

Studies on risks versus benefits of antidepressant use during pregnancy should be clearer

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Those planning pregnancy are struggling to weigh the risks and benefits of antidepressant medication based on how research is currently



presented, say researchers at the University of Toronto and Women's College Hospital.

Hilary Brown, an assistant professor at the Dalla Lana School of Public Health, and Simone Vigod, a professor at the Institute of Health Policy, Management and Evaluation, say women need greater clarity on antidepressant use during pregnancy because they are making decisions based on the results of studies that focus on a single outcome (like <u>preterm birth</u>, child autism or academic outcomes).

Brown and Vigod say these studies often overlook the benefits of antidepressant medication and don't make it clear that negative outcomes are often very rare.

"When these studies come out, it's really difficult for mothers to figure out what to do," says Brown, who is also an assistant professor in the department of health and society at U of T Scarborough.

"If they see a headline or something on social media about a particular outcome found in one individual study, it can affect their decision on taking medication they may really need."

In an editorial in the *Journal of the American Medical Association*, Brown and Vigod make the case for a more personalized approach to research that weighs the risks and benefits of taking antidepressants so women can make a decision that is right for them. The researchers say this would also help doctors make more informed recommendations on treatment options.

"The way the research is set up right now, it doesn't let us take this personalized approach," says Vigod, who is also a professor in U of T's department of psychiatry and psychiatrist-in-chief and senior scientist at Women's College Hospital.



Instead of the current single-outcome studies, they say research should be done using novel approaches that have been applied in broader antidepressant research. This includes looking at all of the risks and benefits for antidepressant medications at the same time, and also examining how patient characteristics can affect the balance of these risks and benefits.

Vigod and Brown's editorial was published in the same issue as a study that investigated a link between maternal antidepressant use and the math and literacy standardized test scores of Danish children. The study found no statistically significant difference in literacy scores, but it recorded a small yet statistically significant difference of negative 2.2 points (out of 100) on math scores—after accounting for other differences between mothers who did and did not take antidepressants.

Brown and Vigod say the study's authors were cautious in wording their conclusions, but that the results of these types of studies often get blown out of proportion when they hit the news and are shared on <u>social media</u>.

"It's difficult for many people to interpret this, especially when the headlines run with the message of a 'significant difference' as opposed to the broader picture, which is that these effects are still tiny," Brown says.

The stakes of re-aligning research priorities and getting the right information to patients couldn't be higher.

Brown says untreated depression is itself a risk factor for negative childhood outcomes. Depression is a common complication of pregnancy, estimated to affect 9.2 percent of pregnant women in highincome countries. Studies have shown that untreated depression can influence rates of accessing prenatal care, preterm birth, and developmental delay, among other things.



"That's a major reason why decision-making in this area is so important," she says. "There are very real consequences to a mother and child's well-being that comes with untreated depression."

More information: Hilary K. Brown et al, Making Decisions About Antidepressant Treatment in Pregnancy, *JAMA* (2021). <u>DOI:</u> <u>10.1001/jama.2021.16216</u>

Jakob Christensen et al, Association of Maternal Antidepressant Prescription During Pregnancy With Standardized Test Scores of Danish School-aged Children, *JAMA* (2021). <u>DOI: 10.1001/jama.2021.17380</u>

Provided by University of Toronto

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