Managing Mood Disorders During Pregnancy

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• 3%-9% of women experience an episode of major depressive disorder in pregnancy;
• 5% develop minor depressive disorder
### Maternal Depressive Symptoms and Preterm Birth (n=1399)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Adjusted Odds Ratio*</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper 10% score on CES-D</td>
<td>1.96</td>
<td>1.04, 3.72</td>
</tr>
<tr>
<td>Previous poor birth outcome</td>
<td>1.59</td>
<td>1.01, 2.52</td>
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<tr>
<td>Smoking</td>
<td>1.35</td>
<td>0.80, 2.27</td>
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CES-D=Center for Epidemiological Studies Depression Scale.

*Estimated by conditional logistic regression.

Risk of Malformations with Newer Antidepressants

• Data regarding associations between newer use of antidepressants* in the first trimester & risk of malformations are inconsistent
• The strongest support is for an association between paroxetine and cardiac defects but findings are not uniform
• The findings with paroxetine may be dose related; associations are most commonly with atrial and ventricular septal defects

*Antidepressants that include fluoxetine (Prozac®, Serafem®), sertraline (Zoloft®), escitalopram (Luvox®), paroxetine (Paxil®, etc)
Serotonin Reuptake Inhibitors and Perinatal Outcomes

Odds Ratios

- Preterm Delivery: 2.1
- Low Birth Weight: 1.9
- SGA: 0.8

Kallen, Archives of Pediatric and Adolescent Medicine, 158, 312-316, 2004
Likelihood of Relapse in Women With Severe Recurrent Major Depressive Disorder (n=201)

Treating Unipolar Depression During Pregnancy

- Regular prenatal care
- Smoking cessation
- Prenatal vitamins
- Higher folate doses (3-5 mgs) for women on anti-epileptic drugs
- Avoiding alcohol and other hazardous substances
Psychotherapy is effective for Depression During Pregnancy

Managing Depression During Pregnancy

• The risks of antidepressant treatment must always be balanced with the morbidity associated with illness

• Psychotherapy alone may not be sufficient to treat severe and recurrent depression

• Avoid several medications at the same time

• Avoid replacing a medication that has worked with one that has not worked
Patient Contemplating Pregnancy and Receiving Pharmacological Treatment for Depression

Is the patient acutely suicidal or psychotic?

No

Does the Patient have Moderate to Severe Symptoms?

Yes

Refer immediately to a psychiatrist. Consider reasonable period of stability prior to conceiving

No

Did the patient start her antidepressant treatment less than 6 months ago?

No

The patient is undergoing maintenance treatment to avoid relapse of MDD.

Yes

Patient recently responded: Consider a reasonable period of stability before attempting to conceive
Does the patient have recurrent episodes of MDD?

- **No**
  - Unless there is strong rationale that psychotherapy alone would be ineffective, the patient may be eligible for trial off medication with a referral for empiric based psychotherapy. Psychotherapy alone may be insufficient for individuals with:
    - Psychosis
    - Comorbidity with medication requiring illnesses
    - Severe, recurrent MDD
    - Patients not interested in psychotherapy

- **Yes**
  - If the patient has been successfully managed with empiric-based psychotherapy (e.g., cognitive therapy or interpersonal psychotherapy) consider resumption; If she has failed such therapy in the past consider antidepressant treatment

The patient is undergoing maintenance treatment to avoid relapse of MDD.
Patient Currently in Episode of MDD, is Pregnant and Is Not Taking Antidepressants

Is the patient acutely suicidal or psychotic?

- No
  - Is the patient willing to consider pharmacotherapy?
    - No
      - Refer for treatment with empiric based psychotherapy (eg. CBT* or IPT***) and continue to monitor symptoms
    - Yes
      - Has the patient been treated with an empiric based psychotherapy (eg. CBT* or IPT***)?
        - No
          - Has the patient failed to respond to an empiric based trial of psychotherapy?
        - Yes
          - Immediate referral to a psychiatrist
  - Yes
    - Has the patient currently in an episode of MDD, is pregnant and is not taking antidepressants?
Has the patient failed to respond to an empiric based trial of psychotherapy?

Yes

Are there concerns about mania or bipolar disorder?

No

Does the patient have complicating conditions such as panic disorder, eating disorder, substance use disorder?

No

Consider treatment with an appropriate antidepressant given full consideration of the risks and benefits to mother and her offspring.

Yes

Refer to a psychiatrist for pharmacotherapy.

Yes

Consider referring to a psychiatrist for collaboration in managing depression and concurrent condition(s). This will likely include antidepressant therapy.
Patient with a History of MDD who is Pregnant and Currently Taking Antidepressants

Is the patient acutely suicidal or psychotic?

- **Yes**: Continue current treatment and facilitate urgent evaluation by a psychiatrist.
- **No**: Is the patient willing to consider discontinuing pharmacotherapy?
  - **No**: Continue pharmacotherapy after discussion of risks and benefits; continue monitoring symptoms.
  - **Yes**: Has the patient been treated with an empiric based psychotherapy (eg. CBT* or IPT**)?
    - **No**: Does the patient currently have significant symptoms of MDD?
      - **No**: Has the patient relapsed previously after stopping antidepressants?
      - **Yes**: Consider referring patient for trial of an empiric based psychotherapy & re-evaluating medication after she has responded.
    - **Yes**: Has the patient failed to respond to or relapsed immediately after an effective trial of psychotherapy?
      - **No**: Continue antidepressant and continue monitoring symptoms.
      - **Yes**: Consider referring patient for trial of an empiric based psychotherapy & re-evaluating medication after she has responded.
Patient with a History of MDD who is Pregnant and Currently Taking Antidepressants

Has the patient relapsed previously after stopping antidepressants?

- **No**
  - Consider tapering antidepressant, monitor for relapse and refer to psychotherapy if indicated

- **Yes**
  - Continue antidepressant and continue monitoring symptoms.