

Significantly fewer pregnant women take antidepressants

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A pregnancy is not always a happy event and as many as 10-15 per cent of pregnant women in Denmark have depressive symptoms. Despite years of critical focus on the side effects of antidepressants in the

healthcare system, consumption of antidepressants by pregnant women actually increased drastically during the period 1997 to 2011.

A new study carried out by the National Centre for Register-based Research and the Department of Clinical Medicine at Aarhus University now shows a [significant decrease](#) in the use of antidepressants by [pregnant women](#)—with consumption falling by more than 33 per cent since 2011. The decrease in the use of ADs after 2011 was mainly driven by a decrease in the prescribing of serotonin reuptake inhibitors (SSRIs) and in particular citalopram, the main type of SSRI used in Denmark, explains Postdoc Julie Werenberg Dreier from the National Centre for Register-based Research at Aarhus University.

"Research from Denmark and other countries has documented a striking increase in the use of antidepressants over the past two decades. Now, for the first time, we can see a significant decline in the use of antidepressants by pregnant women," says Julie Werenberg Dreier. She is behind the study together with Yuelian Sun, who is the first author of this study and an associate professor at the Department of Clinical Medicine at Aarhus University and Jakob Christensen, who is clinical associate professor at the Department of Clinical Medicine at Aarhus University and consultant at the Department of Neurology at Aarhus University Hospital.

Both emphasise that it is important to find an explanation for the sharp decline. The study has shown that the age of pregnant women and psychiatric disorders of pregnant women are unlikely to explain the declining trend of antidepressant use during pregnancy. In August 2011, the US Food and Drug Administration issued a safety warning concerning high doses of citalopram on the heart, which could be one of potential explanations. However, more research is needed to confirm the association.

Jakob Christensen points out that additional studies should follow-up by looking into the pregnant women's health—in particular when it comes to psychiatric health, which can include symptoms that are difficult to discern.

"There's no doubt about the fall since 2011 because antidepressants are only available from the pharmacy with a prescription, and the fall is so significant that it's more than relevant to take a closer look at whether pregnant women with depressive symptoms get the correct treatment, and in this way prevent the consequences of depression in the best possible way."

The register-based study is based on 1.2 million pregnancies in the period from 1997 to 2016. Of these, almost 30,000 women (2.4 per cent) collected at least one prescription for antidepressants during pregnancy. When the consumption was at its highest in 2011, almost one in twenty pregnant women collected prescriptions for antidepressants. The study has just been published in the scientific journal *Brain and Behavior*.

Jakob Christensen is also a clinical pharmacologist who has spent a number of years conducting research into the consequences of treatment with medicines during pregnancy. He says: "In general, the use of antidepressants during pregnancy is considered to be safe, but questions have arisen concerning a slightly increased risk of congenital malformations and psychiatric symptoms in children where the mother has taken antidepressants during [pregnancy](#). It's natural to suppose that some women have chosen not to take the medicine because they were worried that the child could be harmed." But he points out that choosing not to take the medicine is not always the best option.

Yuelian Sun adds: "However, there were not episodes occurred around 2011 causing change on safety concern to unborn babies. On the

contrast, safety concern of citalopram to pregnant women from physicians could also lead to declining of antidepressant use among pregnant women."

"Depression in pregnant [women](#) is not uncommon, and the depression can continue and worsen after childbirth. This has been well-documented in previous research studies," says Jakob Christensen.

"This risk for the child must then be balanced with the risk of depression in the mother. An untreated depression can have major consequences for both the mother and the newborn child, for example by not thriving or in a worst case in the form of suicidal thoughts," he says.

More information: Yuelian Sun et al, Trend of antidepressants before, during, and after pregnancy across two decades—A population-based study, *Brain and Behavior* (2019). [DOI: 10.1002/brb3.1441](https://doi.org/10.1002/brb3.1441)

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