

A CLINICIAN'S MANAGEMENT OF A FEMALE PATIENT WITH SCHIZOPHRENIA DESIROUS OF CHILDBEARING

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Background: According to the Center for Women's Mental Health (2008), antipsychotic drugs modify a woman's menstrual cycle and ovulation patterns, this invariably affects a woman's ability to conceive. Howard et al., 2002 noted that patients with schizophrenia had lower general fertility rates when compared to matched normal subjects. Additionally, there is sparse literature exploring the adverse reproductive effects of psychotropic medication in otherwise sexually healthy patients. The general trend is to first investigate the adverse sexual effects of psychotropic medication particularly in males. This when the reproductive safety of treatments should be at the forefront of the clinician's mind given the well-established early age at onset of psychotic conditions and their lifetime persistence.

The Caribbean, more specifically Jamaica presents its unique set of challenges in the provision of as well as access to fertility friendly medication, especially for those who are from low to middle socioeconomic status.

Issues of Focus: This case study demonstrates the peculiar socioeconomic treatment challenges faced by clinicians in a low-middle-income country in accessing fertility friendly psychotropic agents. It further demonstrates the unique sociocultural barriers faced by already deeply disadvantaged BIPOC communities where the reproductive desires of the patients are insufficiently discussed or considered by clinicians and patients alike.

Method: and Results: Information used for this study was gathered from extensive perusal of clinical notes taken during interviews with the patient over a period of nine years. With the keen consideration of the patients desire to become pregnant, olanzapine was selected as the only available antipsychotic that contributed to the positive reproductive outcome.

Discussion: There should be more consideration of the adverse reproductive health effects of frequently used antipsychotic agents, while also urging clinicians to recognize and discuss the reproductive desires of their patients early in treatment particularly during the patients most fertile years.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Participants will be able to examine and explore methods used to safeguard the sexual and reproductive aspirations of a young adult female patient with schizophrenia living in a lower-middle-income country, in relation to their own knowledge, attitudes and practises in the psychotropic treatment of young adults with schizophrenia.
2. Participants will be able to explore their own biases in relation to the management of the sexual and reproductive health needs of patients with schizophrenia, with particular attention to how psychiatry treats women diagnosed with schizophrenia.

References

Howard, L. M., Kumar, C., Leese, M., & Thornicroft, G. (2002). The general fertility rate in women with psychotic disorders. *American Journal of Psychiatry*, 159(6), 991-997.

Montejo, A. L., Montejo, L., & Baldwin, D. S. (2018). The impact of severe mental disorders and psychotropic medications on sexual health and its implications for clinical management. *World Psychiatry*, 17(1), 3-11.