Selective serotonin reuptake inhibitor discontinuation during pregnancy
At what risk?

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Abstract

Question I have a patient who discontinued her selective serotonin reuptake inhibitor in pregnancy against my advice owing to fears it might affect the baby. She eventually attempted suicide. How can we deal effectively with this situation?

Answer The “cold turkey” discontinuation of needed antidepressants is a serious public health issue strengthened by fears and misinformation. It is very important for physicians to ensure that evidence-based information is given to women in a way that is easy to understand. The risks of untreated moderate to severe depression far outweigh the theoretical risks of taking selective serotonin reuptake inhibitors.

Discontinuer les inhibiteurs sélectifs du recaptage de la sérotonine durant la grossesse
À quel prix?

Résumé

Question Une de mes patientes a cessé de prendre, à l’encontre de mes conseils, ses inhibiteurs sélectifs du recaptage de la sérotonine de peur qu’ils nuisent à son bébé. Elle a éventuellement tenté de se suicider. Comment pouvons-nous agir efficacement dans une telle situation?

Réponse La cessation du jour au lendemain d’antidépresseurs nécessaires est un grave problème de santé publique exacerbé par des craintes et des informations erronées. Il est très important que les médecins transmettent aux femmes des renseignements fondés sur des données probantes et faciles à comprendre. Les risques de ne pas traiter une dépression de modérée à grave surpassent largement les risques théoriques de prendre des inhibiteurs sélectifs du recaptage de la sérotonine.

Depression is a common medical condition that can be exacerbated during periods of stress and that can result in devastating consequences if left untreated. Up to 1 in 5 pregnant women experience depression. Treatment in this subpopulation is particularly challenging, partially secondary to discomfort with medication use during pregnancy. While there have been conflicting reports regarding the safety of antidepressant use during pregnancy, current data do not show any substantial clinical adverse outcomes caused by their use. Pregnant women and health care professionals continue to debate the use of antidepressants, such as selective serotonin reuptake inhibitors, often at medical risk to the women.

We report the experience of a pregnant woman with a history of depression who abruptly stopped taking her selective serotonin reuptake inhibitor medication, sertraline. Her presentation underscored the importance of appropriately treating depression to minimize adverse effects to the mother and, consequently, the fetus.

Case

A 30-year-old woman who was pregnant for the second time after a previous termination of pregnancy presented to the Motherisk clinic at the Hospital for Sick Children in Toronto, Ont, to discuss the safety of sertraline use during pregnancy. She was at 6 to 7 weeks’ gestation and had stopped taking her sertraline 1 week previously, following confirmation of her planned pregnancy. She also used alprazolam occasionally for anxiety or difficulty sleeping, and had alcohol once per month. She was not exposed...
A healthy pregnancy requires an emotionally and medically healthy mother. The resurgence of severe depressive symptoms places women at risk of developing suicidal thoughts and poor health outcomes. Our team has encountered a number of cases in which pregnant women died by suicide following abrupt discontinuation of their antidepressants. Moreover, a large study found that women who discontinued antidepressants during pregnancy were nearly 3 times more likely to have a major depressive relapse or to be hospitalized than their counterparts who continued treatment. Worsening or re-emergence of depression can also affect a woman’s attitude toward her pregnancy, as observed in this case.

Conclusion
This case highlights the need for ongoing education in the public and medical spheres regarding continuing antidepressant use during pregnancy, where the benefits of continuing use usually outweigh the risks. This is especially true in cases of severe depression. Pregnant women receive conflicting information from the Internet, media, and medical clinics, making it challenging for them to make a well-informed decision on controlling their symptoms. By equipping patients who have depression with evidence-based knowledge on antidepressant safety, health care professionals can ensure that the personal decisions the women subsequently make are grounded in science and support, as opposed to uncertainty and fear.

Competing interests
None declared

References