New Data Inform the Risk/Benefit Analysis in Antenatal Depression

Two articles in this month's "Focus on Women's Mental Health" section add to our knowledge about antenatal major depressive disorder (MDD) and its treatment, with specific emphasis on risks posed by treatment and the underlying disorder.

In an intriguing study, Howard and colleagues explore the association between maternal depression and sudden infant death syndrome (SIDS). The investigators conducted a case-controlled epidemiologic study in the United Kingdom and assessed for possible confounding variables. Interestingly, they found that depression in the year before birth was associated with SIDS, although depression with onset in the postpartum was not. While they were able to demonstrate an association between antenatal depression and SIDS, their findings suggest that further research must determine what aspects of maternal depression play a role in SIDS. Antidepressants had not been prescribed during pregnancy in any cases of SIDS or matched controls in their database, allowing for hypothesis generation about the underlying condition rather than medication exposure.

Pearson et al. compared obstetrical and neonatal records among women who used antidepressants during pregnancy and a control group that was matched for age and parity that did not use antidepressants. Cases were individuals who had mood or anxiety disorders, were treated with antidepressant medications, and sought consultation for psychiatric disorders during pregnancy. The control group was defined primarily by a lack of antidepressant use. Apart from lower 1-minute Apgar scores in the antidepressant-exposed group, Pearson and colleagues report that neonatal and obstetrical outcomes were similar between cases and controls.

The risk/benefit analysis for psychotropic medication use in pregnancy is complicated, and as stated by Pearson and colleagues, "Depression during pregnancy is not a benign event." The association between SIDS and antenatal depression reported by Howard et al. adds to the possible risks posed by antenatal depression. It is unclear what effects untreated mood and anxiety disorders have on obstetrical and neonatal outcomes relative to the effects of antidepressants. It is even less clear what the beneficial effects of remission from the underlying disorders are for the mother and her baby. These effects need to be balanced against the risks of psychotropic medication exposure, which are still being clarified. The presence of a psychiatric disorder can complicate maternal health in many ways.[1] Untreated depression can affect a mother's participation in prenatal care, her nutritional intake, and the likelihood that she will engage in activities that negatively impact her or her baby's health, such as smoking and substance abuse. In utero biochemical and hormonal differences can also occur if the mother is depressed or anxious, and genetic factors may also contribute to neonatal outcomes.

At present, it is difficult to ascertain the degree of risk associated with untreated antenatal depression; however, the currently known risks need to be a part of the risk/benefit analysis. There are benefits for both mother and baby from the successful treatment of psychiatric disorders during pregnancy, but the degree of such benefits is unknown in relation to the risks associated with medication exposure.

With regard to medication exposure, there is a growing body of data that suggest a neonatal syndrome associated with antidepressant exposure and a small but significant risk of persistent pulmonary hypertension of the newborn.[2,3] These risks could convince clinicians to avoid prescribing antidepressants to women who need them, and many pregnant women may decline treatment with antidepressants. Studies such as

the one by Pearson et al. demonstrate that these may be overreactions, or at least may result from an oversimplification of a complicated body of literature.

Practically speaking, clinicians and patients need to know which is worse: untreated antenatal depression or antidepressant medication exposure in pregnancy. The answer may vary among patients, and the heterogeneity of MDD and its broad range of severity further complicate the matter.

At this time, a collaborative workgroup comprising national experts is preparing guidelines for the treatment of antenatal depression. This collaborative effort of the American Psychiatric Association and the American College of Obstetricians and Gynecologists will provide much needed treatment recommendations for antenatal depression.

We appreciate the efforts of the investigators who contributed to these papers, and we welcome comments and feedback regarding the "Focus on Women's Mental Health" section of *The Journal of Clinical Psychiatry*. Please address comments to Marlene P. Freeman, M.D., at marlenef@email.arizona.edu.

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