



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

# HELPING PATIENTS STOP PSYCHIATRIC MEDICATIONS DURING PREGNANCY

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# GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

# SPEAKER DISCLOSURES

Director, Perinatal Psychiatry Consultation Line

# OBJECTIVES

1. Describe general approach to prescribing during pregnancy
2. Apply understanding of risks of medications versus underlying psychiatric disorder to a specific case example
3. Discuss approach to discontinuing medications for or during pregnancy

# CASE EXAMPLE

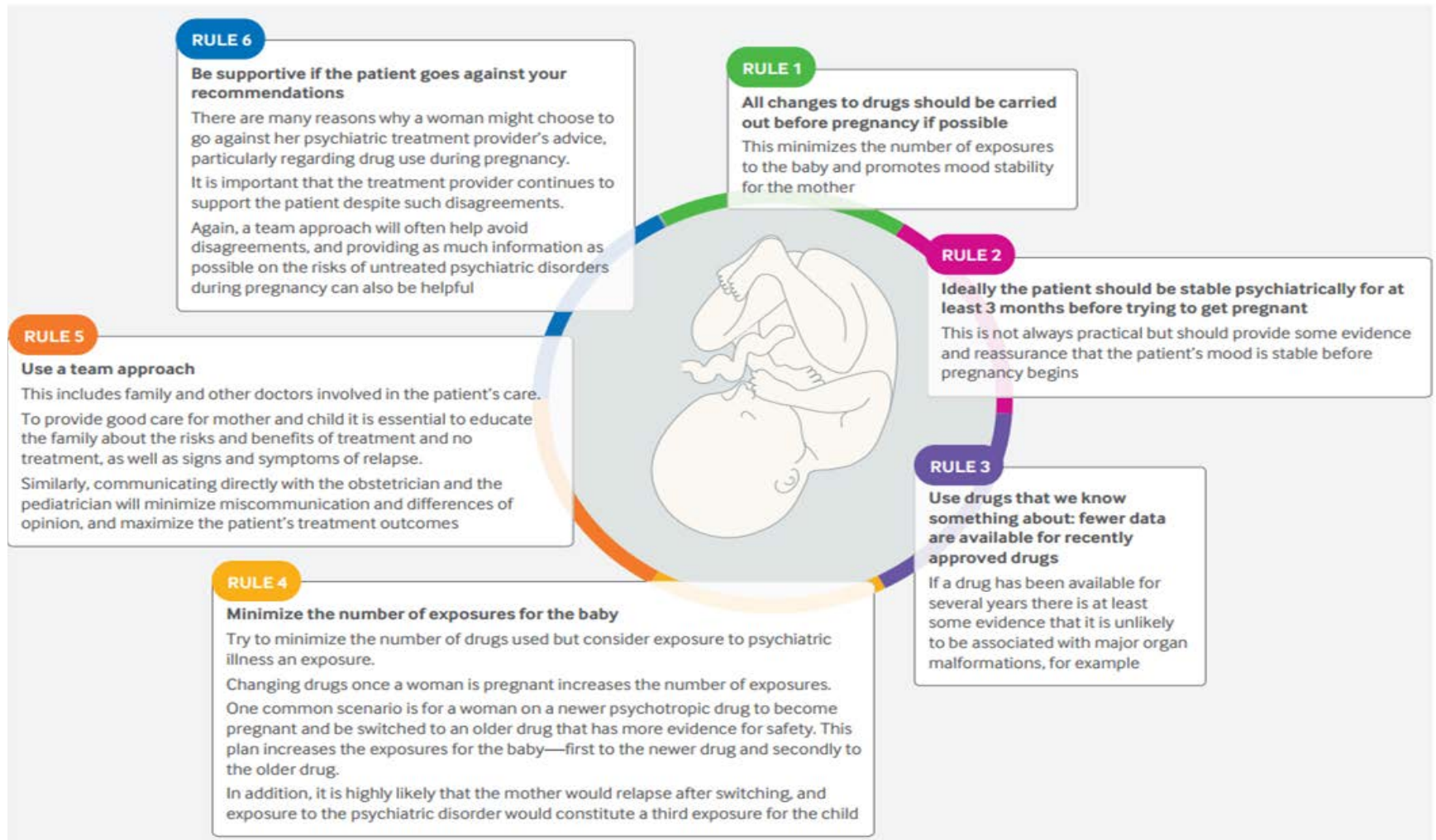
- Danielle is a 28 yo woman with a history of depression who would like to become pregnant. She is taking sertraline 200 mg daily, clonazepam 0.5 mg bid, and trazodone 100 mg qhs. What would you advise her about taking these medications during pregnancy?



## **GENERAL APPROACH**

Weighing risks and benefits

# GENERAL APPROACH TO PRESCRIBING IN PREGNANCY



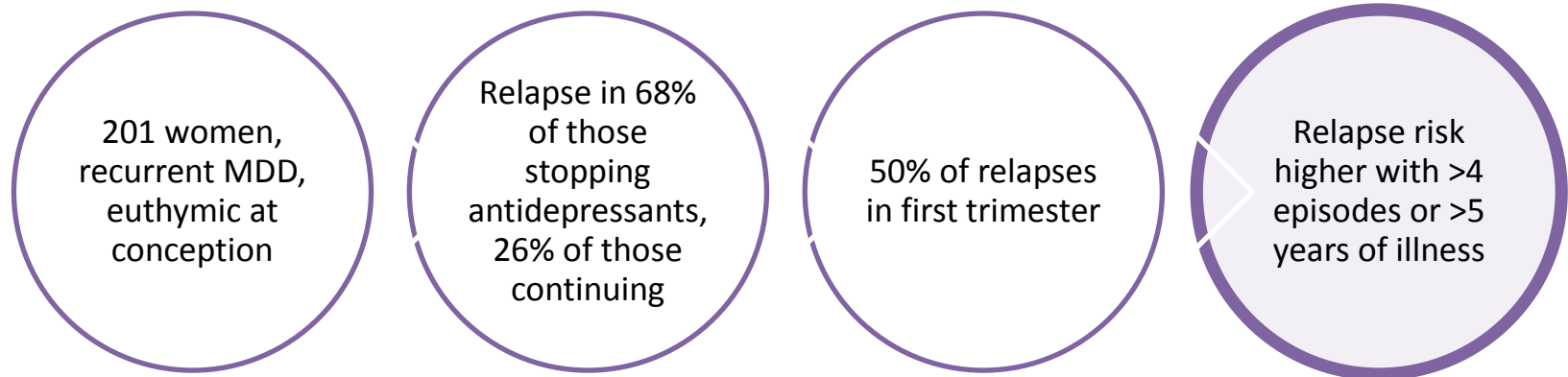
(Chisolm & Payne 2016)

# RISKS OF STOPPING MEDICATION

- Withdrawal symptoms with sudden discontinuation
- Relapse of psychiatric disorder/symptoms
- Risks of untreated depression during pregnancy
  - Maternal distress, functional impairment, hospitalization, suicide
  - Increased rates of cigarette, alcohol, and other substance misuse
  - Increased ambivalence about the pregnancy
  - Low maternal weight gain, preterm birth, low birth weight
  - Higher rates of pre-eclampsia and gestational diabetes
  - Increased risk of postpartum depression and poor attachment
  - Prenatal exposure to maternal stress affects infant temperament
  - Children exposed to perinatal depression have higher cortisol levels and this finding continues through adolescence. Treatment of depression during pregnancy seems to normalize infant cortisol levels
  - Higher rates of internalizing and externalizing disorders in children



# HOW LIKELY IS SHE TO RELAPSE IF SHE STOPS HER ANTIDEPRESSANT?



Cohen et al., JAMA 2006

# WHAT ARE THE RISKS OF HER MEDICATIONS?

- Sertraline (SSRIs)
  - PPHN (persistent pulmonary hypertension of the newborn): RR= 1.28 (2.6 vs. 2.0/1,000 births)
  - Neonatal adaptation syndrome: RR= 1.58 (9.5 vs. 6/1,000)
  - Postpartum hemorrhage: RR= 1.47 (42.6 vs. 29/1,000)
  - ? Whether preterm birth, spontaneous abortion, long-term neurodevelopmental outcomes different with SSRIs compared with depression
    - » Huybrechts K, 2018

# WHAT ARE THE RISKS OF HER MEDICATIONS?

- Clonazepam
  - No increase in malformations (data re increase in oral clefts with diazepam inconsistent)
  - Increased risk of respiratory depression, hypotonia in neonate (“floppy infant”)
  - No difference in language development at age 3
  - ? Preterm birth, other neurodevelopmental outcomes
  - Clonazepam and lorazepam preferred to diazepam due to lower placental passage, fetus better able to clear medication

# WHAT ARE THE RISKS OF HER MEDICATIONS?

- Trazodone
  - Very limited data show no increase in malformations or adverse pregnancy outcomes



# APPROACH TO STOPPING MEDICATIONS

- Don't stop all medications suddenly
  - Increased risk of relapse and withdrawal
- Taper medications slowly if possible
- Minimize number of exposures doses
  - But dose requirements often increase during pregnancy
- Consider alternative treatments

# ALTERNATIVE TREATMENTS

- Psychotherapy
  - Cognitive-behavioral therapy (CBT)
  - Interpersonal therapy (IPT)
- Exercise
- ECT, rTMS
- Light
- Omega-3-fatty acids
- Folate, L-methyl-folate
- Massage
- Acupuncture

▫ Richards EM, Payne JL. CNS Spectrums, 2013



# SOME OTHER MEDICATIONS IN BRIEF

- Lithium
  - Relapse rate higher if discontinue over 14 days or less (63%) versus 15 days or more (37%)
- Depakote
  - Major teratogen – 24% malformation rate with 1500 mg/day or more
- Stimulants
  - No increase in rate of malformations
  - Risks of IUGR, hypertension in pregnancy

# RESOURCES

- <https://womensmentalhealth.org/>
- <https://reprotox.org/>
  - Need to register - free via UW Health Sciences Library through Micromedex
- <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
  - Via UW Health Sciences Library under databases or access directly
- If you only read one article:
  - Chisolm MS, Payne JL. Management of psychotropic drugs during pregnancy. BMJ 2016 Jan 20;352:h5918.



# PERINATAL PSYCHIATRY CONSULTATION

UW Medicine  
DEPARTMENT OF PSYCHIATRY  
AND BEHAVIORAL SCIENCES



## Perinatal Psychiatry Consultation Line

*Providing telephone consultation to healthcare providers caring for women with mental health needs during pregnancy and postpartum*

**(206) 685 – 2924**

**Weekdays from 3-5 PM**

- Consultation for providers throughout Washington State who are caring for pregnant or postpartum women with mental health problems