

Connecticut Early Psychosis Learning Health Network

Working with Women: Gender Considerations in FEP Care

*A collaboration of the STEP Program / Yale School of Medicine and
Connecticut Department of Children and Families*

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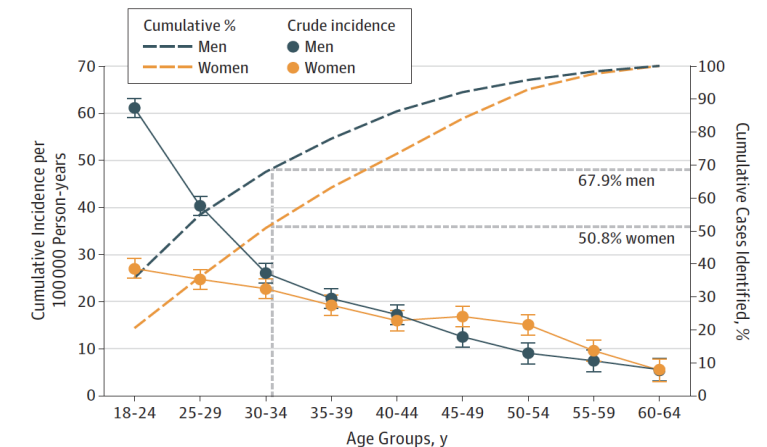
Outline: Gender considerations in FEP Care

- **Diagnosis**
 - Age of onset
 - Clinical Presentation
- **Clinical management**
 - Different prescription practices
 - Weight/Body image, side effects
 - Addressing trauma
- **Sexual and Reproductive Health**
 - Preventative Medicine
 - Pregnancy considerations
 - Cannabis & pregnancy

Diagnosis and Presentation

- Later age of onset (2nd peak in late 40s)
- Lower Incidence (1:3)
- Different risk factors: hormonal, sex and thyroid; steroid drugs (used for arthritis and for allergies)
- Different symptoms at presentation to care
 - **more positive and affective sx**, less negative sx: risk of being misdiagnosed (bipolar)
 - **less substance use** comorbidity: less aggressive behavior → less hospitalization
 - **better premorbid functioning** (more likely to have a job by the time they have their onset)
 - **better cognitive functioning** → mislabeled as being “overdramatic”/ delay to care
- More favorable course of illness and outcomes

Figure 1. Crude Incidence and Cumulative Percentage of Psychotic Disorders, by Age and Sex



Jongsma et al. JAMA Psychiatry. 2018;75(1):36-46.
doi:10.1001/jamapsychiatry.2017.3554

Clinical management

- Different prescription practices:
 - Prescribed less effective antipsychotics, fewer LAIs
 - More antidepressants, mood stabilizers, benzos and other sedatives
- Sensitivity to Side Effects:
 - sensitivity to eliciting and managing the impact of medication side effects that interact with **gendered societal expectations** (e.g. weight gain, hair loss) and **reproductive health** (e.g. secondary amenorrhea due to hyperprolactinemia, breastfeeding), can ameliorate the often-unpleasant experience of taking antipsychotic medications.



The clinical course of schizophrenia in women and men—a nation-wide cohort study. (I.E. Sommer, 2020)

GENDER SPECIFIC RISK FACTORS AND CONDITIONS



- Women have a unique risk of developing psychosis in the peri-partum period: pregnant patients or individuals planning a pregnancy with a past or current history of psychosis should receive tailored care
 - E.g.: coordination between providers, monitoring, shared decision making re: medications
- Risk of recurrence is high in specific moments of their lives: premenstrual, childbirth, postpartum, and menopause

SEXUAL AND REPRODUCTIVE HEALTH

Please note: **half of all pregnancies are unplanned**

Psychosis usually manifests during the period of greatest **fertility** for women.

Young women, with the added burden of psychotic symptoms, may need more support to manage personal **contraception** or negotiate condom use with male sexual partners.

Shared decision making around family planning is of course critical when medications with potential **teratogenic risks** are prescribed.

Marital status in STEP participants	WOMEN	MEN
single	47 (92%)	117 (97%)
married	2	1
Number of children		
0	40 (78%)	112 (93%)
1	6 (12%)	7 (5%)
>1	5	1

Smear tests are nothing like bikini waxes - but if I can overcome my fear, you can too



PREVENTATIVE MEDICINE

Women with schizophrenia are less likely to receive Pap test screening for cervical cancer, and are half as likely as the general population to receive mammography screening for breast cancer

- education
- reminders
- care coordination



(e.g. HPV vaccination, breast self-examination, diagnostic imaging)

Cannabis use in US women



- **increased by 106% from 2002 to 2017 in US women**
[Volkow ND, 2019]
- THC, the psychoactive component of cannabis, crosses the placenta and interfaces with the endocannabinoid system, which is associated with neural development
- US Surgeon General: advisory against cannabis use during pregnancy and breastfeeding in 2019
 - reduced birth weight and cognition
 - Risk for premature birth

Cannabis and pregnancy



- Cannabis use during pregnancy:
 - higher incidence of autism spectrum disorder diagnosis (4.00 per 1,000 person-years among children with exposure vs 2.42 among unexposed). [Corsi et al. 2020]
- Prenatal exposure to cannabis may be associated with affective symptoms and ADHD [Roncero et al, 2020]
- Exposure only prior to maternal knowledge of pregnancy did not differ from no exposure on any outcomes [Paul et al, 2020]
- Exposure after maternal knowledge of pregnancy was associated with *greater psychotic-like experiences and externalizing, attention, thought, and social problems.*

TRAUMA-informed CARE

- There is growing evidence associating exposure to traumatic events in childhood and risk for psychosis
- Moreover, intimate partner violence, of which more women than men are victims, is linked to an increase in psychotic experiences, especially in cases of multiple victimization
- higher PTSD scores related to a longer duration of untreated psychosis (RAISE study)

STEP. N(%)	WOMEN:	MEN:
Current PTSD*	8 (15%)	5 (4%)
Lifetime PTSD*	11 (21%)	7 (5%)



Summary

Gender may affect women receiving optimal FEP care

Suspected **barriers to access to** care in women b/c of gender

- Misdiagnosed (b/c affective psychosis)
- Gender stereotypes: mislabeled as “overdramatic” at care presentation
- Responsible of most of child care and family burden
- Age limit

suspected **lower quality of** care in women b/c of gender

- Sexual and reproductive health
- Preventive medicine
- Trauma

Ferrara M., Srihari V. Early Intervention for Psychosis in the United States: Tailoring Services to Improve Care for Women. Psychiatric Services, September 2020

Resources

- Ferrara M., Srihari V. Early Intervention for Psychosis in the United States: Tailoring Services to Improve Care for Women. **Psychiatric Services**, September 2020
- An update on medication management of women with schizophrenia in pregnancy [Carolyn Breadon](#) & [Jayashri Kulkarni](#) 2019 <https://doi.org/10.1080/14656566.2019.1612876>
- Roncero, C., *et al.* Cannabis use during pregnancy and its relationship with fetal developmental outcomes and psychiatric disorders. A systematic review. *Reprod Health* **17**, 25 (2020). <https://doi.org/10.1186/s12978-020-0880-9>
- Corsi et al. Nat Med . 2020 Aug 10. doi: 10.1038/s41591-020-1002-5
- Paul SE, et al. Associations Between Prenatal Cannabis Exposure and Childhood Outcomes: Results From the ABCD Study. *JAMA Psychiatry*. 2020 doi: 10.1001/jamapsychiatry.2020.2902

Psychopathology in Women

Incorporating Gender
Perspective into Descriptive
Psychopathology

Margarita Sáenz-Herrero
Editor

Second Edition

 Springer

Women's Mental Health

A Clinical and Evidence-Based
Guide

Joel Rennó Jr.
Gislene Valadares
Amaury Cantilino
Jeronimo Mendes-Ribeiro
Renan Rocha
Antonio Geraldo da Silva
Editors

 Springer

The Maudsley

Prescribing Guidelines in Psychiatry

13TH EDITION

David Taylor
Thomas R. E. Barnes
Allan H. Young

WILEY Blackwell

Women and psychosis An information guide

REVISED EDITION

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camh
Centre for Addiction and Mental Health

[This guide](#) is for women who are recovering from a psychotic episode. The information will also be useful for their families.

1. What is psychosis?

What causes psychosis? Forms of Psychosis

2. Recovering from psychosis

what medications are used to treat psychosis?

do women experience any side-effects?

is it ok to drink alcohol when I am taking medication?

can I take medications while breastfeeding?

3. How psychosis affects family and friends

4. Getting back on track

how flexible is your school or workplace?

5. Family concerns

6. Planning for the future

Will the authorities take my baby away?

7. Finding help

Pregnancy and medication information