

P-1479 - UNPLANNED PREGNANCY, DISCONTINUATION OF SSRI AND RISK OF RELAPSE

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Introduction: To our knowledge, only one study has assessed the risk of relapse of affective disorders after discontinuation of antidepressants in pregnancy (Cohen et al, 2006). The factors associated with antidepressant discontinuation are unknown.

Objective: To describe the factors associated to discontinuation of Selective Serotonin Reuptake Inhibitors (SSRI) in pregnant women and the rates of reintroduction of SSRIs throughout pregnancy.

Methods: A transversal study was conducted at the Perinatal Psychiatry Program. Total sample was composed by 201 pregnant women with depressive or anxiety disorder (DSM-IV criteria) who received SSRI at the time conception. Clinical and socio-demographic variables were collected at the first visit. Descriptive analysis was performed; categorical variables were compared by using Chi-square statistics or Fisher's exact test and continuous measures were compared by t tests.

Results: Among the 134 women in the sample, 71 (53%) discontinued treatment with SSRI when they know they are pregnant. Socio-demographic and clinical characteristics did not differ significantly between women who maintain and women who discontinued treatment. Only unplanned pregnancy was associated with major risk of discontinuation treatment (OR 2.86, IC95 1.4-5.7). Also, women who discontinued medication had higher scores on EPDS and STAI ($p < .05$).

Nearly 58% ($n=41$) of women who discontinued SSRI reintroduced antidepressant therapy during pregnancy, most of them between first and second trimester.

Conclusions: Unplanned pregnancy was a risk factor for abrupt discontinuation of SSRIs in pregnant women with depressive or anxiety disorder. More than half of pregnant women who discontinued SSRIs reintroduced antidepressant therapy during pregnancy.