Depression and anxiety disorders are common among women of childbearing age, and these women are often prescribed antidepressants and benzodiazepines. Although many of these drugs have been found not to be teratogenic,1–14 fear of taking them during pregnancy persists. For some reason, more fear appears to surround use of psychotropic drugs than surrounds other types of medication, probably because the illnesses for which they are prescribed even today still carry a certain stigma. We were able to illustrate this in a recent report on the safety of echinacea during pregnancy where 94% of the women in the study perceived the herb to be safe for use during pregnancy even though not a single study attested to its safety.5

Sudden discontinuation of antidepressants can cause patients to experience discontinuation symptoms or re-emergence of the primary psychiatric disorder.6 (The term “discontinuation” is preferred over “withdrawal” because withdrawal implies addiction or dependence.) Antidepressants have an extremely low risk of abuse; they are not considered addictive agents.7 Symptoms of discontinuation can include general somatic, gastrointestinal, affective, and sleep disturbances that tend to occur abruptly within days to weeks of stopping or reducing the dose. Re-emergence of depression occurs more gradually.8 Reinstitution of antidepressants mitigates the symptoms of discontinuation within a day, but it might take several weeks for a beneficial effect on depression to be felt.9

Do you have questions about the safety of drugs, chemicals, radiation, or infections in women who are pregnant or breastfeeding? We invite you to submit them to the Motherisk Program by fax at (416) 813-7562; they will be addressed in future Motherisk Updates. Published Motherisk Updates are available on the College of Family Physicians of Canada website (www.cfpc.ca). Some articles are published in The Motherisk Newsletter and on the Motherisk website (www.motherisk.org) also.

Motherisk questions are prepared by the Motherisk Team at the Hospital for Sick Children in Toronto. Ms Einarson and Dr Selby are members and Dr Koren is Director of the Motherisk Team.
Although benzodiazepines can be abused, most patients do not abuse them.\textsuperscript{10} Benzodiazepine dependence is well documented, however, and is characterized by loss of control over use of the drug, escalation of the dose, and much time spent acquiring and using the drug or recovering from its effects.\textsuperscript{11} Patients physically dependent on benzodiazepines, whether they meet DSM-IV criteria for “abuse” or “dependence,” might experience symptoms following abrupt discontinuation.\textsuperscript{12} Symptoms can last for weeks or months and can occur when even therapeutic doses are stopped suddenly. Patients report excessive anxiety, palpitations, insomnia, labile mood, and restlessness and can suffer from perceptual disturbances, primarily of vision and hearing. Seizures, psychosis, and delirium can also occur.\textsuperscript{13,14}

We recently published a study documenting the adverse effects of 36 women who called the MOTHERISK Program after abruptly discontinuing either antidepressants or benzodiazepines (28 had discontinued the medications on the advice of their physicians). Before becoming pregnant, these women had been functioning well with their depression well controlled. They stopped the medication only because they feared it would harm their babies. All the women suffered abrupt discontinuation syndrome; 11 subsequently reported suicidal thoughts; and four were later hospitalized. One of the remaining women had a therapeutic abortion, and one substituted alcohol for a benzodiazepine. After MOTHERISK’s reassuring counseling, two thirds restarted their medication within several days. All babies born to mothers who restarted medication were normal and healthy.\textsuperscript{15} Physicians should ensure that pregnant women with psychiatric disorders receive evidence-based information that balances the benefits of treatment against unproven adverse effects on unborn babies.

\textbf{References}