

MOOD DISORDERS IN PREGNANCY: TO TREAT OR NOT TO TREAT?

Pregnant women suffering from anxiety and depression face a serious dilemma: continue taking medication that effectively controls the condition or stop the medication in case it harms the baby?

In the past few years, research has suggested that taking drugs commonly used to treat anxiety and depression, known as selective serotonin reuptake inhibitors, or SSRIs, during pregnancy may increase the risk of the baby being born with heart abnormalities, lung problems, or temporary signs of withdrawal, including jitteriness and irritability. Many women's instinctive reaction is to protect the baby at all costs, even at the expense of their own health. They are therefore tempted to stop their drug therapy while pregnant, but this may not be best for mother or child.

One research team identifying the benefits and drawbacks of taking SSRIs during pregnancy included Sura Alwan, a PhD candidate at the Medical Genetics Research Unit of Children's and Women's Hospital in Vancouver. "SSRIs are among the most commonly prescribed drugs in North America," says Alwan, "and their frequency of use has increased dramatically over recent years, especially among women of reproductive age."

For the National Birth Defects Prevention Study, Alwan and her colleagues collected information on 9,622 infants born with major birth defects and 4,092 infants born without defects in the same geographic areas. They called the infants' mothers to find out whether they had taken SSRIs during their pregnancy and, if so, during what specific periods.

The good news is that no link could be found between the use of SSRIs during pregnancy and the presence of major physical abnormalities among the babies. "Our findings did not confirm the association with heart defects that was shown before, and we did not find associations with most birth defects we studied," says Alwan. "We did see an association with certain rare birth defects following early pregnancy exposure to SSRIs, but the absolute increase in risk may be small on a population level, compared to the baseline risk of 2% to 3% of birth defects in all pregnancy."

Dr. Tim Oberlander, of the Child & Family Research Institute and Centre for Community Child Health Research in Vancouver, who was not involved with the Alwan study, calls these findings reassuring. They confirm what some other new research is suggesting—that taking SSRIs during pregnancy does not appear to increase the risk that babies will be born with major structural abnormalities.

But this is far from the end of the story, he cautions. "I think that the effect of these drugs may not be related to structural abnormalities," he says. "I believe they are more likely to produce microscopic changes or to alter chemical patterns in the brain. These changes may be harder

to identify early on but could still have a significant impact on development over several years." To muddy the waters further, it is still unclear whether abnormalities seen in children whose mothers took SSRIs during pregnancy are a result of the drugs or the condition that is being treated.

Critical research in this area is ongoing. In the meantime, Alwan says, "It is important that treatment decisions for pregnant women with depression are taken on a case-by-case basis. Decisions should be made in consultation with the patient and her primary care physician or psychiatrist, taking into account all research findings, as well as the woman's specific condition, including the severity of the depression, experience with other methods of treatment (other medications or talk therapy), and other risk factors, such as a family history of birth defects." ❧

BY ALISON PALKHIVALA

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Ref.: Alwan S, Reefhuis J, Rasmussen SA, Olney RS, Friedman JM, Use of selective serotonin-reuptake inhibitors in pregnancy and the risk of birth defects. *New England Journal of Medicine* 2007;356(26):2684-2692.