

Medications and More

NEWSLETTER

Volume 23 • October, 2007

Contents

[Editors Notes](#)

[Guest Author - Kathleen Kendall-Tackett](#)

[PubMed Section](#)

[Breastfeeding in the News](#)

[Textbook of Human Lactation](#)

[What's New!](#)

[Cookie Recipes](#)



NOTES FROM THE EDITOR:

Are you planning a conference? Do need a speaker who will wow your audience? Check out LactSpeak at www.lactspeak.com.

LactSpeak offers a variety of lactation experts who speak on various topics. Their canned presentations are listed, along with the time of each session. Many will prepare presentations to your specifications.

In addition, LactSpeak offers event planning forms, an event planning timeline, how to find a speaker, how to promote your speaker, speaker tips, and facility tips. They also have a listing of upcoming conferences featuring LactSpeak speakers.

The Hartmann/Hale Human Lactation Research Conference starts on Monday, Oct. 1. We hope to see you at the conference. If you attend the conference, please stop by the bookstore booth and tell us hello. We look forward to meeting all of you. If you are not able to attend, check our website (www.ibreastfeeding.com) after the conference for highlights.

Medications and More Newsletter is a monthly e-newsletter publication of Hale Publishing LP, Amarillo, TX.

Guest Author

DIAGNOSIS AND TREATMENT OF POSTTRAUMATIC STRESS DISORDER (PTSD): COMPATIBILITY OF TREATMENT CHOICES WITH BREASTFEEDING

Kathleen Kendall-Tackett, Ph.D., IBCLC

Traumatic events are relatively common in the lives of childbearing women. According to the U.S. National Center for PTSD, 51% of American women have been exposed to at least one trauma-producing event in their lifetimes, and 6% have been exposed to four or more. Fortunately, exposure to traumatic events does not automatically lead to a diagnosis of PTSD (American Psychiatric Association, 2004). But women are twice as likely as men to meet full diagnostic criteria (10.4% of women vs. 5% of men). And even when they don't, up to one third can have symptoms of trauma that impair their physical and mental health (Kendall-Tackett, 2003; Kendall-Tackett, 2005a).

The National Center for PTSD lists the most common traumatic experiences for women as rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse (www.ncptsd.va.gov). Trauma in the perinatal period can also be caused by previous pregnancy loss, preterm birth, neonatal death, or a frightening or life-threatening birth experience (Kendall-Tackett, 2005a & b).

DIAGNOSTIC CRITERIA FOR PTSD

Screening questions can indicate whether patients have experienced traumatic events. However, a formal diagnosis of PTSD is more exacting. According to Diagnostic and Statistical Manual IV TR Criteria (American Psychiatric Association, 2000) and the American Psychiatric Association's Practice Guidelines for PTSD (2004), a diagnosis of PTSD requires a discernible traumatic event, one that victims perceive as life-threatening for themselves or a

CONTINUED

loved one. The victim must have responded with fear, helplessness, or horror. In addition, there must be symptoms in each of three clusters: 1) Re-experiencing, 2) Avoidance/numbing, and 3) Hyperarousal.

Re-experiencing includes frequent intrusive thoughts of the event via nightmares or repetitive daytime thoughts. Avoidance includes numbing, avoiding situations that remind them of the traumatic event, and even amnesia about all or part of the event. Hyperarousal includes persistent jumpiness, sleep disturbances, poor concentration, and chronic activation of the sympathetic nervous system. Depression, another manifestation of chronic hyperarousal, is a common co-occurring symptom that must be addressed as well.

TREATMENTS FOR PTSD AND TRAUMA SYMPTOMS

Comprehensive trauma treatment involves a wide range of activities including patient education, peer support, and trauma-focused psychotherapy--all of which are compatible with breastfeeding. There are also medications that can be added to the treatment regimen. While medications are useful adjuncts, they are not the primary treatments for PTSD. But they can reduce symptomatology and possibly halt the chemical cascade that occurs in the wake of traumatic events.

PSYCHOEDUCATION AND PEER COUNSELING

The role of both psychoeducation and peer counseling is to help clients understand their experiences and their reactions in the wake of traumatic events. Clients are given information on how to avoid secondary exposure to the event, how to reduce stress responses, and where to go if they need ongoing support. By understanding that their reactions are predictable after traumatic events, clients are less likely to blame themselves and are more likely to comply with treatment.

TRAUMA-FOCUSED PSYCHOTHERAPY

The two most effective therapies for PTSD and trauma symptoms are cognitive behavioral therapy and EMDR. Both are completely compatible with breastfeeding.

Cognitive-Behavioral Therapy. The focus of cognitive therapy, in general, is to help clients identify faulty ways of thinking that increase the

risk of depression and challenging those beliefs with more accurate cognitions. In trauma treatment, this same approach targets distortions in clients' threat appraisal processes and helps to desensitize them to trauma-related triggers (i.e., events that remind them of the traumatic event; American Psychiatric Association, 2004). CBT is a highly effective approach and variants to this approach include exposure therapy and stress-inoculation training (Friedman, 2001; Kendall-Tackett, 2003).

Eye Movement Desensitization and Reprocessing (EMDR). In EMDR the client is instructed to focus on the image, negative thought, and body sensations while simultaneously moving his/her eyes back and forth following the therapist's fingers as they briefly move across his/her field of vision. Eye movements are the most commonly used external stimulus. But therapists often use auditory tones, tapping, or other types of tactile stimulation. Clients can simply think about their traumatic experiences, rather than having to verbalize them. This technique has proven highly effective in reducing symptoms after a few sessions and has been approved by the American Psychiatric Association and the U.S. Veterans Administration for treating PTSD. Certified practitioners of EMDR are available in many parts of the world, including, for example, Amarillo, Texas. An international list of practitioners can be found at the EMDR Institute (www.emdr.com) or the EMDR International Association (www.emdria.com).

MEDICATIONS

There are several classes of medications that can be used to treat PTSD. Medications are not the central treatment for PTSD. However, they can be useful adjuncts, ameliorating the physical symptoms that impact patients on a daily basis (American Psychiatric Association, 2004; National Institute for Clinical Excellence, 2005; PTSD Support Services, 2004). SSRIs are frontline medication choices in that they reduce symptoms in all three clusters and treat co-morbid depression. Other medications that may be added to the regimen include SARIs, adrenergic agents, anticonvulsants, and antipsychotics (American Psychiatric Association, 2004). I briefly summarize each of these types of medications and their compatibility with breastfeeding in the table on page 3.

SUMMARY

Although medications are not the central treatment modality for PTSD, they can be helpful in women's recovery. Medications can be used safely in breastfeeding mothers with trauma symptoms and there are safer choices within each medication category. Medications can also be used in addition to traditional trauma treatments, such as psychotherapy, peer support, and psychoeducation.

Medication Classification	Medication Names	Lactation Safety Rating	Symptoms Addressed
Serotonin-2 Antagonists/ Reuptake Inhibitors (SARIs)	Trazodone	L2	Lowers incidence of nightmares by reducing REM sleep. Sedating, don't co-sleep while on this medication.
Adrenergic agents	α -2 adrenergic antagonists (Prazosin, Clonidine)	L4 L3	Blocks norepinephrine, decreases nightmares and intrusive thoughts.
	β -adrenergic blockers (Propranolol)	L2	Acute administration may prevent long-term symptoms. Some concern about this medication when there is comorbid depression.
Anticonvulsants	Carbamazepine	L2	Carbamazepine addresses intrusive memories and hyperarousal.
	Valproic acid	L2	Valproic acid helps with avoidance, numbing, and hyperarousal.
Antipsychotics	Olanzapine	L2	Careful differential diagnosis of possible comorbid psychosis needs to be made before prescribing these. But these can be useful adjuncts for co-occurring psychotic symptoms or when first-line medications have failed.
	Quetiapine	L2	
	Risperidone	L3	

REFERENCES

- American Psychiatric Association. (2000) Diagnostic and statistical manual of mental disorders, 4th Ed., Text Revision. Washington DC: Author.
- American Psychiatric Association. (2004). Practice guideline for the treatment of patients with acute stress disorder and posttraumatic stress disorder. Washington, DC: Author.
- Friedman, M.J. (2001). Posttraumatic stress disorder: The latest assessment and treatment strategies. Kansas City, MO: Compact Clinicals.
- Hale, T. (2006). Medications and mothers' milk, 12th Edition. Amarillo, TX: Hale Publishing.
- Kendall-Tackett, K.A. (2003). Treating the lifetime health effects of childhood victimization. Kingston, NJ: Civic Research Institute.
- Kendall-Tackett, K.A. (2005a). Handbook of women, stress and trauma. New York: Taylor & Francis.
- Kendall-Tackett, K.A. (2005b). Depression in new mothers: Causes, consequences and treatment options. Binghamton, NY: Haworth Press.
- National Institute for Clinical Excellence. (2005). Posttraumatic stress disorder: The management of PTSD in adults and children in primary and secondary care. London: Author (available at www.nice.org.uk).
- PTSD Support Services (2004). Medications used for PTSD and other anxiety disorders., http://www.ptsdsupport.net/ptsd_medication.html downloaded August 6, 2007.

*Kathleen Kendall-Tackett, Ph.D., IBCLC is a health psychologist and board-certified lactation consultant at the Family Research Laboratory, University of New Hampshire. She is a Fellow of the American Psychological Association in both health and trauma psychology, is Secretary of the APA Trauma Psychology Division, and edits the Trauma and Health column for Trauma Psychology. She is the author of more than 150 articles and the author or editor of 15 books on depression, trauma and other aspects of women's health, including **Breastfeeding Made Simple** (co-authored with Nancy Mohrbacher). Her web sites, www.GraniteScientific.com and www.BreastfeedingMadeSimple.com contain numerous resources on trauma and PTSD.*

ALLERGIES

[Allergic diseases as environmental diseases.]

Breast-feeding and atopic disease: A cohort study from childhood to middle age.

[Pompholyx of the infant possibly induced by systemic metal allergy to chromium in mother's milk.]

BIOCHEMISTRY

[Variations in the concentration of total human milk proteins in the first month of lactation.]

Folate, but not vitamin B-12 status, predicts respiratory morbidity in north Indian children.

Laughter elevates the levels of breast-milk melatonin.

DENTAL HEALTH

Are intrauterine growth restriction and preterm birth associated with dental caries?

ENVIRONMENT

Depuration of Polybrominated Diphenyl Ethers (PBDEs) and Polychlorinated Biphenyls (PCBs) in Breast Milk from California First-Time Mothers (Primiparae).

HIV

The impact of safer breastfeeding practices on postnatal HIV-1 transmission in Zimbabwe.

[Human immunodeficiency virus infection in infancy.]

Long-chain n 6 polyunsaturated fatty acids in breast milk decrease the risk of HIV transmission through breastfeeding.

Transmission of cell-free and cell-associated HIV-1 through breast-feeding.

Risk of human immunodeficiency virus type 1 transmission through breastfeeding.

[Timely implementation of interventions to reduce vertical HIV transmission: a successful experience in Brazil.]

INFANT

Moderate hypernatremic dehydration in newborn infants: retrospective evaluation of 64 cases.

Neonatal circumcision: Effects on breastfeeding and outcomes associated with breastfeeding.

The effect of two different methods used during peripheral venous blood collection on pain reduction in neonates.

MANAGEMENT

Group prenatal care and perinatal outcomes: a randomized controlled trial.

Short duration of skin-to-skin contact: Effects on growth and breastfeeding.

A randomized trial of peppermint gel, lanolin ointment, and placebo gel to prevent nipple crack in primiparous breastfeeding women.

Improving newborn preventive services at the birth hospitalization: a collaborative, hospital-based quality-improvement project.

Overabundant milk supply: an alternate way to intervene by full drainage and block feeding.

MOTHER

Breastfeeding After Reduction Mammoplasty Using Different Techniques.

Breast-feeding and maternal mental well-being among Bangladeshi and Pakistani women in north-east England.

OBESITY

Prevalence of overweight and obesity in preschool children and associated socio-demographic factors in Ho Chi Minh City, Vietnam.

[The influence of infant feeding methods on the body weight of pre-school children.]

PROMOTION

Exploratory study: breastfeeding knowledge, attitudes towards sexuality and breastfeeding, and disposition towards supporting breastfeeding in future Puerto Rican male parents.

Breastfeeding and mixed feeding practices in Malawi: timing, reasons, decision makers, and child health consequences.

Breastfeeding and maternal and infant health outcomes in developed countries.

Breastfeeding promotion in Thailand.

Breastfeeding in Nepal: patterns and determinants.

Factors associated with low incidence of exclusive breastfeeding for the first 6 months.

Hospital Practices that Increase Breastfeeding Duration: Results from a Population-Based Study.

SMOKING

Timing and predictors of postpartum return to smoking in a group of inner-city women: an exploratory pilot study.

Breastfeeding and smoking: short-term effects on infant feeding and sleep.

BF in the News

EVENTS

[Breastfeeding Challenge 2007](#)

[Breastfeeding challenge on Saturday](#)

PROMOTION

[UNICEF: Child Deaths Dropping Worldwide](#)

[About 30 protest restaurant's breastfeeding policy](#)

[Moms say nursing kids right](#)

[Formula Industry Lobby Undermined Federal Breast-feeding Campaign](#)

[Politics blunted breast-feeding push](#)

[Mass. Judge Denies Request by Breastfeeding Mother for More Break Time on Medical Licensing Exam](#)

RESEARCH

[Results Of CIHR Trial On Breastfeeding And Possible Protection Against Asthma, Allergies](#)

[Long-chain n-6 polyunsaturated fatty acids in breast milk decrease the risk of HIV transmission through breastfeeding](#)

[Benefits and risks of breastfeeding](#)



News Update, it has finally arrived!

Hale and Hartmann's

Textbook of Human Lactation

is currently Available at the

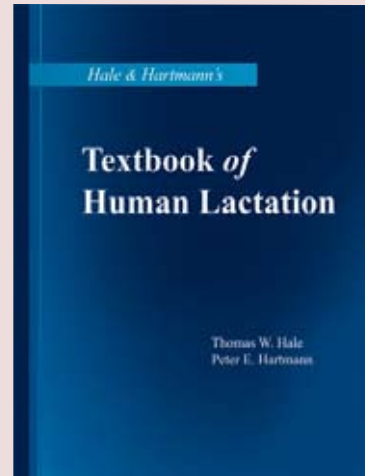
Hartmann/Hale

Human Lactation Research Conference

October 1-3, 2007

We are also taking orders for the Textbook
online @ www.ibreastfeeding.com

BF IN THE NEWS



Hale & Hartmann's Textbook of Human Lactation

Written by many of the world's leading experts, this first edition of Textbook of Human Lactation addresses the most current evidence-based scientific knowledge in this rapidly developing field. While there are many clinical guides available, this work describes the most basic mechanisms and physiology of human milk found in no other textbook in this field.

This First edition includes the following:

- Complete description of the anatomy and physiology of the lactating breast.
- Detailed explanation of the Immunobiology of human milk.
- Description of difficult syndromes and conditions in infants and breastfeeding mothers and suggestions on ways to manage.
- Enhanced description of the emotional components of breastfeeding and cosleeping with the infant.
- Description of the nutritional composition and various components of human milk.
- Explanation of the science of drug transport into human milk, and the use of medications in breastfeeding mothers.
- Discussion of important topics, such as infertility, polycystic ovary syndrome, Vitamin D, birth spacing and family planning.

WHAT'S NEW

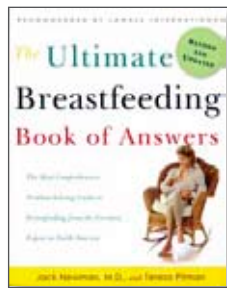
Hale Publishing

6

www.ibreastfeeding.com

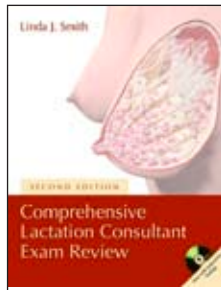
Newly Revised

Jack Newman, M.D., FRCPC.
and Teresa Pitman
\$19.95

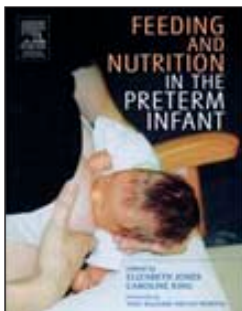


Cadwell, PhD, RN,
FAAN, IBCLC, RLC,
Cynthia Turner-Maffei,
MA, IBCLC, RLC
\$43.95

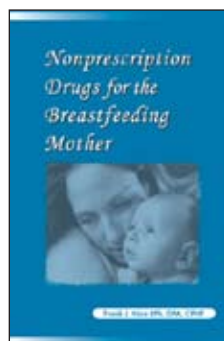
Linda J. Smith, BSE,
FACCE, IBCLC
\$64.95



More Great Finds



Elizabeth Jones
& Caroline King
\$46.95



Hot off the Press!

Frank J. Nice
RPh, CPA, CPHP
\$19.95

Our prices do not include shipping and handling!

Editor: Janet Rourke
janet.rourke@hale-publishing.com
Newsletter Design: Dolly Moore
Contact: books@hale-publishing.com
Medications and More is a monthly newsletter.

Complimentary Recipes from Hartmann/Hale Conference

Anzac Cookies

Stands for Australia, New Zealand Army Corp. According to Sue and Harry Cox, these cookies were made for soldiers during WWI in Australia and New Zealand. Nothing like warm cookies right out of the oven, no matter where you are the world.

Mix together 1 C. Oatmeal
1 C. Flour
1 C. Sugar
3/4 C. Coconut
Melt together ... 1 stick Margarine
2 T. Maple Syrup
Mix and add ... 1 T. Boiling Water
1 tsp. Baking Soda

Stir the dry ingredients into the margarine mixture and mix well. Drop by teaspoonful onto lightly greased cookie sheets about 2 inches apart. Bake in 325° oven for 20 minutes or until done. Center cookie sheet in oven to conduct heat more evenly.

Apricot Squares

Combine 1 1/2 C. Flour
1 1/2 C. Oats
3/4 C. Sugar
3/4 C. Butter, Melted
1/2 tsp. Baking Soda
1/4 tsp. Salt
1 tsp. Vanilla

Mix together until crumbly.
Press into a greased 9x13 pan.
Spread over top...

1 jar
(10oz.) Apricot Preserves

Sprinkle with... 1/2 C. Coconut, Flaked
1 C. Pecans, Chopped

Bake 25 minutes at 350°. Cool and cut into squares.

Lonestar Pantry Cookbook pgs. 389 and 399.

[Click here to order Lone Star Pantry Cookbook](#)
[Over 950 recipes.](#)

If you enjoyed this newsletter, please tell your friends about it. **[Click here to subscribe.](#)**
If you would like to be removed from our newsletter mailing list, **[click here to unsubscribe.](#)**



Hale Publishing

1712 N Forest St. • Amarillo, TX 79106 • 806-376-9900 • 800-378-1317
To order, go to <http://www.ibreastfeeding.com/catalog/index.php>.

