PHARMACEUTICAL
PRESS
Essential Knowledge

PATIENT CASE STUDY

Managing antidepressants during pregnancy

Guidance to support the multidisciplinary team manage a patient on antidepressants during pregnancy

Empowering decision-making in mental health

Psychotropic Drug Directory

Available through

Medicines Complete

Guidance for a patient on antidepressants during pregnancy

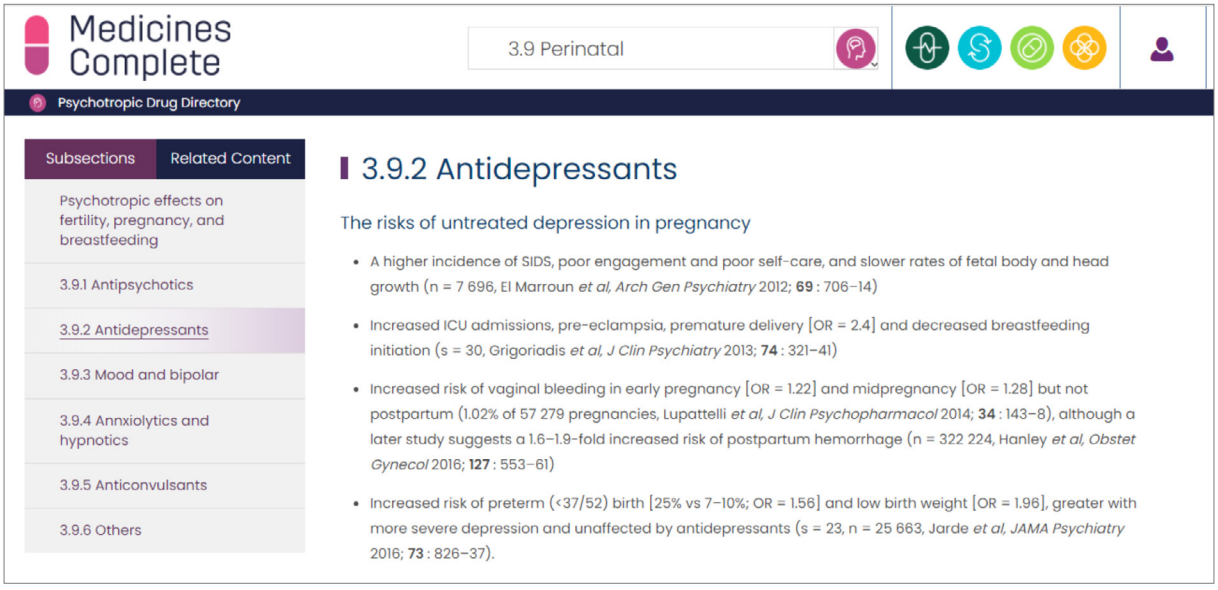
Empowering decision-making in mental health

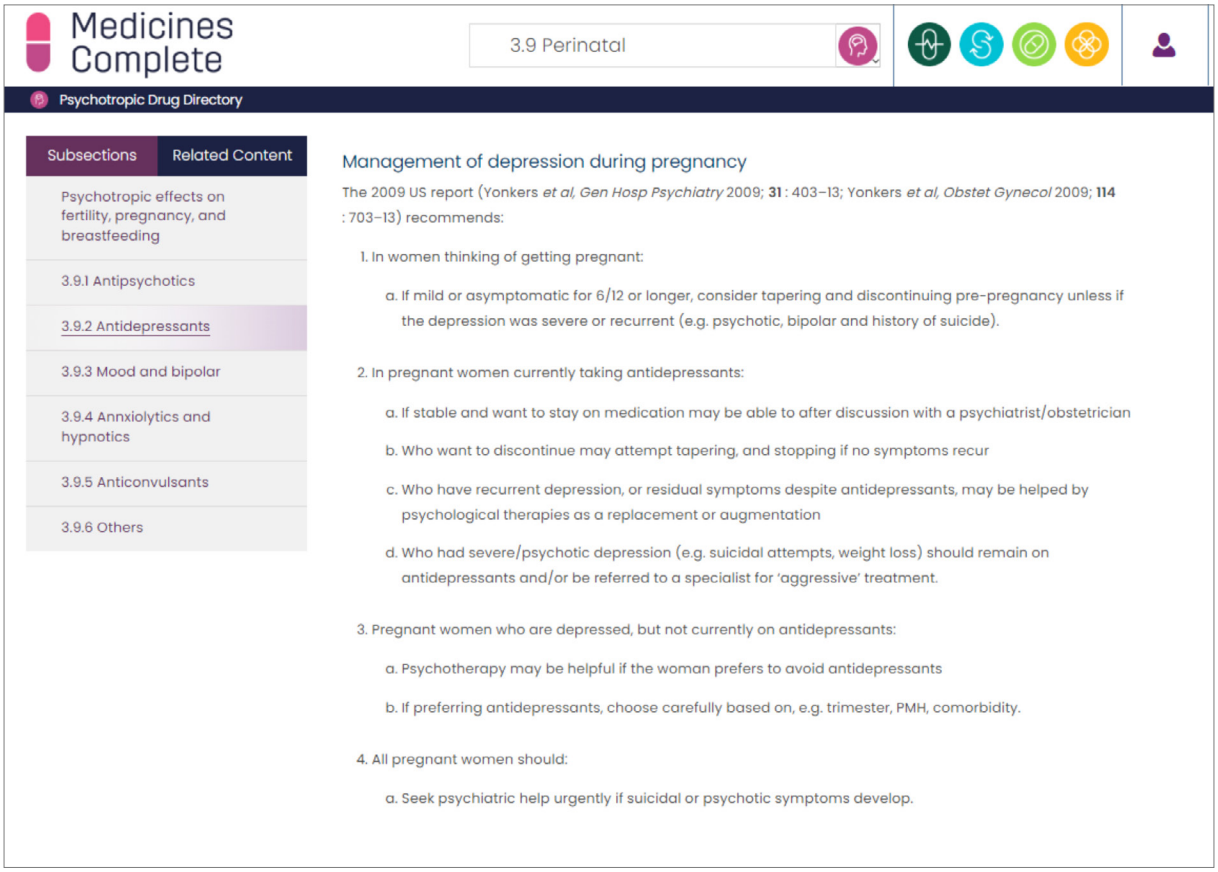
Doris is a 38-year-old woman with a diagnosis of chronic depression. She has been treated for this condition since her late twenties and has in the past attempted suicide by taking an overdose of a tricyclic antidepressant from which she recovered. She is now well-established on high-dose Fluoxetine 60 mg once daily and has been on this medication for the past two years.

During a follow-up appointment with the CMHT psychiatrist, Doris presented high-spirited, and looking forward to the future. Doris asked about stopping her medication as she is now feeling "great", and she is planning for a pregnancy.

Doris' psychiatrist considers her proposal and brings her case to the multidisciplinary team meeting where the team discuss whether stopping fluoxetine at this point is the best course of action for her.

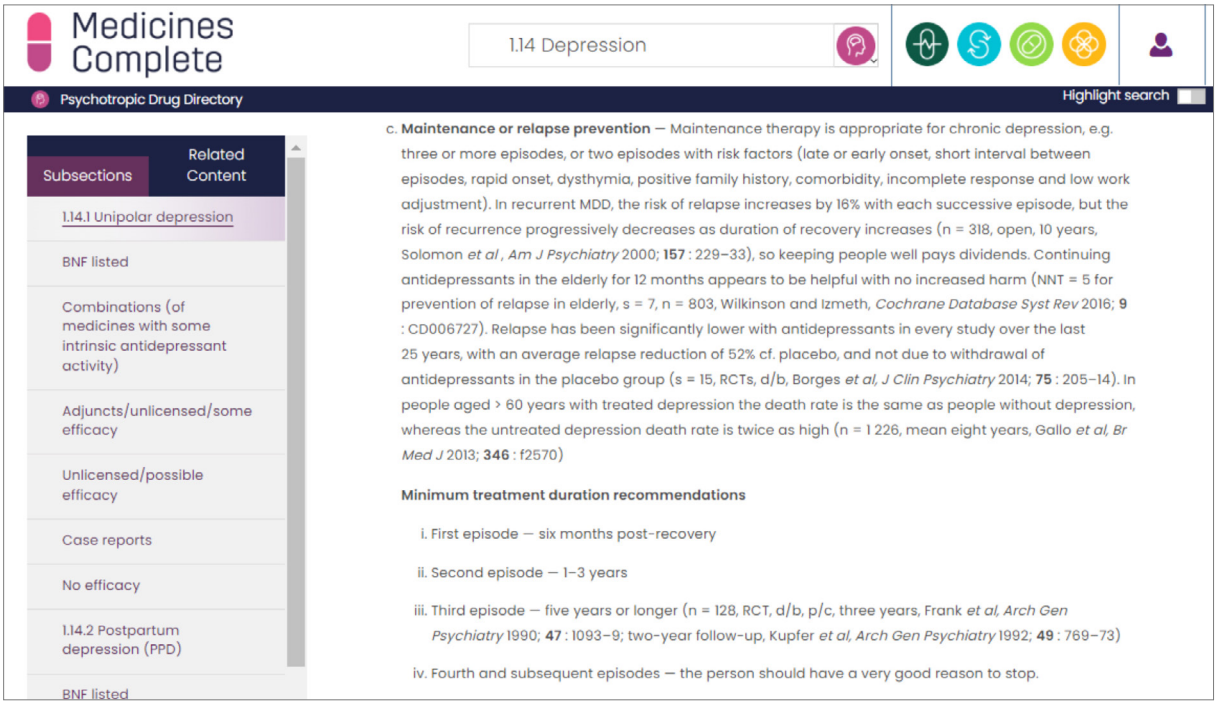
The psychiatric nurse consults Psychotropic Drug Directory to find out about the risks of untreated depression in pregnancy and the latest recommendations on how to manage depression during pregnancy.





These recommendations present a wide range of clinical scenarios; including women already taking antidepressants who had suicidal attempts like Doris.

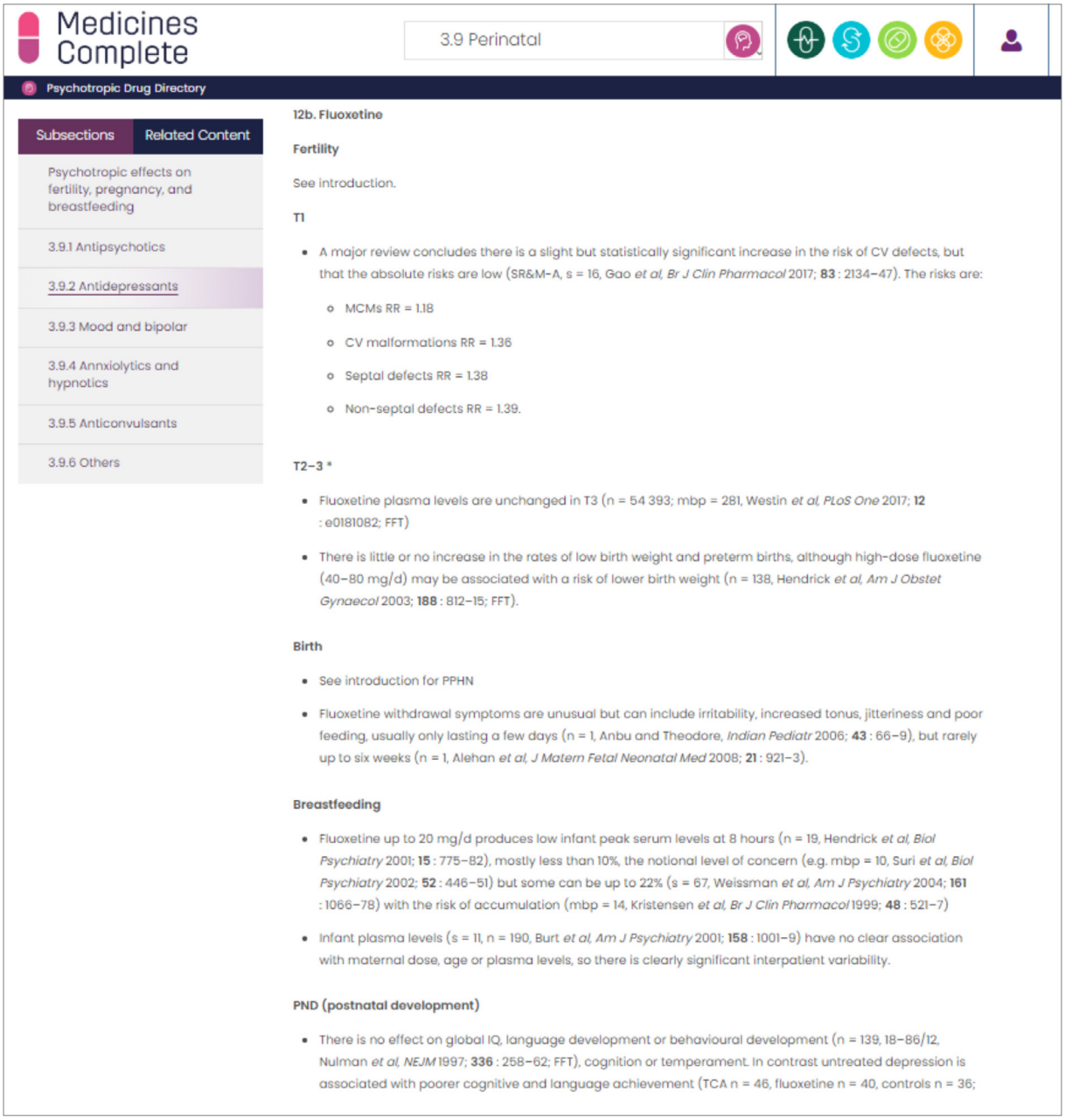
Doris has been asymptomatic for the last 2 years, but since she had several episodes of relapse and a suicide attempt in the past, her psychiatrist is considering the option to continue fluoxetine during her future pregnancy. The psychiatrist searches on Psychotropic Drug Directory for the current recommendations regarding treatment duration with antidepressants and finds that after several episodes of depression, an antidepressant should be taken for at least 5 years or longer.



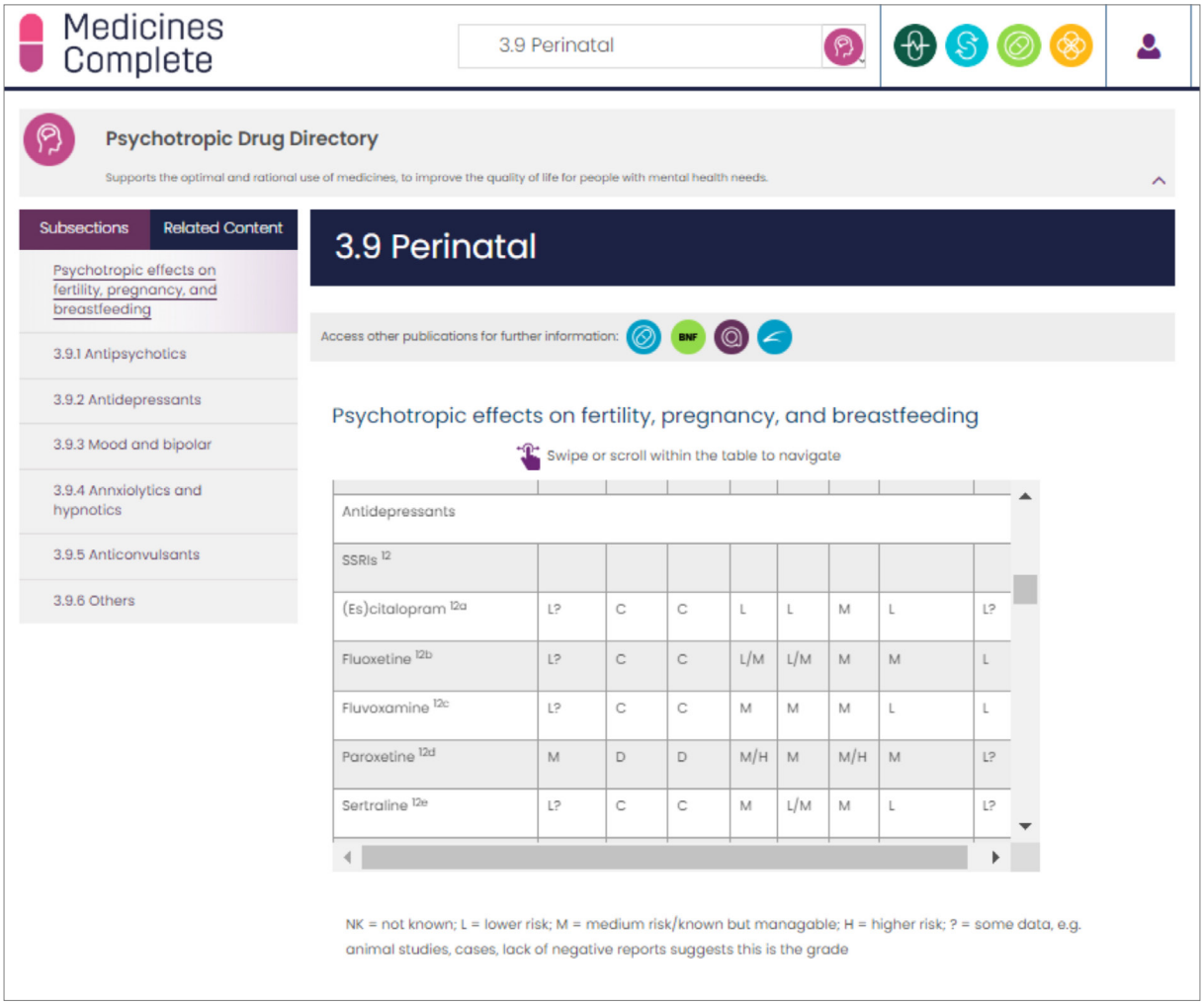
Therefore, the psychiatrist determines that to minimise the risk of a potentially devastating relapse, Doris should continue taking an antidepressant as it has only been two years from her initial recovery.

To inform this decision, the psychiatrist also searches Psychotropic Drug Directory to find out the latest research available about the safety of antidepressants during pregnancy in general, and that of fluoxetine in particular.

The **Perinatal** section on Psychotropic Drug Directory includes evidence-based information on the safety of psychotropic drugs from the first trimester of pregnancy to birth and breastfeeding, including pregnancy-related conditions such as gestational diabetes or maternal hypertension. For this case, the psychiatrist looks at the dedicated section for the SSRIs, specifically, fluoxetine.



Some studies suggest that there is a small risk of cardiovascular defects during the first trimester of pregnancy with fluoxetine. The psychiatrist also finds on Psychotropic Drug Directory an informative table about the risk of psychotropic drugs on fertility, pregnancy, and breastfeeding that helps him inform his decision by comparing the risk of fluoxetine with other antidepressants.



Based on what is known about the reproductive safety of fluoxetine, the psychiatrist is now confident that continuing the treatment is the right approach to best help Doris. She is then counselled about the importance of continuing with the treatment, given her chronic condition and the increased risk of pregnancy complications if depression is left untreated.