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THE RISK OF USING ANTIDEPRESSANTS DURING PREGNANCY: SERIOUS CONCERN OR MUCH ADO ABOUT LITTLE?

M. Steiner^{1,2}, A. Shea^{1,2}, C.N. Soares^{1,2}

¹Women's Health Concerns Clinic, St-Joseph's Healthcare, ²Department of Psychiatry and Behavioural Neurosciences, Hamilton, Canada

Perinatal psychiatric disorders are a leading cause of maternal morbidity, they transmit across generations and may pose the first adverse life event for a child. The myth that pregnancy is "protective" in terms of mental health has long been refuted and it is now well established that the incidence of depression during pregnancy is at least as high when compared to other phases in a woman's lifetime. Moreover, depression during pregnancy has been associated with a number of adverse outcomes both for the mother and the baby. Untreated depression during pregnancy is also one of the strongest predictors of a subsequent postpartum depression.

Data on the "relative safety" of antidepressants during pregnancy are accumulating but at the same time sporadic, at times inconsistent reports on potential risks associated with their use are cause for concern. Recognizing the limitations of our knowledge regarding the "relative safety" of antidepressants during pregnancy it is paramount to weigh the risk of not treating vs. the benefit of treating in each case.

We report here on more than 400 pregnant women at risk for depression seen at our clinic. One third of these women received antidepressants during different phases of their pregnancies and the outcome/well-being of their babies assessed. There were no significant increases in long-term untoward outcomes in these babies.

We also demonstrated in a smaller subpopulation that the use of antidepressants has a "positive" effect on both neuroendocrine and neurophysiological parameters, using the cortisol awakening response and heart rate variability as biological markers.