

## Perinatal Case Study

### Sarah

#### Patient breastfeeding and previously on Concerta

Sarah is a 35 year old married teacher working in special needs with some private tutoring at home in the evenings. She is 6 months postnatally having just had her first child. She is breastfeeding and is keen to continue for as long as possible. She has been referred to you by Healthy Minds (IAPT). She has completed a postnatal wellbeing group and remains anxious, especially with respect to her imminent return to work. She feels restless, cant switch off or relax and is prone to overthinking and worry and describes never experiencing mental calm. She cant concentrate and feels tired all the time and is never able to get on top of tasks. She is easily distracted. She feels unproductive and is easily overwhelmed. She is prone to being forgetful and disorganized and often misplaces items. She struggles to leave the house on time as she cant find items she needs or she has to return to the house as she has forgotten to pack something that she will need to take with her.

She takes sertraline 50mg which her GP started 2 months postnatally and there is good compliance. She has complained of low mood to her GP but talking to her, anxiety about feeling overwhelmed and mood instability seems to be the main problem. She is easily irritated and has periods of feeling low, especially when she feels inadequate. She is emotionally sensitive and readily feels criticized and this can result in her feeling very low, sometimes suicidal but this is fleeting. Her mood changes can be quite sudden and she can go from feeling fine to feeling intensely sad very suddenly and often admits that she gets things out of proportion and is prone to being upset quickly, especially if she feels someone is undermining her as a mother.

She was previously diagnosed with ADHD combined subtype out of area in 2015 as well as Asperger's syndrome in 2011. She clinically suffers from Tourette's syndrome (no formal diagnosis but she has suffered motor and vocal tics since early teenage years).

Previously she took Concerta XL 36mg once a day for her ADHD with some success. In 2016 she stopped taking it as she was trying to conceive. Late 2017 she had not conceived and, as she complained of poor attention and concentration as well as increased impulsivity, it was restarted. Three months later the dose was then increased from Concerta XL 36mg to 54mg as she felt it was not effective enough and she was still unable to focus and was easily overwhelmed. This caused an increase in her heart rate and pulse and she felt her tics became worse. She was also less hungry. She reduced back to 36mg but there were still some side effects so the GP added in propranolol 40mg.

In May 2019 she stopped taking all medication in anticipation of IVF but her ADHD worsened again. She has not had any ADHD medication since.

In terms of her previous medical history she has suffered from pre-eclampsia, endometriosis and has had an IVF pregnancy.

- 1. Which drug(s) would you consider for this patient?**
- 2. As she is still breastfeeding are there any particular issues to consider? What would you say to her re the risks of using the drug you want to suggest in breastfeeding? What symptoms in the infant might you warn her to look for?**
- 3. If she restarts an ADHD drug, what physical health and ongoing monitoring do you suggest?**
- 4. What alternative drugs are available and what are the pros and cons of these?**
- 5. What other non-pharmacological treatments would be worth considering?**
- 6. She suffers tics. What would you say to warn her about tics and ADHD drugs?**