

DEPRESSION IN PREGNANCY: TIME TO STOP TERRIFYING PREGNANT WOMEN

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ABSTRACT

Recent studies have powerfully demonstrated that women with depression, whether treated with SSRIs or skip treatment, report double risk of cardiovascular malformations. Yet, physicians and epidemiologists continue to terrify women who are at serious life threatening risks if not treated pharmacologically, with non evidence-based information. This paper calls for immediate stop of such practice.

Key Words: *Maternal depression, pregnancy, drug therapy, risk*

Since thalidomide was shown to be a major human teratogen¹, scores of drugs were proposed as causing fetal harm. In the vast majority of them, including oral contraceptives, benzodiazepines and ACE inhibitors, to mention a few, later data failed to corroborate these claims and these drugs were acquitted from the list of drugs dangerous to the fetus.²

For the first two decades after their introduction to clinical use, the selective serotonin reuptake inhibitors were regarded as safe in pregnancy, both in terms of dysmorphology, as well as neuro developmental studies. Data published starting in 2004 suggested, based on registries, that some SSRIs may be associated with increased risk of cardiovascular malformations, mostly ventricular septal defects (VSD). However, for each study claiming such risk there were 2 studies failing to show such risk.³

In 2007, we hypothesized that this may stem from an unrecognized ascertainment bias: Women who are depressed and use antidepressants undergo significantly more ultrasound and echocardiography. They visit emergency departments more often than healthy women. Thus, they are much more likely to be diagnosed with birth defects.⁴ This hypothesis was powerfully supported this year, when a large population-based Danish study showed that the

risk of cardiovascular malformations is double the population based rate in mothers taking SSRIs, but also in depressed mothers skipping drug therapy in pregnancy.⁵

The risk; benefit ratio of antidepressants in pregnancy is strongly swayed toward use by symptomatic women, because the risks of not treating pregnant women are high and serious, including hospitalization, suicide ideation and attempts, and higher risk of post partum depression.³

The perception of teratogenic risk by pregnant women with depression is an important and often neglected aspect of ensuring their health and well being. Our clinical work with pregnant depressed women have shown us their tremendous vulnerability, fears and suffering.⁶ These women often refuse to optimally treat their severe depression due to ill advice by family members, friends and, indeed, members of the medical community who have not fully considered the risk they endure. There are not many life threatening conditions among reproductive age women; suicide by people with severe depression is among the top (3), yet it is ever so often dealt with in a way which is not evidence-based and not professional.

It is time for health professionals to stop terrifying pregnant women with depression.

REFERENCES

1. McBride WG. Thalidomide and congenital abnormalities. *Lancet* 1961; ii:1358.
2. Koren G, Pastuszak A, Ito S. Drugs in pregnancy. *N Engl J Med.* 1998 Apr; 16;338(16):1128-37.
3. Koren G, Nordeng H. Antidepressant use during pregnancy: the benefit-risk ratio. *Am J Obstet Gynecol.* 2012 Feb 21; [Epub ahead of print]
4. Bar-Oz B, Einarson T, Einarson A, et al. Paroxetine and congenital malformations: metaanalysis and consideration of potential confounding factors. *Clin Ther* 2007;29:918-26.
5. Jimenez-Solem E, Andersen JT, Petersen M, Broedbaek K, Jensen JK, Afzal S, Gislason GH, Torp-Pedersen C, Poulsen HE. Exposure to selective serotonin reuptake inhibitors and the risk of congenital malformations: a nationwide cohort study. *BMJ Open.* 2012 Jun;18;2(3) pii: e001148. doi: 10.1136/bmjopen-2012-001148.
6. Walfisch A, Sermer C, Matok I, Einarson A, Koren G. Perception of teratogenic risk and the rated likelihood of pregnancy termination: association with maternal depression.. *Can J Psychiatry* 2011 Dec;56(12):761-7.