear of not saying just the right thing
___	___	Fear of losing things
___	___	Intrusive (nonviolent) images
___	___	Intrusive nonsense sounds, words, or music

Current	Past	
		<b>SOMATIC OBSESSIONS</b>
___	___	Concern with illness or disease*
___	___	Excessive concern with body part or aspect of Appearance (eg., dysmorphophobia)*
___	___	Other
		<b>CLEANING/WASHING COMPULSIONS</b>
___	___	Excessive or ritualized handwashing
___	___	Excessive or ritualized showering, bathing, toothbrushing grooming, or toilet routine
___	___	Involves cleaning of household items or other inanimate objects
___	___	Other measures to prevent or remove contact with contaminants
___	___	Other
		<b>CHECKING COMPULSIONS</b>
___	___	Checking locks, stove, appliances etc.
___	___	Checking that did rot/will not harm others
___	___	Checking that did not/will not harm self
___	___	Checking that nothing terrible did/will happen
___	___	Checking that did not make mistake
___	___	Checking tied to somatic obsessions
___	___	Other:
		<b>REPEATING RITUALS</b>
___	___	Rereading or rewriting
___	___	Need to repeat routine activities jog, in/out door, up/down from chair)
___	___	Other _____
		<b>COUNTING COMPULSIONS</b>
___	___	_____
		<b>ORDERING/ARRANGING COMPULSIONS</b>
___	___	_____
		<b>HOARDING/COLLECTING COMPULSIONS</b>
		(distinguish from hobbies and concern with objects of monetary or sentimental value (e.g., carefully reads junk mail, piles up old newspapers, sorts through garbage, collects useless objects.)
___	___	_____
		<b>MISCELLANEOUS COMPULSIONS</b>
___	___	Mental rituals (other than checking/counting)
___	___	Excessive listmaking
___	___	Need to tell, ask, or confess
___	___	Need to touch, tap, or rub*
___	___	Rituals involving blinking or staring*
___	___	Measures (not checking) to prevent: harm to self-harm to others terrible consequences
___	___	Ritualized eating behaviors*
___	___	Superstitious behaviors
___	___	Trichotillomania *
___	___	Other self-damaging or self-mutilating behaviors*
___	___	Other

# Y-BOCS Severity Scale

## Obsession Rating Scale (circle appropriate score)

Item	Range of Severity				
1. Time Spent on Obsessions Score:	0 hr/day 0	0-1 hr/day 1	1-3 hr/day 2	3-8 hr/day 3	> 8 hr/day 4
2. Interference From Obsessions Score:	None 0	Mild 1	Definite but manageable 2	Substantial impairment 3	Incapacitating 4
3. Distress From Obsessions Score:	None 0	Little 1	Moderate but manageable 2	Severe 3	Near constant, disabling 4
4. Resistance to Obsessions Score:	Always resists 0	Much resistance 1	Some resistance 2	Often yields 3	Completely yields 4
5. Control Over Obsessions Score:	Complete control 0	Much control 1	Some control 2	Little control 3	No control 4

Obsession subtotal (add items 1-5) \_\_\_\_\_

## Compulsion Rating Scale (circle appropriate score)

Item	Range of Severity				
6. Time Spent on Compulsions Score:	0 hr/day 0	0-1 hr/day 1	1-3 hr/day 2	3-8 hr/day 3	> 8 hr/day 4
7. Interference From Compulsions Score:	None 0	Mild 1	Definite but manageable 2	Substantial impairment 3	Incapacitating 4
8. Distress From Compulsions Score:	None 0	Mild 1	Moderate but manageable 2	Severe 3	Near constant, disabling 4
9. Resistance to Compulsions Score:	Always resists 0	Much resistance 1	Some resistance 2	Often yields 3	Completely yields 4
10. Control Over Compulsions Score:	Complete control 0	Much control 1	Some control 2	Little control 3	No control 4

Compulsion subtotal (add items 6-10) \_\_\_\_\_

Y-BOCS total (add items 1-10)

Total Y-BOCS score range of severity for patients who have both obsessions and compulsions:

0-7 Subclinical    8-15 Mild    16-23 Moderate    24-31 Severe    32-40 Extreme

# Cultural Considerations – Observations from DHP

- While many individuals in the US are aware of what OCD is, they do not realize that harm-related obsessions are a type of OCD.
  - This includes health care providers!
- This type of OCD, or just OCD in general, is even less recognized in certain communities, including the BIPOC and Latinx community.
- Individuals may not disclose these thoughts due to fear that their infant/children will be taken away from them or that they will be hospitalized against their will.
  - Unfortunately, these events happen due to lack of knowledge by health care providers!
  - We need to educate health care providers to prevent these outcomes

# Postpartum OCD vs Postpartum Psychosis

- OCD:
  - Most individuals have good/fair insight and describe their obsessions as irrational or excessive
  - Not a psychiatric emergency (inpatient is usually not required and may even be counterproductive)
- Psychosis:
  - Poor insight
  - Thoughts/beliefs are delusional in nature, wide-ranging, and usually not just related to a specific fear
  - Usually a psychiatric emergency

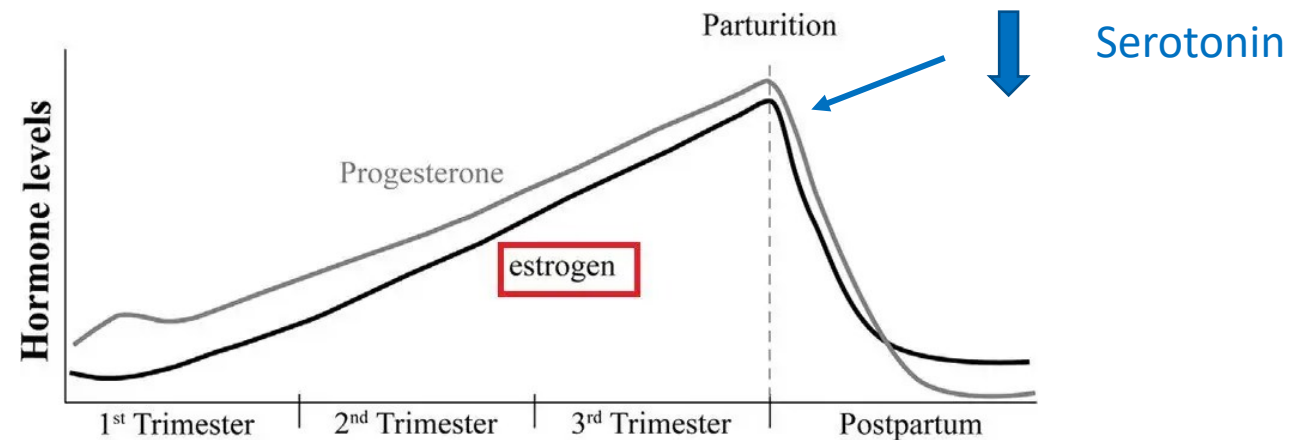
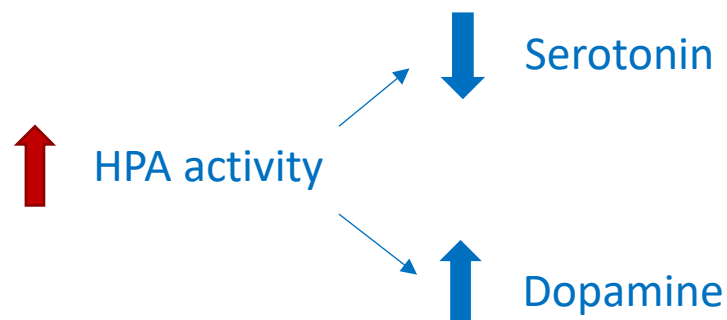
# Biological Factors Involved

- Neurotransmitter abnormalities (Serotonin, Norepinephrine, Dopamine)
- Hormone Fluctuations
- Hypothalamic-Pituitary-Adrenal (HPA) axis dysfunction
- Thyroid dysfunction
- Genetic predisposition
- Epigenetics – changes in gene expression based on environmental factors



# Role of Hormonal Changes

- During pregnancy, our stress response system (HPA) becomes hyperactive
- Downstream → this leads to changes in serotonin and dopamine
- Women who have a history of abuse/trauma or psychiatric illness may already have increased HPA activity
- Estrogen also affects serotonin levels, and the precipitous drop in estrogen at delivery, causes a drop in serotonin



# Treatment: Therapy + Medication

- The most effective treatments for OCD are Cognitive Behavioral Therapy (**CBT**) **and/or** medication(s)
- More specifically, the most effective therapy is a type of CBT called Exposure and Response Prevention (**ERP**)
  - Outpatient
  - Intensive Outpatient Program → Available at WBH-WIH
  - Partial Hospital Program
  - Residential
  - Inpatient



# Resources

- <https://iocdf.org/perinatal-ocd/what-is-perinatal-ocd/>
- <https://www.womenandinfants.org/services/perinatal-ocd>



# Case Presentation – Patient with Lived Experience

Facilitator: Zobeida “Zee” Diaz MD MS

Patient: Emily Payson

*Care Transformation Collaborative of RI*

***Stop Recording***

# Questions? And Contact information

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**ZDiaz@kentri.org**

**Emily Payson**

Person with lived experience



# Evaluation & CME

- Please provide us your feedback!
- Evaluation/Credit Request Form :  
<https://www.surveymonkey.com/r/MomsPRNECHOeval>



Please request CME credits or a certificate of participation when filling out the evaluation at the end of the meeting.

*Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.*

# Announcements & Reminders



<b>Recording, Presentation &amp; Evaluation link</b>	Will be emailed today
<b>Certificates of Participation:</b>	November CME Certs will go out this week December CME Certs will go out next month
<b>Next Session Date:</b>	January 21, 2025, noon-1PM
<b>Topic:</b>	<i>Cannabis- what's the evidence and having the conversation</i>
<b>Presenter:</b>	Mara Coyle, MD

THANK YOU!