Prescribing SSRIs in Pregnancy

Satellite Conference and Live Webcast
Friday, November 7, 2014
8:30 – 10:30 a.m. Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

Lindsay Leon, BS
Pharm D. Candidate 2015
Intern
Medicaid Pharmacy Division

Background

- SSRIs in pregnancy is a controversial topic
- No definitive recommendations
- Current research
  - Significant amount of data
  - Limitations

Controversy

- Heightened concern
  - Thalidomide and the tricyclic antidepressants (TCAs)
  - Perception vs. Reality
    - Antidepressants represent a similar danger to pregnancy as antibiotics and gastrointestinal medications
  - Complicating factors remain

Complicating Factors

- Diagnosis
  - Symptoms of depression often mimic that of pregnancy
    - Mood changes
    - Drop in energy level
    - Appetite changes
- Balance
  - Risks vs. benefits

Complicating Factors

- Effects of depression on pregnancy
  - Poor prenatal care
  - Pregnancy complications more common
    - Nausea and vomiting
    - Preeclampsia
    - Use of drugs, alcohol, or nicotine more common in depressed patients

Conflicting Factors

- Some studies show complications as a result of antidepressant therapy during pregnancy
  - Fetal malformations
  - Cardiac defects
  - Pulmonary hypertension
  - Decreased birth weight

SSRIs in Pregnancy

- Antidepressant use in pregnant patients is increasing in recent years
- SSRIs vs. other classes of medications
  - SSRIs are the most commonly prescribed medications for depression in pregnancy
  - Avoid TCAs

SSRIs in Pregnancy

- Which SSRI?
  - Not Paxil (paroxetine)
    - Teratogenic effects

ACOG / APA Recommendations

- The American College of Obstetricians and Gynecologists (ACOG) and the APA (American Psychiatric Association) has given the following loose recommendations for the following patient populations:

ACOG / APA Recommendations

- Women currently taking antidepressant medication who are thinking of becoming pregnant
- Pregnant women currently taking antidepressants

ACOG / APA Recommendations

- Pregnant women who are exhibiting signs and symptoms of depression who are not currently taking medication for depression
- All pregnant women

ACOG / APA Recommendations

- Women currently taking antidepressant medication who are thinking of becoming pregnant
  - May consider discontinuation before becoming pregnant if patient has had mild to no symptoms for 6 months or longer

ACOG / APA Recommendations

- Discontinuation may not be appropriate in patients with
  - A history of severe or recurrent depression
  - Previous suicide attempts
  - A history of a psychiatric illness requiring medication

ACOG / APA Recommendations

- Pregnant women currently taking antidepressants
  - Take patient preference into account following consultation concerning the risks and benefits of continuing treatment

ACOG / APA Recommendations

- May attempt to discontinue medications if they are not currently experiencing symptoms
  - Psychiatric history should also be taken into account
- Psychotherapy may be considered
- Patients with severe depression should remain on medication

ACOG / APA Recommendations

- Pregnant women who are exhibiting signs and symptoms of depression who are not currently taking medication for depression
  - Consider psychotherapy in patients wishing to avoid medication

ACOG / APA Recommendations

- Evaluate risks and benefits on a patient wishing to initiate an antidepressant regimen

ACOG/APA Recommendations

- All pregnant women
  - All pregnant women with suicidal or psychotic symptoms should be referred to a psychiatrist immediately for treatment

Your Role

- Factors to consider
  - Patient history
  - Severity of depression
  - Currently taking antidepressants?
  - Other current medications?
  - Patient preference

Your Role

- Should you choose to discontinue the SSRI
  - Taper schedule

Case

- KL is a 33 year old white female
- She found out she was pregnant last week and is concerned because she heard from a friend that antidepressants are bad to take while pregnant
- How would you handle this situation?

Case

- Nature of depression
  - Assess severity
    - KL has a history of severe depression that has been improving steadily over the past 7 months

Case

  - Any history of suicide attempts?
    - KL has no previous attempts at suicide
- What medications is she currently taking?
  - Any antidepressants?
    - Fluoxetine (Prozac) 20 mg QAM for the past 8 months

Case

- Any other medications?
- Patient preference
  - Discuss the risks and benefits
    - Depression - Pregnancy complications and poor prenatal care

Case

- Antidepressants - Lower birth weight, respiratory problems (low risk), or transient jitteriness or irritability in the infant

Case Recommendations

- In a case like KL's, patient preference would play a major role
- KL does not have any patient specific factors that would firmly conclude what should be done
- Compare the risks and develop a plan:

Case Recommendations

- Take KL's preference into account
- Previous exposure of the fetus to an antidepressant
- Prior response
- Minimal effective dose should be maintained
- Continue through delivery

Conclusion

- Questions to ask when deciding whether to consider an SSRI during pregnancy:
  - How long have you been experiencing depression symptoms?
  - How long has it been since you last experienced symptoms of depression?

Conclusion

- Do you have a history of severe depression or suicide attempts?
- Are you currently taking antidepressants?
- What other medications are you taking?

Conclusion

- Review the risks of depression and the risk of antidepressants with the patient
- Develop a plan with the patient
  - Choose an appropriate medication
  - Follow up
    - Symptoms to watch

Conclusion

- Taper schedule (if choosing to discontinue)
  - Do not abruptly discontinue these medications