

Managing Mood Disorders During Pregnancy

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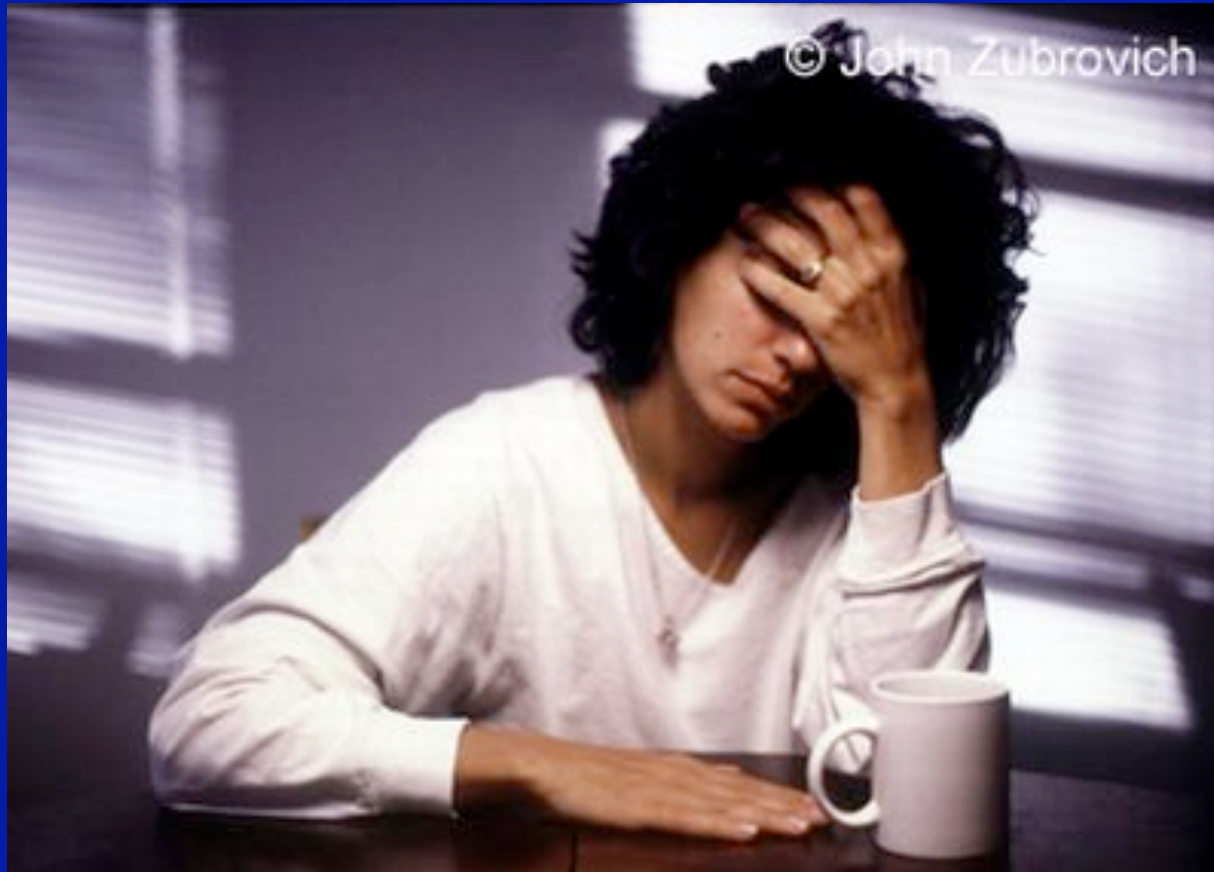
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- **3%-9% of women experience an episode of major depressive disorder in pregnancy;**
- **5% develop minor depressive disorder**

Maternal Depressive Symptoms and Preterm Birth (n=1399)

Variable	Adjusted Odds Ratio*	95% CI
Upper 10% score on CES-D	1.96	1.04, 3.72
Previous poor birth outcome	1.59	1.01, 2.52
Smoking	1.35	0.80, 2.27

CES-D=Center for Epidemiological Studies Depression Scale.

*Estimated by conditional logistic regression.

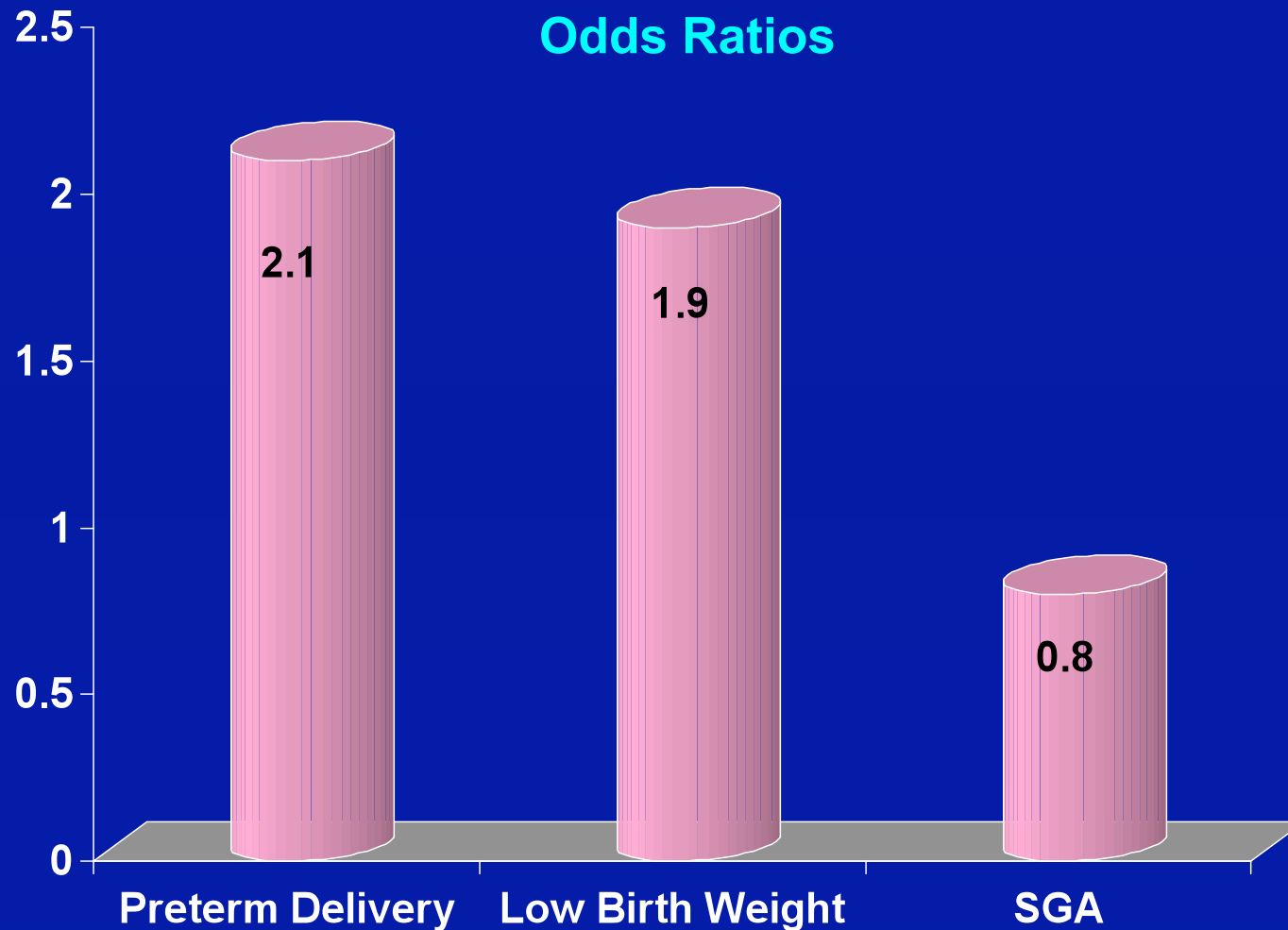
Orr ST, et al. *Am J Epidemiol.* 2002;156:797-802.

Risk of Malformations with Newer Antidepressants

- **Data regarding associations between newer use of antidepressants* in the first trimester & risk of malformations are inconsistent**
- **The strongest support is for an association between paroxetine and cardiac defects but findings are not uniform**
- **The findings with paroxetine may be dose related; associations are most commonly with atrial and ventricular septal defects**

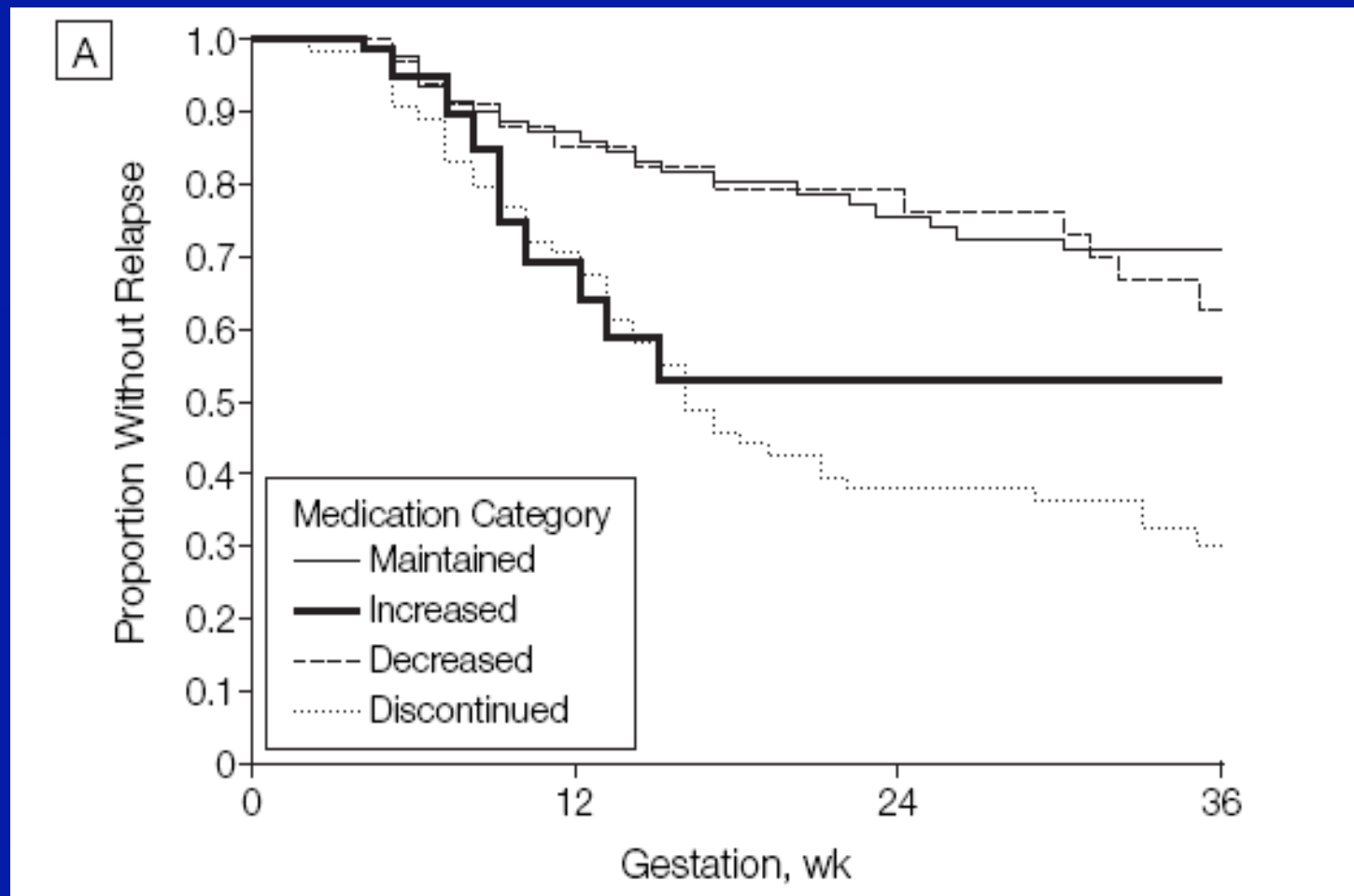
*Antidepressants that include fluoxetine (Prozac®), Serafem®), sertraline (Zoloft®), escitalopram (Luvox®), paroxetine (Paxil®, etc)

Serotonin Reuptake Inhibitors and Perinatal Outcomes



Kallen, Archives of Pediatric and Adolescent Medicine, 158, 312-316, 2004

Likelihood of Relapse in Women With Severe Recurrent Major Depressive Disorder (n=201)

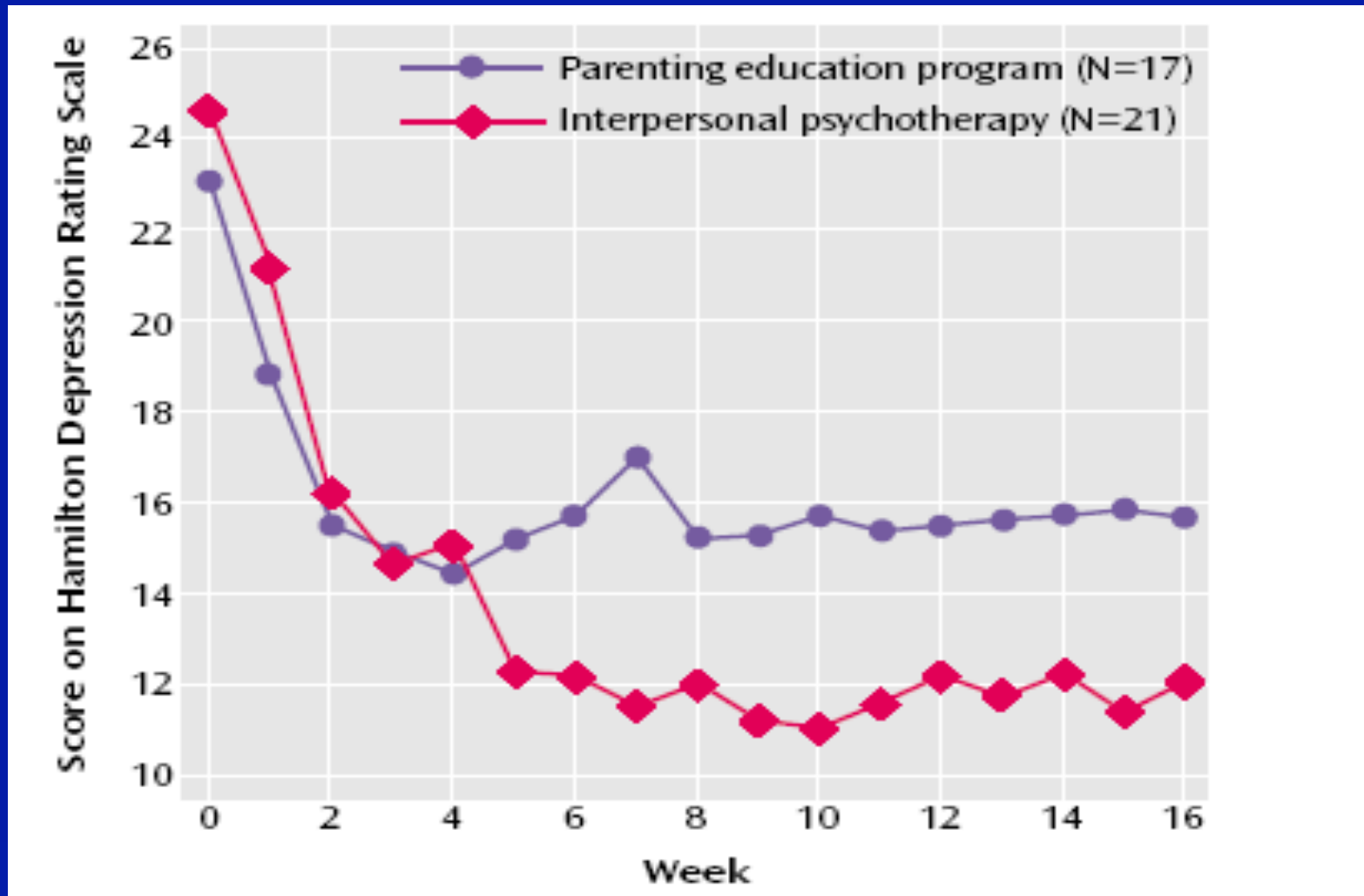


Cohen et al, JAMA, 2006, Vol 295, 499-507

Treating Unipolar Depression During Pregnancy

- Regular prenatal care
- Smoking cessation
- Prenatal vitamins
- Higher folate doses (3-5 mgs) for women on anti-epileptic drugs
- Avoiding alcohol and other hazardous substances

Psychotherapy is effective for Depression During Pregnancy

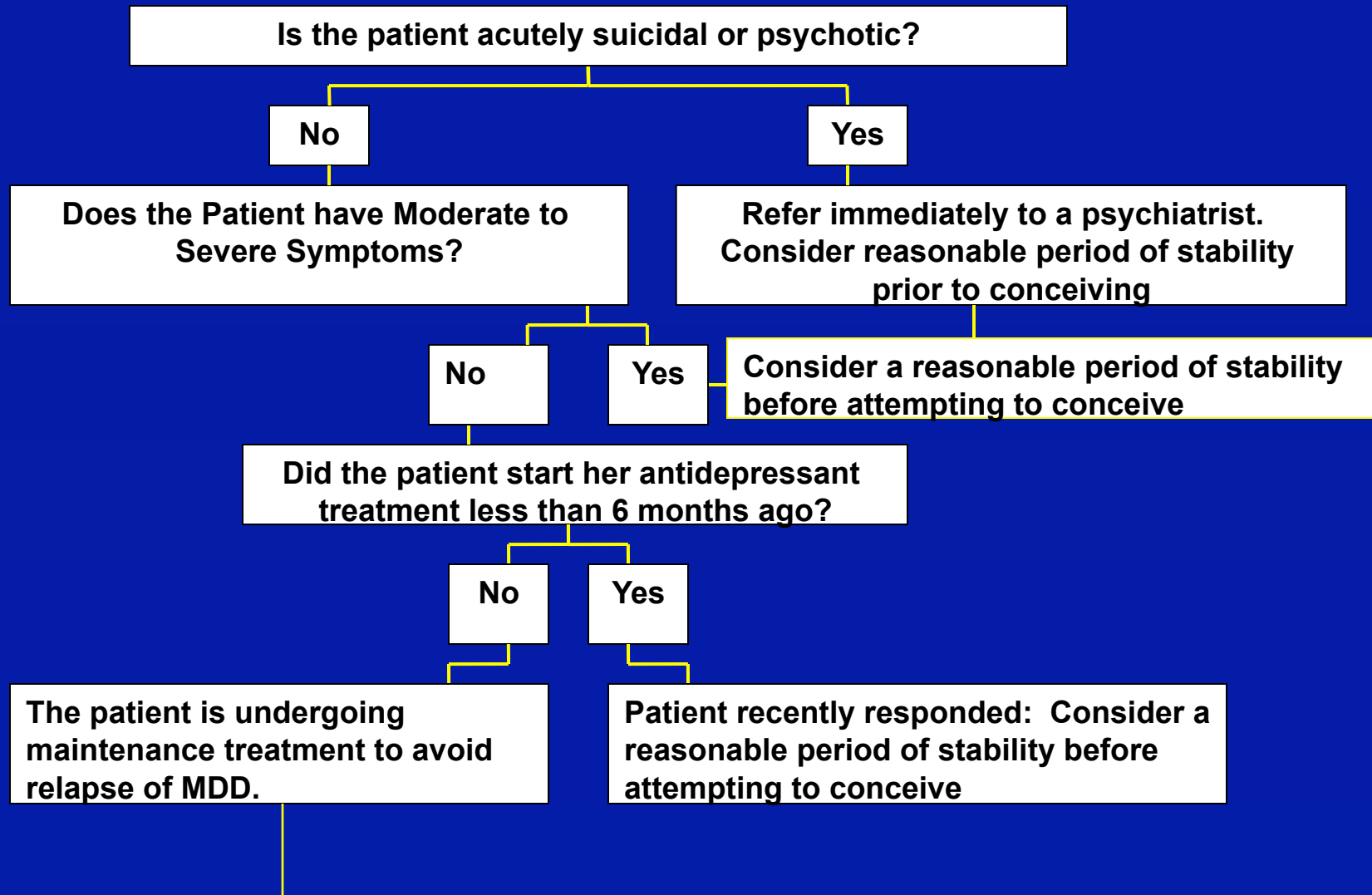


Spinelli and Endicott, Am J Psychiatry, 2003; 160:555-562

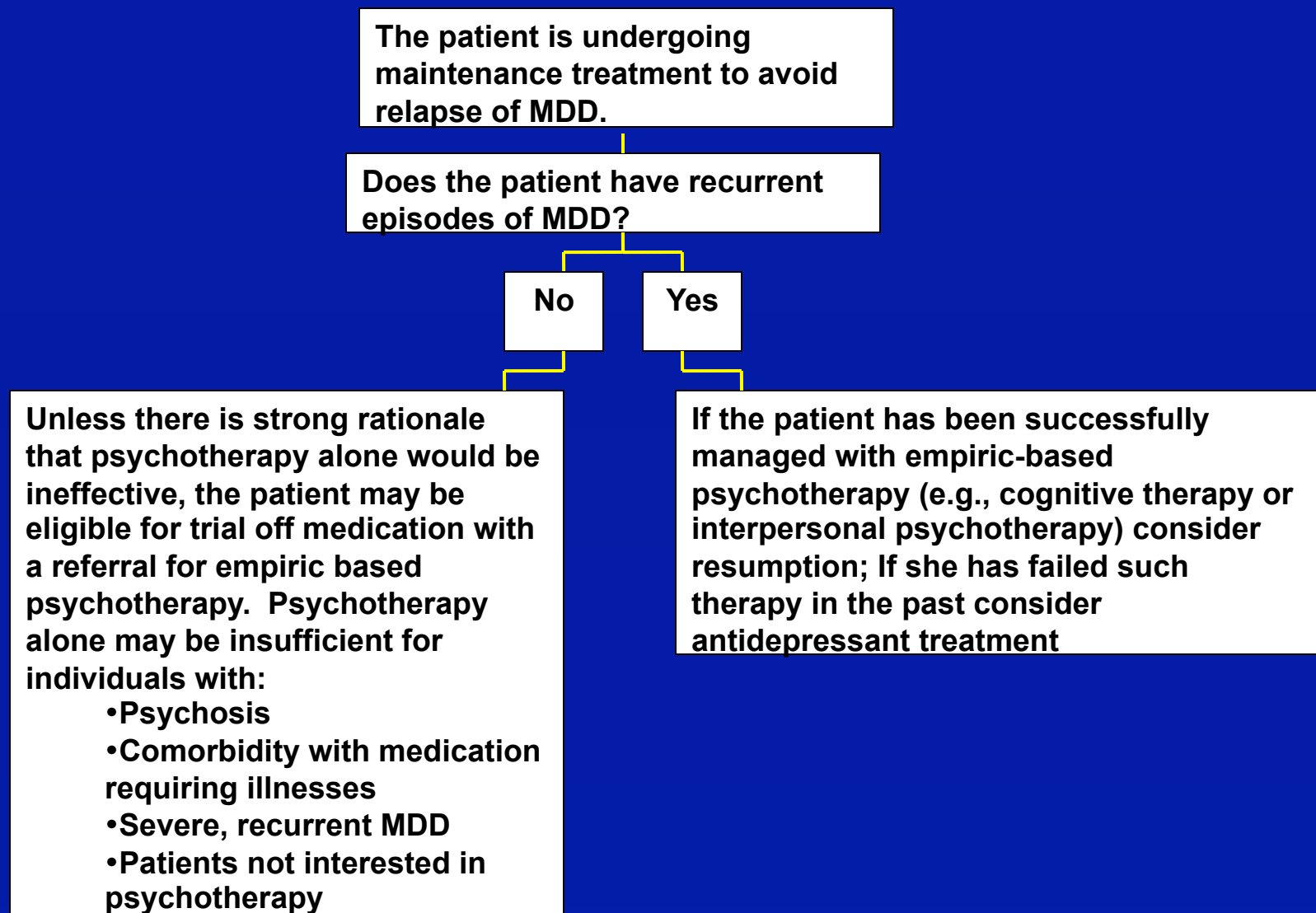
Managing Depression During Pregnancy

- The risks of antidepressant treatment must always be balanced with the morbidity associated with illness
- Psychotherapy alone may not be sufficient to treat severe and recurrent depression
- Avoid several medications at the same time
- Avoid replacing a medication that has worked with one that has not worked

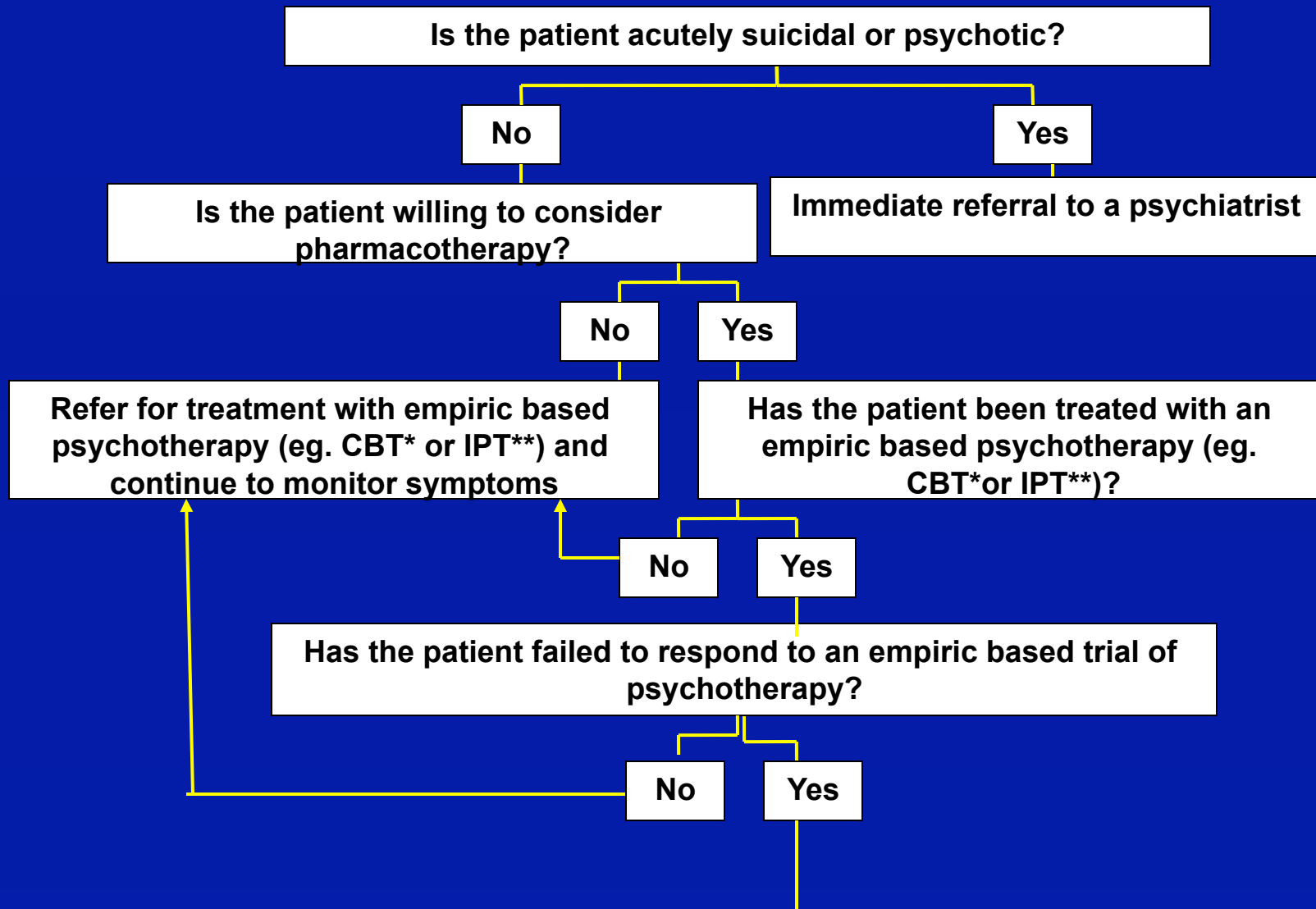
Patient Contemplating Pregnancy and Receiving Pharmacological Treatment for Depression



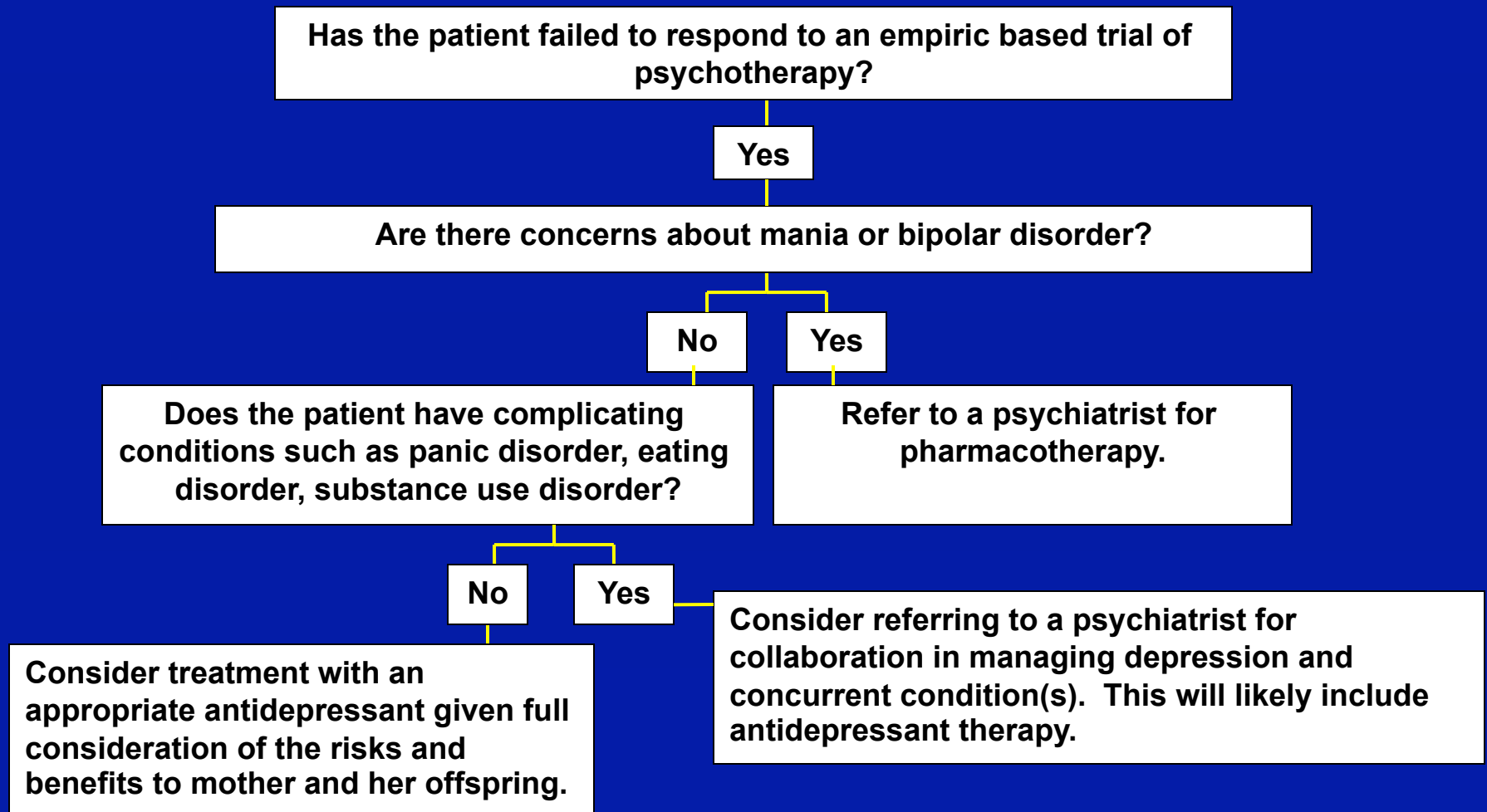
Patient Contemplating Pregnancy and Receiving Pharmacological Treatment for Depression (cont)



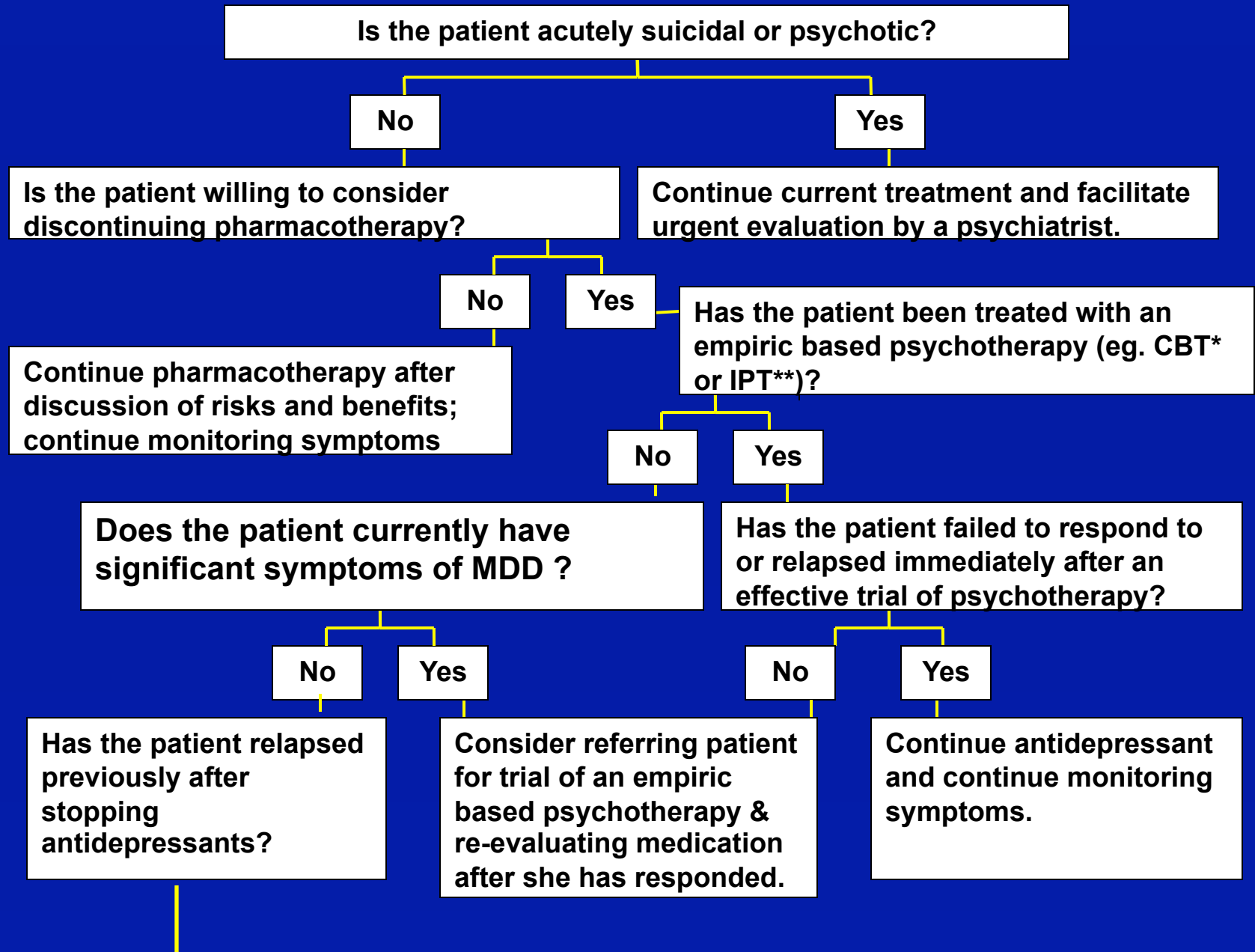
Patient Currently in Episode of MDD, is Pregnant and Is Not Taking Antidepressants



Patient Currently in Episode of MDD, is Pregnant and Is Not Taking Antidepressants (cont)



Patient with a History of MDD who is Pregnant and Currently Taking Antidepressants



Patient with a History of MDD who is Pregnant and Currently Taking Antidepressants

Has the patient relapsed previously after stopping antidepressants?

No

Yes

Consider tapering antidepressant, monitor for relapse and refer to psychotherapy if indicated

Continue antidepressant and continue monitoring symptoms.