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Abstract: Depression during pregnancy occurs frequently and selective serotonin reuptake inhibitors (SSRIs) are often the drug of choice when treating pregnant women. Most published studies found no increased risks of congenital malformations in association with SSRIs, but there are reports of various malformations for SSRIs as a group and for specific SSRIs. To assess potential adverse effects of SSRIs as one group may be questioned because of their dissimilarities and very large datasets are needed when studying specific SSRIs. The national health and population registers in the Nordic countries offer excellent opportunities to assess long term effects of exposure during fetal life. As each of the Nordic countries is small, collaborative studies including information from all the Nordic countries are warranted to fully understand risks associated with exposure to antidepressants in fetal life.

Keywords: antidepressive agents, adverse effect, pregnancy, multicenter study

Selective serotonin reuptake inhibitors (SSRIs) have been used extensively for the treatment of depression, including pregnant women during the last few decades. Though the data so far available show that SSRIs are not major teratogens, there are reports of various malformations for SSRIs as a group and for specific SSRIs. Moreover, as depression in itself might affect the fetus adversely the question whether it is safer to stop rather than continue medical treatment for depression when a woman becomes pregnant remains unsolved. Several of the antidepressants might also be used with indicators other than depression such as anxiety and pain conditions. In Europe and the US, the regulatory authorities recommend that SSRIs should only be used when the benefits outweigh the risks, but such recommendations are difficult to follow when the risks are not fully known. Consequently, well-performed studies such as the study by Kornum et al assessing the safety of antidepressants during pregnancy are warranted. The authors present an updated analysis of SSRI use and risk of congenital malformations using data from regional and national registers in Denmark.

Depression during pregnancy occurs frequently and estimated rates vary from 7% to 25%. Relapses during pregnancy have been reported to be about 50% and the discontinuation of medication because of anticipated risks might explain some of this high rate of relapse. Most of the women included in the study by Kornum et al were included between 1997 and 2006 and during this period use of SSRIs during pregnancy in Denmark increased from 0.3% to 2.4%. The trend of an increased use of SSRIs during pregnancy has been reported from other countries and the recurring reports of risks with SSRIs during pregnancy seem to have had no effect on this
Inhibition of serotonin and selectivity for serotonin, the finding of no or only slightly increased risks for serotonin, the risk of birth defects. N Engl J Med. 2007;356(26):2684–2692.

References


