UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

PRECONCEPTION COUNSELING FOR PATIENTS ON PSYCHIATRIC MEDICATIONS

DEB COWLEY MD

UNIVERSITY OF WASHINGTON

5/7/20

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

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.

UW PACC

GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care of Washington

SPEAKER DISCLOSURES

Medical Director, PAL for Moms

Co-Director, UW Perinatal Psychiatry Clinic

UW PACC

PAL FOR MOMS
877-725-4666 (PAL4MOM)

- Partnership Access Line (PAL) for Moms
- Perinatal psychiatry telephone consultation
- Free for any healthcare provider in Washington State
- Mon-Fri 9-5
- Funded by State of Washington Health Care Authority (HCA)

UW PACC

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

Mark Duncan MD
Barb McCann PhD
Anna Ratzliff MD PhD
Rick Ries MD
Kari Stephens PhD
Cameron Casey
Betsy Payn
Diana Roll
Cara Towle MSN RN
Niambi Kanye

UW PACC

OBJECTIVES

1. Discuss general approach to risk-risk assessment involved in preconception counseling for patients on psychiatric medications
2. Apply this general approach to two specific case examples

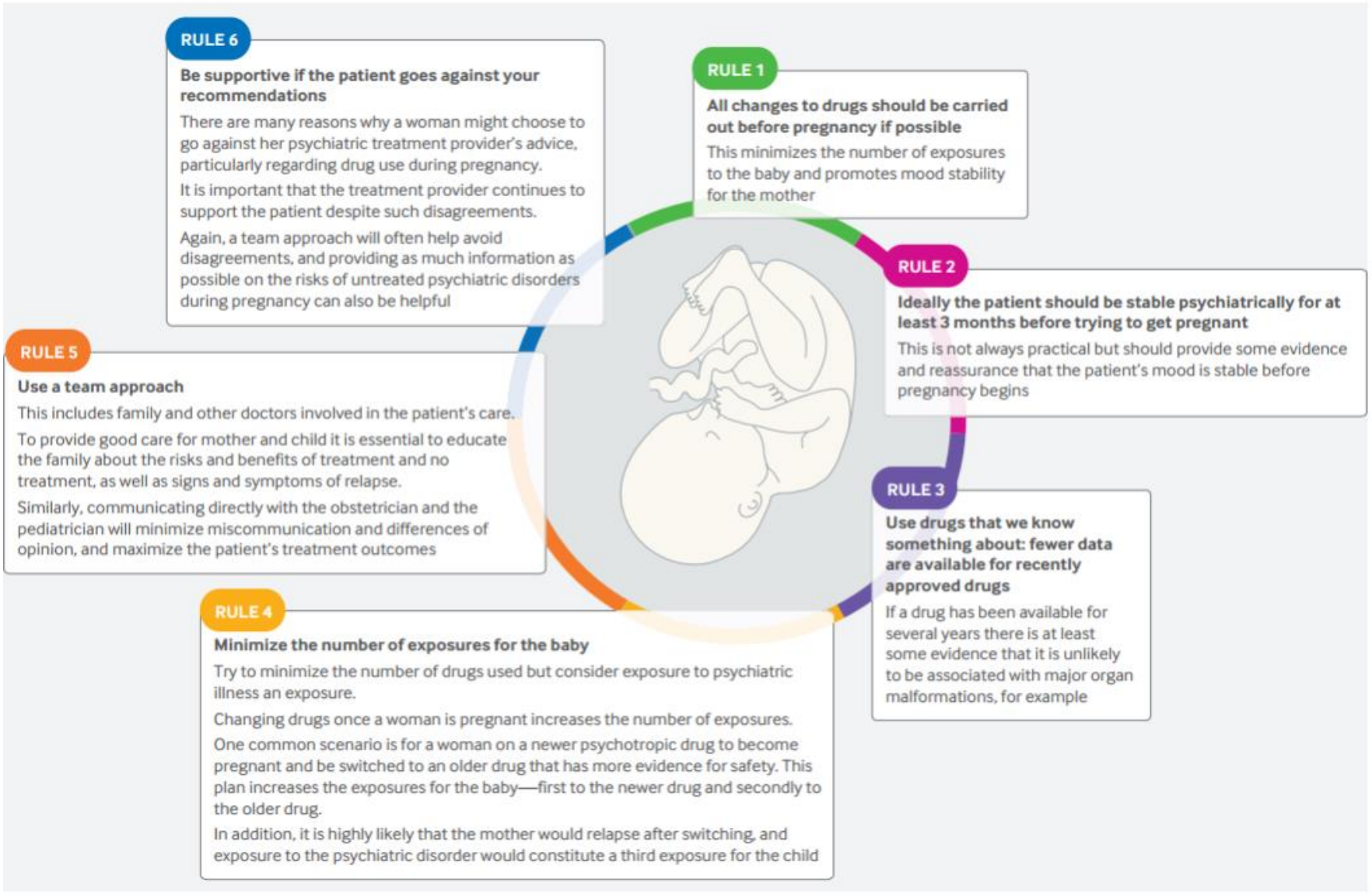
UW PACC

PRECONCEPTION COUNSELING: THINGS TO CONSIDER

- **50% of pregnancies are unplanned**
  - Consider medication effects in pregnancy and lactation in treating any woman of childbearing potential
- **Minimize exposures**
  - Medications, illness episodes/relapse, alcohol/drugs/nicotine
- **Safety of current medication(s) vs. starting a new medication**

UW PACC

PRESCRIBING IN PREGNANCY



(Chisolm & Payne, BMJ, 2016)

UW PACC

FDA CATEGORIES – A THING OF THE PAST

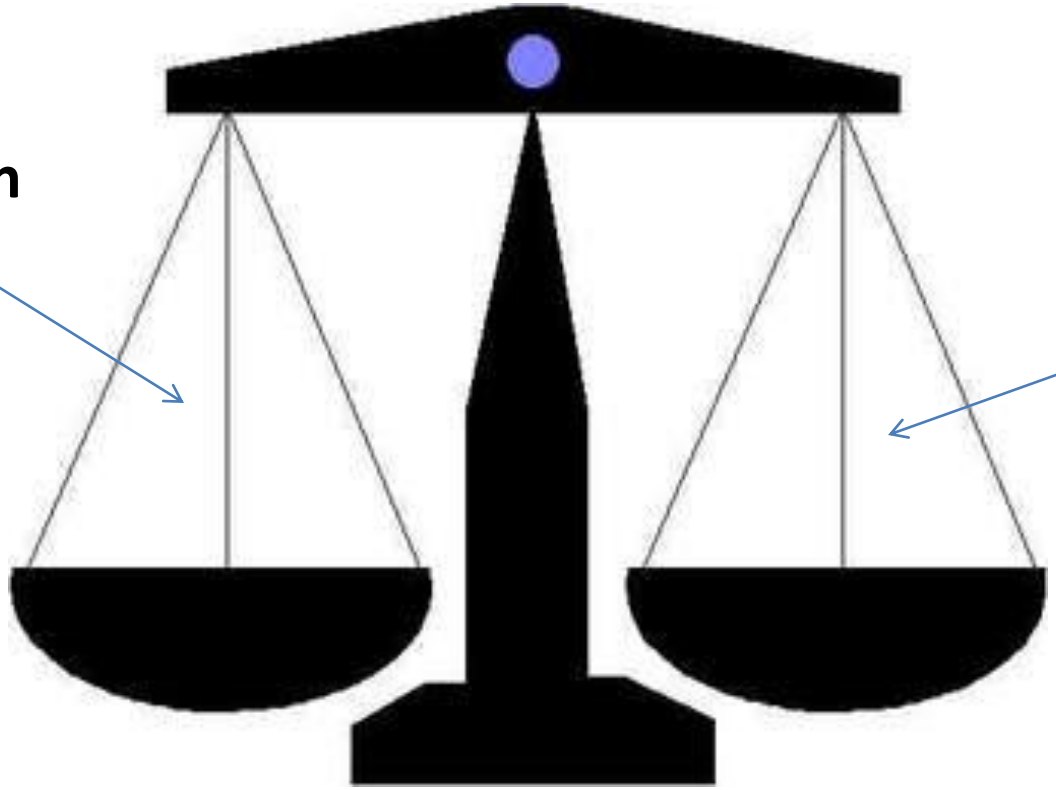
UW PACC

TYPES OF RISK

- Malformations
  - Base rate 3%
- Adverse pregnancy outcomes
  - e.g. miscarriage, stillbirth, preterm birth, pre-eclampsia, gestational diabetes, postpartum hemorrhage
- Neonatal symptoms
- Long-term neurobehavioral effects

RISK-RISK ASSESSMENT

Risks of medication



Risks of untreated psychiatric disorder

***Alternatives?**

UW PACC

INFORMATION ABOUT MEDICATIONS IN PREGNANCY IS A CHANGING LANDSCAPE…

HOW TO KEEP UP?

UW PACC

RESOURCES

Reprotox: www.reprotox.org

LactMed: http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

Infant Risk Center (website and app): https://www.infantrisk.com

MGH: www.womensmentalhealth.org

Perinatal Support Washington: http://perinatalsupport.org/

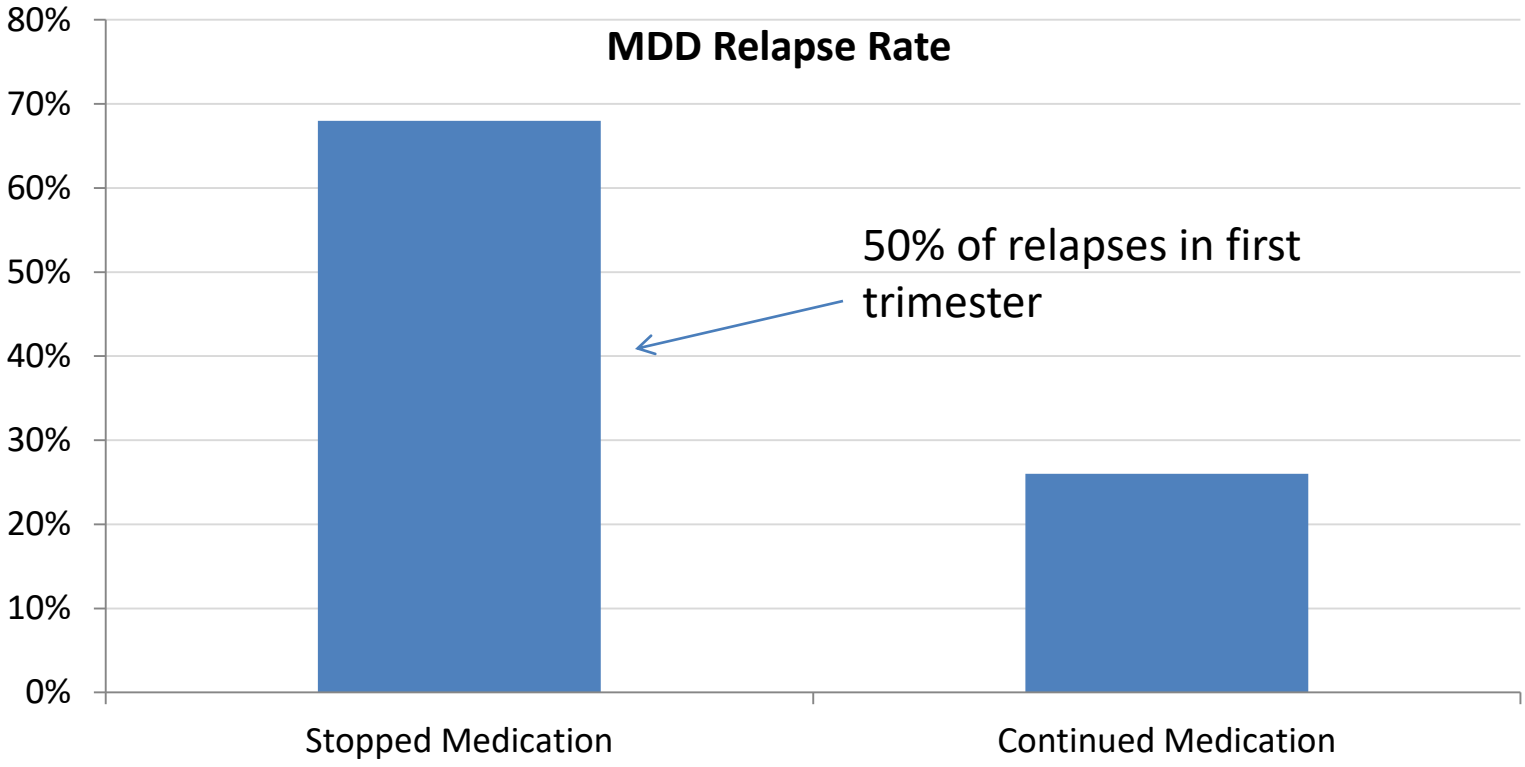
Parent Child Assistance Program: https://depts.washington.edu/pcapuw/

UW PACC

CASE #1

- 27 yo woman wishes to conceive for the first time
- 4 past major depressive episodes
- 2 psychiatric hospitalizations
- Now doing well, PHQ-9 = 4
- No history of mania/psychosis
- On duloxetine (Cymbalta) 60 mg daily
- Multiple past antidepressant trials
- Duloxetine is helpful; therapy has helped at times
- She wants to know what to do about her depression treatment during pregnancy.

WHAT IF SHE STOPS HER ANTIDEPRESSANT?



Cohen et al., JAMA, 2006

UW PACC

RISKS OF UNTREATED DEPRESSION IN PREGNANCY AND POSTPARTUM

- Impaired functioning
- Suicide, hospitalization
- Poor prenatal care
- More substance use
- Preterm birth
- Postpartum depression
- Problems with attachment
- Behavioral problems and psychiatric disorders in children

UW PACC

WHAT DO WE KNOW ABOUT DULOXETINE?

- Limited information
- 668 infants with first trimester exposure, 2.4% rate of malformations (Lassen, 2016)
- ? Gestational hypertension
- Neonatal adaptation syndrome (like SSRIs)
- Low transmission in breast milk (10 reported cases)

UW PACC

SERTRALINE

- No consistent evidence for increased risk of malformations
- SSRI least often associated with persistent pulmonary hypertension of the newborn (PPHN)
  - Meta-analysis, 11 studies, 156,978 exposed women
  - PPHN 2.9/1000 with SSRI exposure vs. 1.8/1000 without
  - Lowest risk with sertraline
    - Masarwa et al., AJOG, 2019
- Safest in breastfeeding
- Effective for anxiety as well as depression

ALTERNATIVES?

- Evidence supports:
  - Psychotherapy
    - CBT
    - IPT
  - Bright light therapy
  - ECT
  - TMS
  - Exercise
  - Yoga

https://www.pinterest.co.uk/pin/486740672217827217/

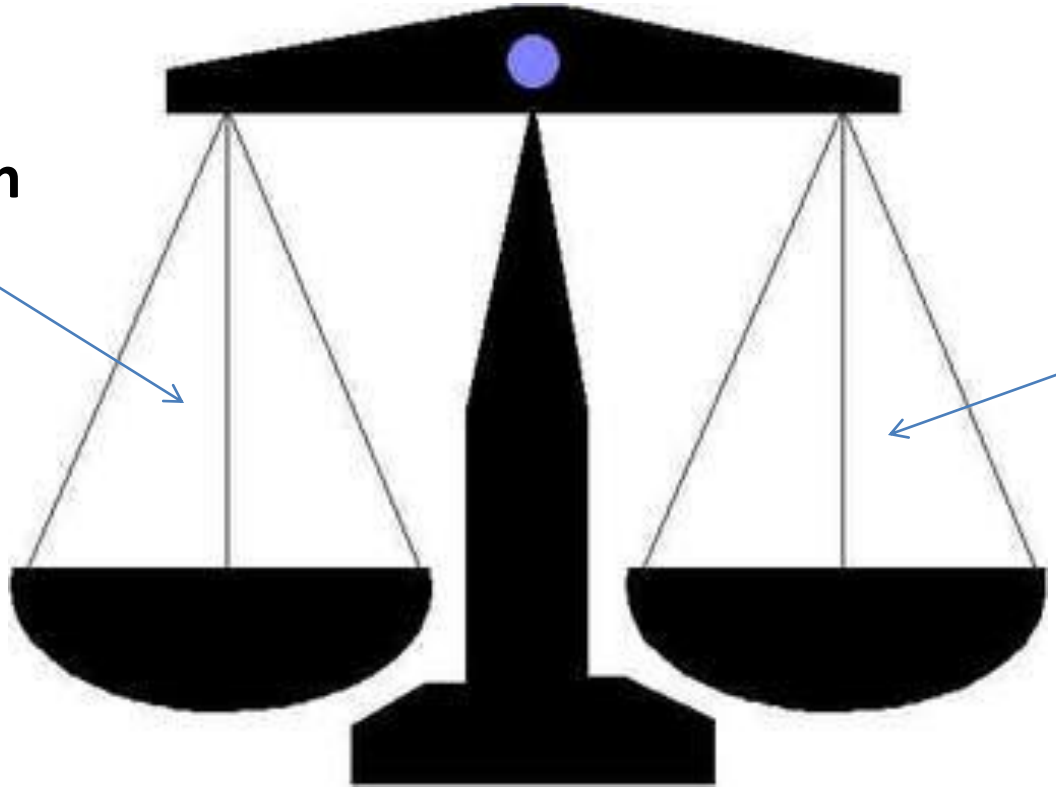
CASE #2

- 35 yo woman with bipolar I disorder
- H/o multiple hospitalizations for mania
- Now stable on VPA 750 bid and quetiapine 150 mg qhs
- Desires pregnancy and not using birth control

UW PACC

RISK-RISK ASSESSMENT

Risks of medication

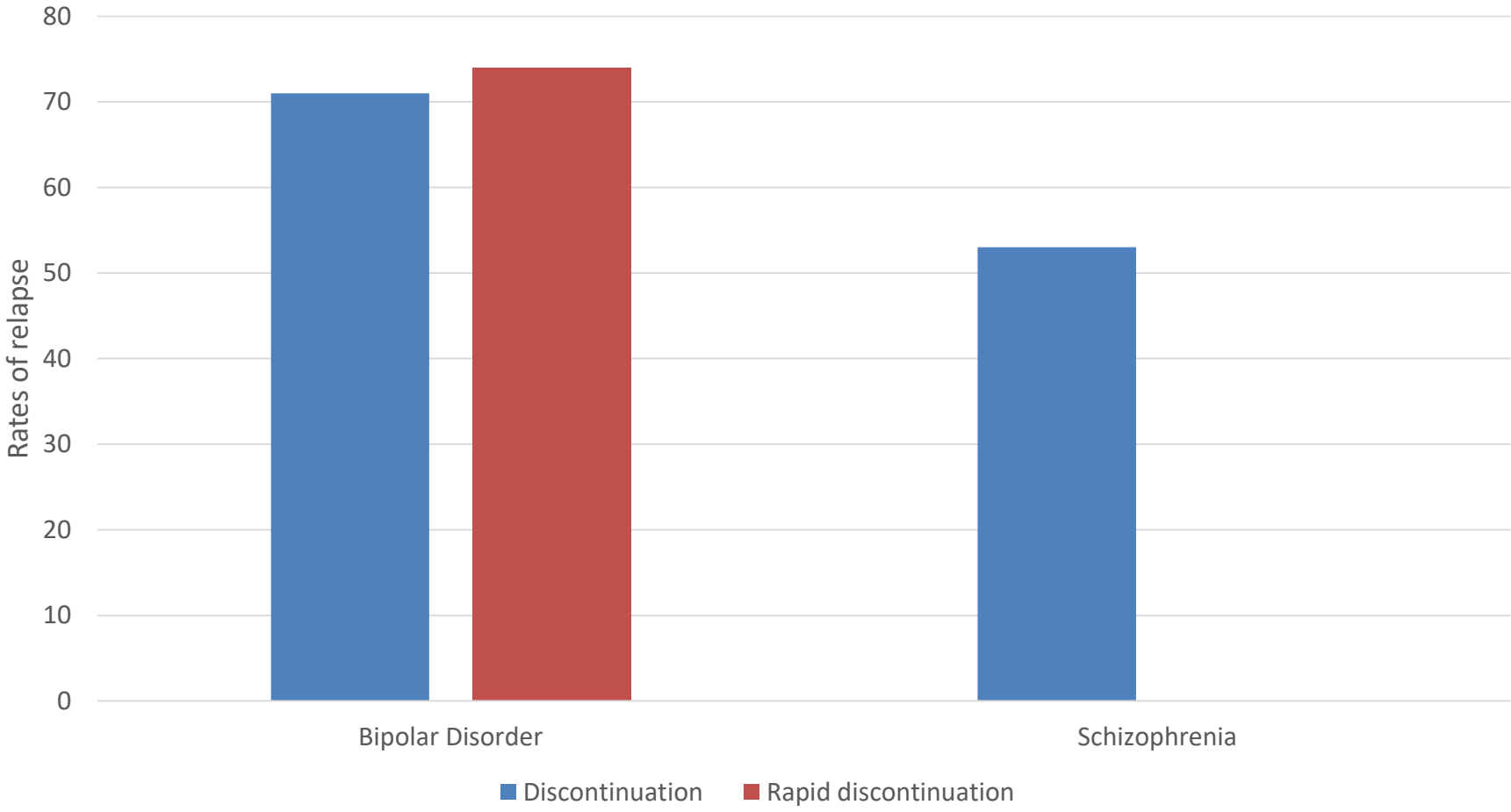


Risks of untreated psychiatric disorder

***Alternatives?**

UW PACC

RISKS OF RELAPSE WITH MEDICATION DISCONTINUATION



Baldessarini et al, 1995; Viguera et al 2015

UW PACC

RISKS OF UNTREATED DISORDER

- Risks to mother
  - Symptoms, impaired functioning
  - Hospitalization, suicide
- Risks to pregnancy
  - Poor prenatal care
  - Increased substance use
  - Preterm birth
- Risks postpartum/to child
  - Postpartum mood episode, psychosis
  - Problems with bonding, attachment
  - Behavioral problems in child

UW PACC

MALFORMATION RATES FOR AEDS IN PREGNANCY (EURAP, JULY 2011)

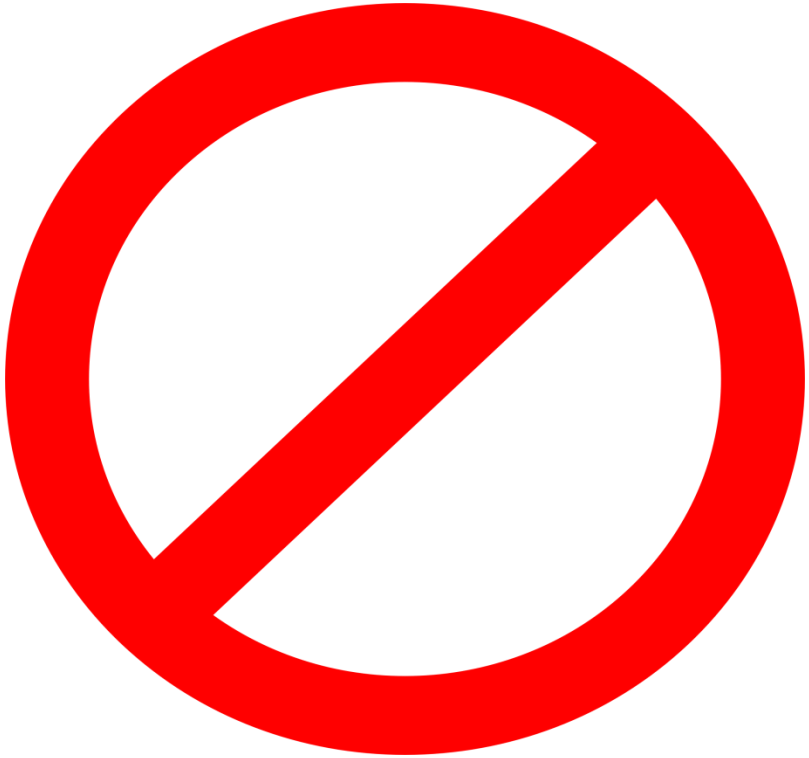
Valproate	< 700 mg/d	5.6%
	700-≤ 1500	10.4%
	≥1500 mg/d	24.2%
Carbamazepine	< 400 mg/d	3.4%
	400-≤ 1000	5.3%
	≥ 1000 mg/d	8.7%
Lamotrigine	< 300 mg/d	2.0%
	≥ 300 mg/d	4.5%

UW PACC

VALPROATE AND IQ AT AGE 6

- 305 mothers, 311 children
- In utero valproate exposure
- Dose-dependent decreases in IQ (8-11 points) versus other anticonvulsants
- 8-fold increase in need for educational intervention
- Verbal>non-verbal cognitive effects
- IQ higher with periconception folate

» Meador et al., Lancet Neurol, 2013



UW PACC

LITHIUM

- ? Ebstein's anomaly
  - Baseline 1 in 20,000; Lithium 1 in 1000
- Increase in cardiac malformations with first trimester exposure
  - RR of 1.65 (95% CI, 1.02-2.68); highest with > 900 mg/day (RR = 3.22)
- Higher rate of malformations overall
  - 7.2% versus 4.3% in mood disorder reference group
- No increase in adverse pregnancy or delivery outcomes
- Relative infant dose in breastfeeding about 50%

Patorno, NEJM, 2017; Munk Olson, Lancet Psychiatry, 2018

LAMOTRIGINE IN PREGNANCY

- Prospective study from teratology service (median dose 200 mg/d): No increase in malformations (no oral clefts)
- No increase in rates of miscarriage, stillbirth, preterm birth, SGA babies
- May need dose increase during pregnancy
- Check pre-pregnancy euthymic level; monthly monitoring
- With breastfeeding, RID 6-50% maternal dose
- No neurodevelopmental disorders in children exposed to in utero lamotrigine (up to 6 years)

Diav Citrin 2017; Dolk 2016 ; Pariente 2017

ANTIPSYCHOTICS

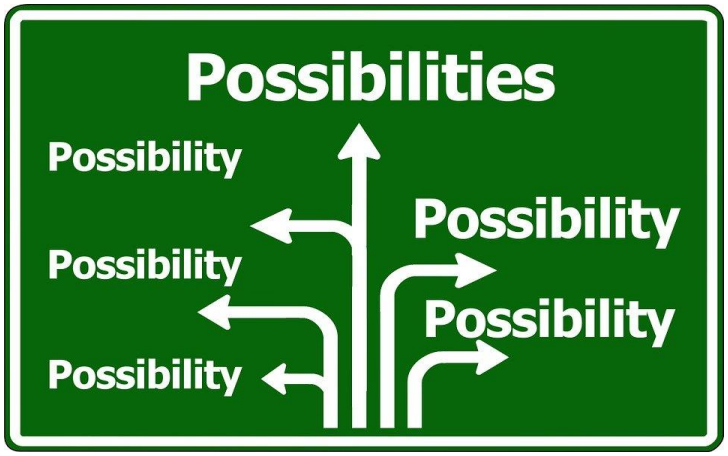
- 23 studies, 14,382 pregnant women exposed to a SGA.
- Congenital malformations:
  - aripiprazole, olanzapine, quetiapine
  ± risperidone, paliperidone
  ? ziprasidone, clozapine, amisulpride, asenapine, lurasidone, sertindole
- Pregnancy outcomes: No class effect
- Neonatal adaptation / EPS (FDA warning)
- Gestational diabetes ± (olanzapine)
- Low infant doses with breastfeeding
- Child neurodevelopment?

Panchaud et al, 2017; Damkier et al, 2018

UW PACC

ALTERNATIVES

- Reduce/stop Depakote; add folate
- Atypical antipsychotic
  - Increased dose of quetiapine
  - Olanzapine, aripiprazole
- Change mood stabilizer
  - Lamotrigine? Lithium?
- Therapy
- Routine, optimize sleep, monitor for warning symptoms



QUESTIONS?

dcowley@uw.edu

UW PACC