

Brexanolone Infusions and the Role of Consultation-Liaison Psychiatry – Interdisciplinary Care for Postpartum Women

Lindsey Hospodar, MD; Priya Gopalan, FACLP; Meredith Spada, MD, MEd
Department of Psychiatry, University of Pittsburgh Medical Center

INTRODUCTION

- Approximately 1 in 7 individuals will experience postpartum depression (PPD), which has been associated with numerous negative outcomes.
- Brexanolone, a positive allosteric modulator of the GABA-A receptor, was approved in 2019 by the FDA as an available intravenous treatment for PPD.
- Little is published on the role of consultation-liaison (CL) psychiatry in providing brexanolone (Howard 2022).

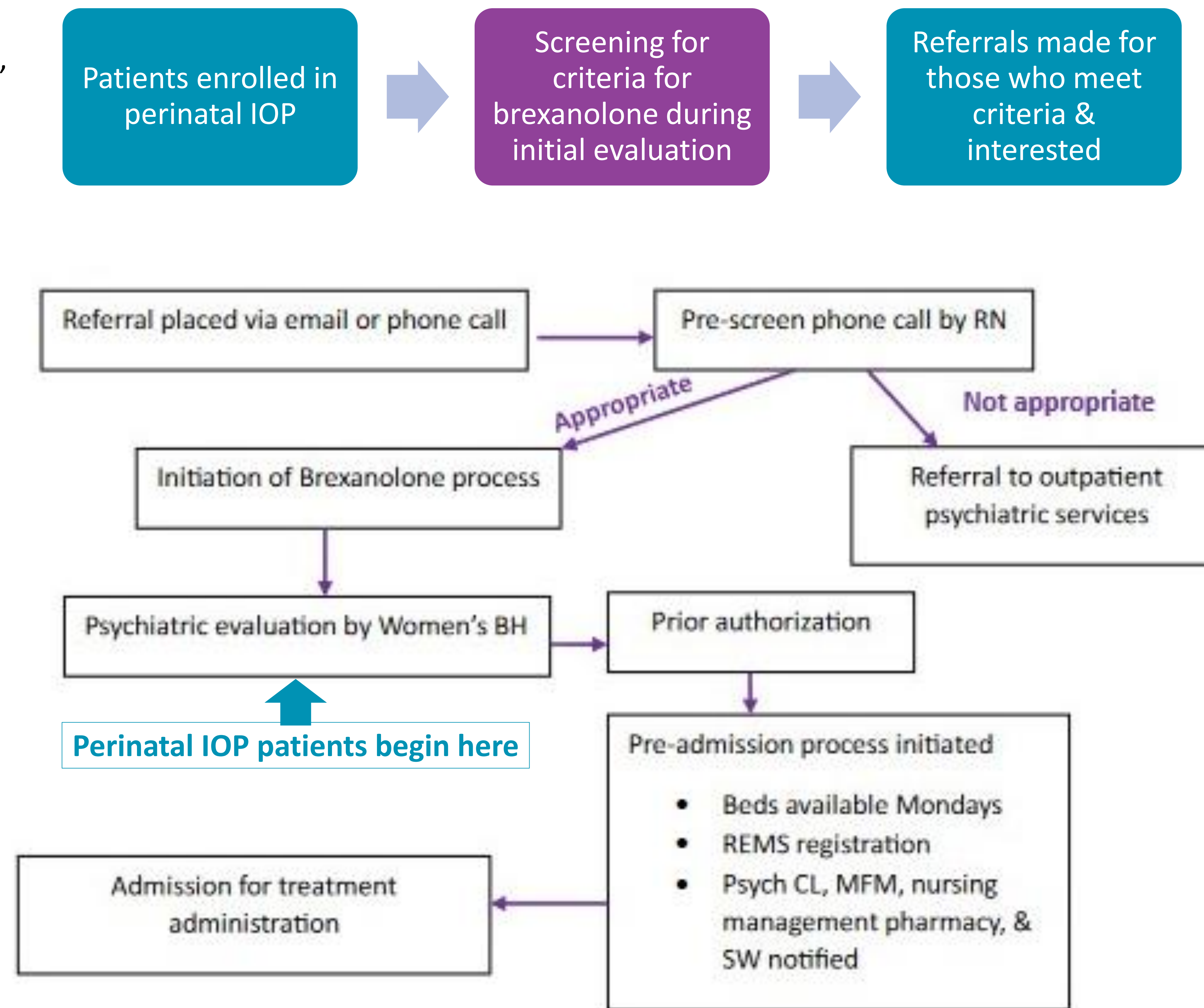
OBJECTIVES

- We present 2 cases of successful brexanolone infusions referred to CL from our institution's peripartum intensive outpatient IOP for a planned admission
- We discuss a stepped-care approach that utilizes integrated interdisciplinary pathways at our institution
- We outline CL psychiatry as a critical stakeholder and leader for brexanolone administration

CASE PRESENTATION

Patient 1	Patient 2
34 yo F G2P2 1 month postpartum OP care: Perinatal IOP Initial PHQ-9 score: 25 DSM diagnoses: MDD recurrent without psychotic features; unspecified anxiety Comorbidities: Narcolepsy	35 yo F G1P1 2 months postpartum OP care: Perinatal IOP Initial PHQ-9 score: 21 DSM diagnoses: MDD recurrent moderate; PTSD, unspecified anxiety, cannabis use disorder Comorbidities: T1D, HTN, s/p kidney transplant, hx bariatric surgery

STEPPED-CARE APPROACH



RESULTS

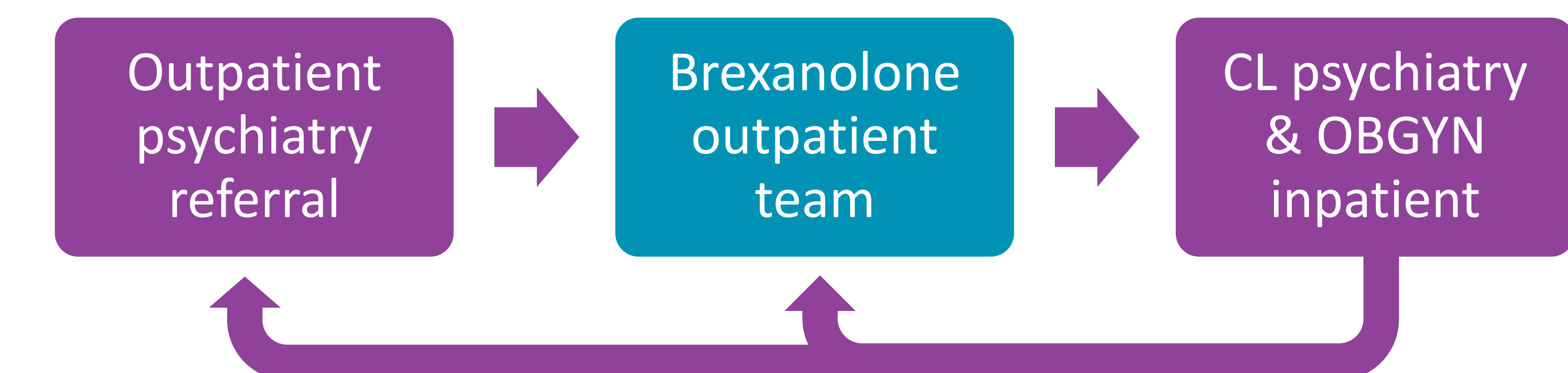
Patient 1	Patient 2
34 yo F No complications during hospitalization Returned to IOP PHQ-9 score 25 → 7 thirteen days after infusion	35 yo F No complications during hospitalization Returned to IOP PHQ-9 score 21 → 13 four days after infusion

CASE CONCLUSIONS

- These cases highlight 2 perinatal IOP referrals to CL psychiatry with care coordination across this care continuum
- Both patients had rapid improvement in PHQ9 scores and no complications associated with infusions
- Our institution's multidisciplinary and inter-departmental approach to brexanolone treatment provided good clinical continuity

IMPLICATIONS & THE ROLE OF CL PSYCHIATRY

- CL psychiatrists= critical stakeholders
- Cases illustrate an efficient integrated care approach
- CL may find itself in the position to be the person who interfaces across inpatient and outpatient since we are often the bridge between psych and OB



CLINICAL PEARLS

- Infusions should be completed during the weekdays to ensure adequate level of care & staff available for monitoring
- Coordination between CL psychiatry & outpatient psychiatry teams can greatly improve continuity of care for these patients
- Evaluate for comorbidities & consider how factors such as holding of medications, substance use, or situational stressors may impact patient's hospitalization
- Brexanolone should be considered across the continuum of care for perinatal psychiatry in coordination with CL

ACKNOWLEDGEMENTS & REFERENCES

