

Trajectories of antidepressant medication use during pregnancy

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In an analysis of women who started pregnancy when taking antidepressant medications, investigators identified three trajectories of antidepressant dispensing during pregnancy: more than half stopped their treatment, a quarter maintained their treatment throughout pregnancy, and one-fifth discontinued it for a minimum of three months and then

resumed it during the postpartum period.

The analysis, which is published in the *British Journal of Clinical Pharmacology*, included all [pregnant women](#) with information in the General Sample of Beneficiaries database affiliated with the French Health Insurance System, from 2009 to 2014.

The researchers noted that no sociodemographic or medical characteristics were associated with any trajectory group. Women who continued antidepressant treatment tended to have more frequent obstetric complications and postpartum psychiatric disorders. Among women who interrupted treatment, prescription of benzodiazepines and anxiolytics decreased initially but rose postpartum to a higher level than before pregnancy.

"Monitoring the pregnancy of women taking antidepressants requires a lot of attention. It is important to assess the appropriateness of treatment at the time of pregnancy announcement and to monitor for psychiatric symptoms throughout pregnancy when treatment has been stopped," said senior author Catherine Laporte, MD, Ph.D., of the Université Clermont Auvergne, in France. "General practitioners are very often called upon for non-obstetric health problems during pregnancy, so they must be made aware."

More information: Aurélie Cabailot et al, Trajectories of antidepressant drugs during pregnancy: A cohort study from a community-based sample, *British Journal of Clinical Pharmacology* (2020). [DOI: 10.1111/bcp.14449](https://doi.org/10.1111/bcp.14449)

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