

“PIC TALKS”

February 22, 2017 Seminar

“Psychiatric Medication Use during Pregnancy”

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Prenatal & Infant Care Network



Psychiatric Medication Use During Pregnancy

Prenatal Infant Care Network

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22 February 2017

Objectives

1. Define Pregnancy Risk Categories
2. Discuss common psychotropic medications that are used during pregnancy
3. Identify resources for patients and caregivers



Risk vs Benefit

What is more important...?

- Fetal health and outcomes
- Maternal health and quality-of-life



Evaluating Risk

Medication Considerations

- ❑ Risk of abnormality in general population
- ❑ Gestational age
- ❑ Dosage related risks

Untreated disease implications

- ❑ Risk of abnormal pregnancy outcomes
- ❑ Risk of malformation

Make the decision



Factors the influence Teratogenicity

Stage at time of drug exposure

Maternal and fetal genotypes

Dose and duration of drug exposure

Specificity of agent



Complications of Medication Exposure

No effect

Premature or delayed labor

Spontaneous abortion

Malformation

Altered fetal growth

Functional deficit

Carcino- & Mutagenesis



Pregnancy Categories

OLD System (before June 30, 2015)		NEW System (after June 30, 2015)	
Category	Description	Category	Description
A	- Adequate, well-controlled studies of pregnant women have not shown an increased risk of fetal abnormalities	Pregnancy	<ul style="list-style-type: none"> - Required to provide registry and contact information if available - Risk summary - Clinical considerations + Disease-associated maternal and/or embryo/fetal risk + Dose adjustments during pregnancy and the postpartum period + Maternal adverse reactions + Fetal/neonatal adverse reactions + Labor or delivery - Human and animal data
B	<ul style="list-style-type: none"> - Animal = no risk; human = no controlled studies - Animal = risk; human = controlled studies have no risk 		
C	<ul style="list-style-type: none"> - Animal = risk; human = no controlled studies - Studies of women or animals are unavailable 	Lactation	<ul style="list-style-type: none"> - Risk summary - Clinical considerations + Minimizing exposure + Monitoring adverse effects
D	- Known risk; benefit of medicine greater than risk	Female and male individuals with fertility potential	<ul style="list-style-type: none"> - Pregnancy testing - Contraception - Infertility
X	- Known risk; risk greater than benefit		



Specific Drug Categories

Brand Name	Generic Name	Pregnancy Category	Breastfeeding
Clozaril	Clozapine	B	For all antipsychotics, assumed to be secreted in breast milk; discontinuation of drug or breastfeeding not recommended Clozapine (increased life-threatening reaction in infant) and olanzapine (increased anticholinergic symptoms) are contraindicated The AAP notes concern with clozapine, olanzapine, haloperidol, chlorpromazine, perphenazine, trifluoperazine
Zyprexa	Olanzapine	C	
Seroquel	Quetiapine	C	
Risperdal	Risperidone	C	
Levamis	Paliperidone	C	
Geodon	Ziprasidone	C	
Abitify	Aripiprazole	C	
Saphris	Asenapine	C	
Latuda	Lurasidone	B	
Fampt	Iloperidone	C	
Haldol	Haloperidol	C	
Thorazine	Chlorpromazine	C	
Prolixin	Fluphenazine	C	
Trilafon	Perphenazine	C	
Loxitane	Loxapine	C	
Nevana	Thioridazine	C	
Stelazine	Trifluoperazine	C	
Mellaril	Thioridazine	C	
Lithobid, Eskalith	Lithium	D	Breastfeeding is contraindicated; risk of hypotonia, lethargy, cyanosis, hypothermia If breastfeeding, monitor infant electrolytes and hydration closely
Depakote	Valproic acid, sodium divalproex	D for epilepsy/BPD X for migraines	Carbamazepine and valproic acid exposure is 3%-5% maternal exposure and considered safe, but adverse effects are possible
Tegretol	Carbamazepine	D	Valproic acid and hepatotoxicity; lamotrigine and risk; sedation, lethargy possible; not recommended
Topamax	Topiramate	D	
Leviteal	Lamotrigine	C	
Trileptal	Oxcarbazepine	C	
Lyrica	Pragabalin	C	
Neurontin	Gabapentin	C	
Kappa	Levetiracetam	C	

Brand Name	Generic Name	Pregnancy Category	Breastfeeding
Prozac	Fluoxetine	C	Overall data suggest that breast milk values of antidepressants are low to non-detectable but recommend avoidance when possible; sertraline has the lowest breast milk excretion and is preferred; paroxetine, imipramine, and nortriptyline may be used with monitoring; no other antidepressants are recommended
Zoloft	Sertraline	C	
Lexor	Fluvoxamine	C	
Paxil	Paroxetine	D	
Celaxa	Citalopram	C	
Lexapro	Escitalopram	C	
Effexor	Venlafaxine	C	
Cymbalta	Duloxetine	C	
Pristiq	Desvenlafaxine	C	
Savella	Milnacipran	C	
Vilryd	Vilazodone	C	
Desyrel	Trandone	C	
Ramorn	Mirtazapine	C	
Wellbutrin	Bupropion	C	
Tricyclic antidepressants	C		
MAO inhibitors	C		
Benzodiazepines	D	All benzodiazepines enter breast milk; may cause sedation or withdrawal effects; use is contraindicated	
Z-hypnotics	C	Enters breast milk; use not recommended	
Amphetamines	C	Enters breast milk; use not recommended	
Methadone	O/D	Enters breast milk; use not recommended	
Suboxone	Buprenorphine naloxone	C/D	Enters breast milk; use not recommended
BuSpar	Bupropion	B	Enters breast milk in trace amounts; discontinue breastfeeding or maternal use of drug if irritability or sedation in infant

Antidepressants

Examples

- Citalopram (Celexa), Sertraline (Zoloft), Fluoxetine (Prozac)

Controversy about use during pregnancy

- Possible pulmonary hypertension and serotonin withdrawal syndrome
- Avoid paroxetine secondary to cardiovascular abnormalities

FDA: **BLACK BOX** warning, but continue if indicated

Sertraline and Fluoxetine considered the safest



Mood Stabilizers

Avoid in pregnancy

- Consider changing to alternative therapy

Valproic Acid

- Neural tube defects and reduced IQ

Lithium

- Heart defects and possible miscarriage



Antipsychotics

Most agents are rated category C

- Clozapine and Lurasidone are category B

May be an alternative for mood-stabilizers



Resources

Mother to Baby

- <https://mothertobaby.org/>
- App for IOS and Android

Registries

- <http://www.fda.gov/ScienceResearch/SpecialTopics/WomensHealthResearch/ucm134848.htm>
- <https://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/antidepressants/clinicians/>



Conclusion

No clear answers

Difficult decision for patient and caregivers

- Use fact sheets to facilitate conversations

Enroll in registries if medications are continued



QUESTIONS?

