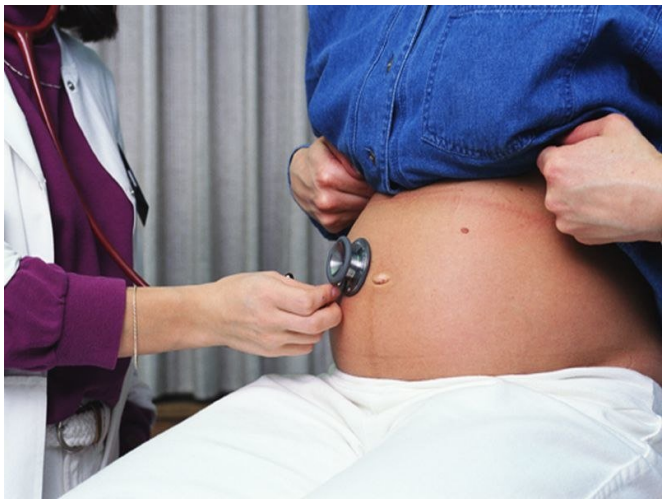
Psychostimulant use tied to placental complications

15 November 2017



(HealthDay)—Psychostimulant use during pregnancy is associated with a small increased relative risk of preeclampsia and preterm birth, according to a study published online Nov. 7 in *Obstetrics & Gynecology*.

Jacqueline M. Cohen, Ph.D., from Brigham and Women's Hospital in Boston, and colleagues examined data from a cohort of pregnant women and their liveborn neonates enrolled in Medicaid (from 2000 to 2010) to assess whether psychostimulants used to treat attention-deficit/hyperactivity disorder (ADHD) are associated with risk of adverse placental-associated pregnancy outcomes. They compared women who received amphetamine-dextroamphetamine (n = 3,331) or methylphenidate monotherapy (n = 1,515) in the first half of pregnancy to those who received atomoxetine, a nonstimulant ADHD medication, as a negative control exposure (n = 453) and 1,461,493 unexposed pregnancies.

The researchers found that the adjusted risk ratio for stimulant use was 1.29 for preeclampsia (95 percent confidence interval [CI], 1.11 to 1.49), 1.13 for placental abruption (95 percent CI, 0.88 to 1.44), 0.91 for small for gestational age (95 percent CI, 0.77 to 1.07), and 1.06 for preterm birth (95 percent CI, 0.97 to 1.16). The adjusted risk ratio for continuation of stimulant use in the latter half of pregnancy (n = 1,319) was 1.26 for preeclampsia (95 percent CI, 0.94 to 1.67), 1.08 for placental abruption (95 percent CI, 0.67 to 1.74), 1.37 for small for gestational age (95 percent CI, 0.97 to 1.93), and 1.3 for preterm birth (95 percent CI, 1.1 to 1.55) compared with discontinuation (n = 3,527).

"The absolute increases in risks are small and, thus, women with significant ADHD should not be counseled to suspend their ADHD treatment based on these findings," conclude the authors.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: Abstract/Full Text (subscription or payment may be required)