

Misattributed Agitation: Delayed Recognition of Neurological Deterioration in Preeclampsia Due to Preexisting Bipolar Disorder

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Bipolar Disorder in Pregnancy

Perinatal mental illness affects up to 20% of women

Bipolar disorder prevalence of ~ 1%

50% of pregnancies are unplanned

Typical presentation is depressive or dysphoric-mixed episodes

Women with BPD have increased risk of the following:

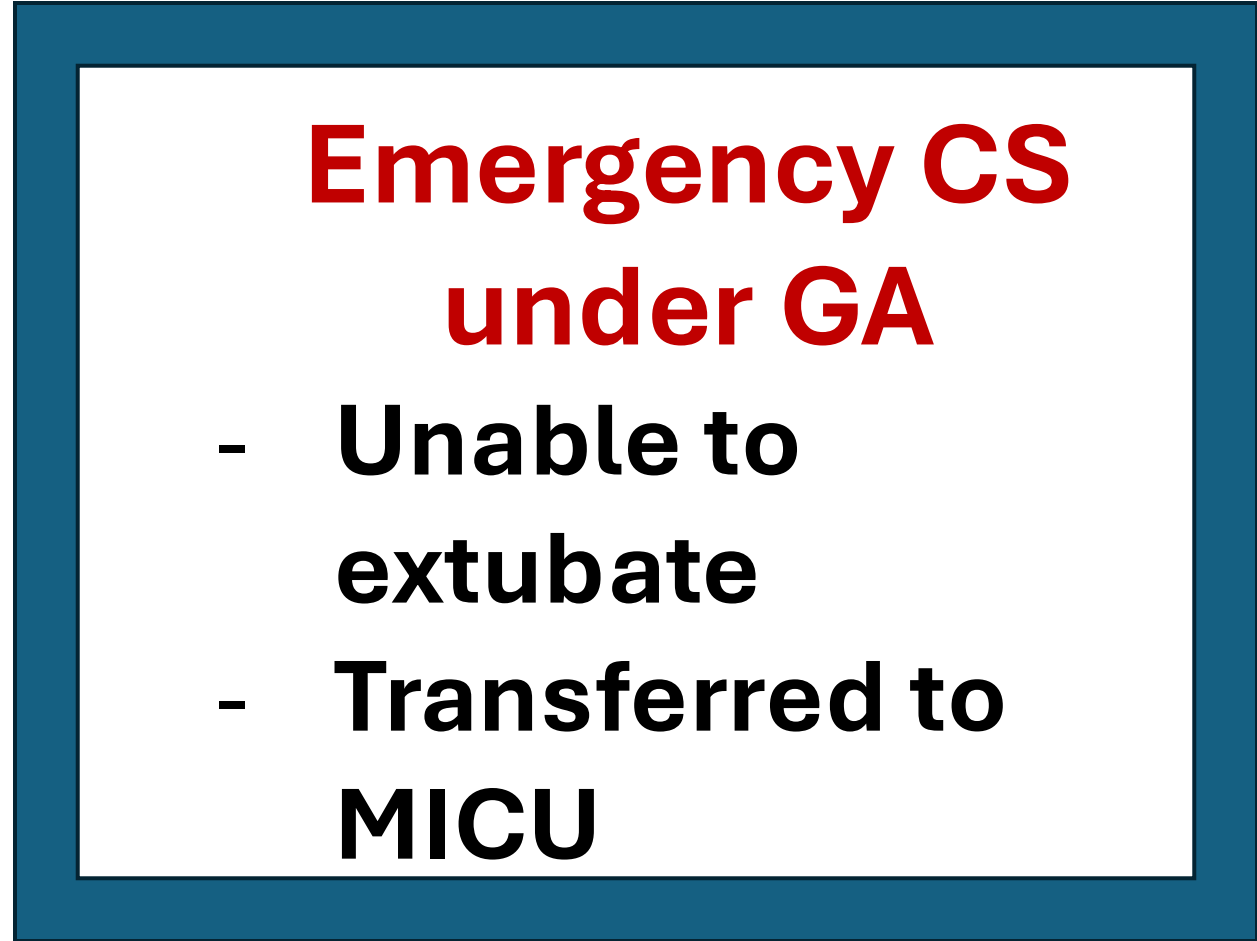
- Gestational DM & Gestational HTN
- Preeclampsia & Eclampsia
- Antepartum hemorrhage
- Newborn prematurity

**When are behavioral
changes not psychiatric
in origin?**

**OSH c/o
SOB/edema**

- **BP 200s/100s**
- **Cr 2.41**
- **Dx PreE SF**
- **Started Anti-HTN Tx**
- **A&Ox 4, calm and cooperative**

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MRI - PRES

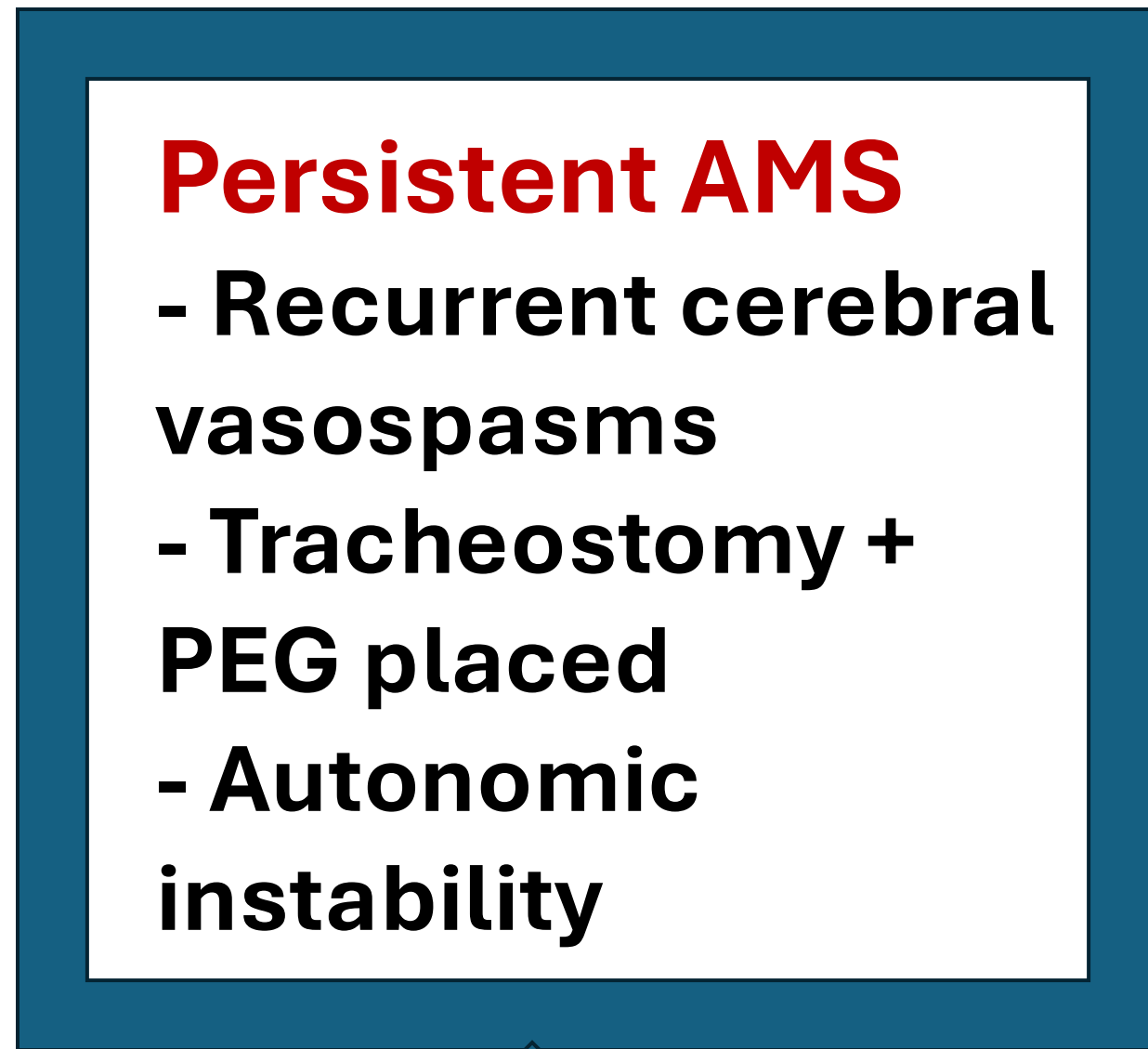
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Persistent AMS

- Recurrent cerebral vasospasms
- Tracheostomy + PEG placed
- Autonomic instability

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Other Notable Events

POD 95

- Presented to UIH ED for self decannulation
- New worsening acute respiratory failure
- New CVA in R temporal lobe

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POD 154

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- Septic shock from PEG

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POD 155

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POD 155 – 187

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**Transferred to
UIH L&D**

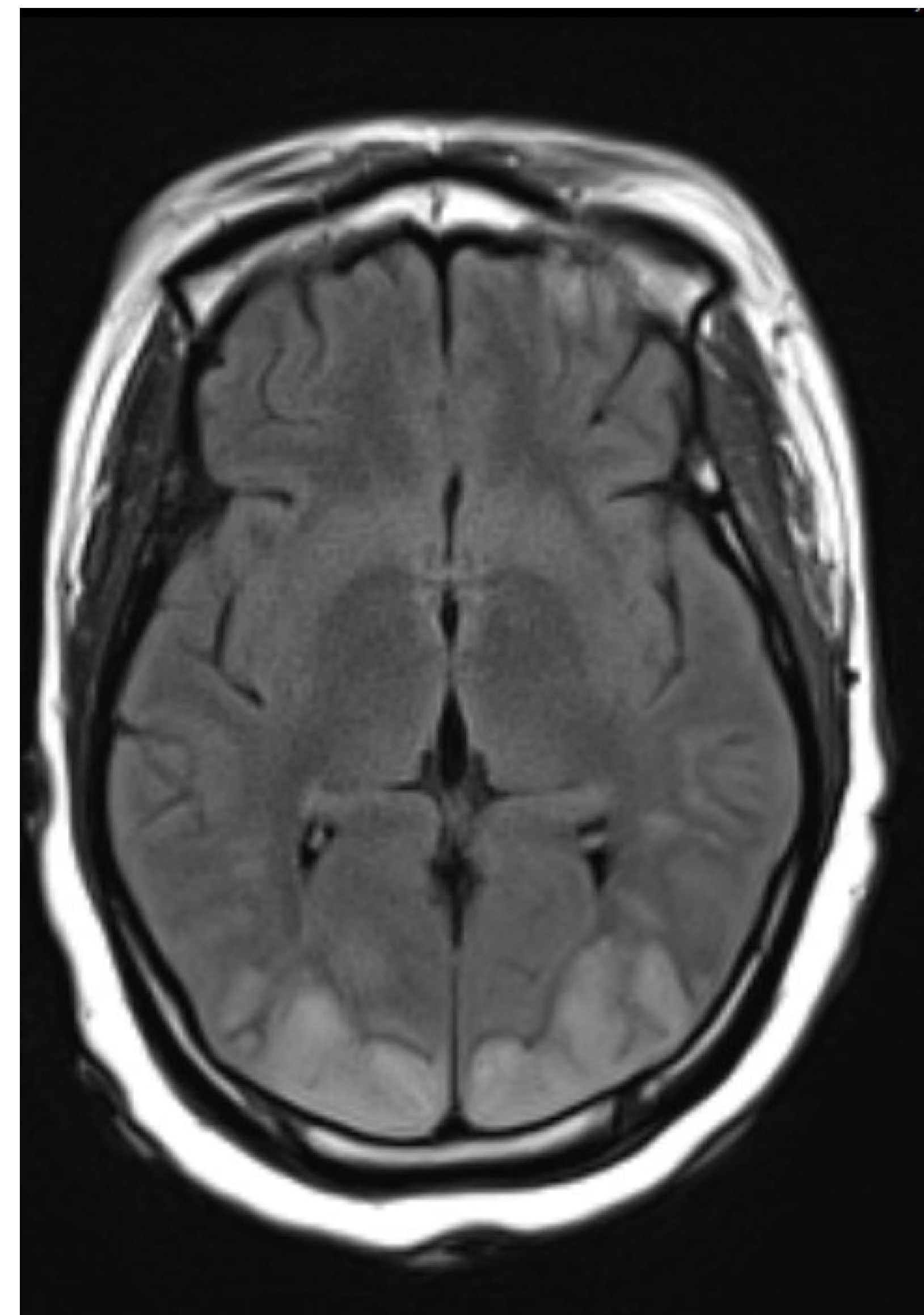
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What Happened

Known mental illness without prenatal care for duration of pregnancy

Delay in diagnosis of hypertensive disorder of pregnancy

Truncated Diagnosis - Acute psychosis deemed etiology of mental status changes

Patient with severe neurological morbidity

What We Learned

Mental status changes can be due to non-psychiatric causes and could change management decision

Group think is a dangerous phenomenon that can cause serious morbidity and mortality to our patients

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Fischer M. et al. (2017) Journal of Neurology 264: 1608-1616
Mol BWJ. Et al, (2016) Lancet 387: 999-1011
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