

## Medication

### Prescription Medication Resources and Articles

#### Prescription Assistance Information Perinatal Depression Prescription Products Pennsylvania Partnership for Prescription Assistance

Website offers a single point of access to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical companies. Based on a 9-question survey, providers, consumers and caregivers can access relevant application forms for public and private programs that can offer them patient and prescription assistance.

Website: <http://www.pparxpa.org/>

1-888-4PPA-NOW (1-888-477-2669)

**Information for Physicians on Prescription Products to Treat Perinatal Depression - August 2007**  
**Treatment decisions should be based on patient characteristics and clinical judgment.**  
 For questions, call the UIC Perinatal Mental Health Project at 1-800-573-6121

Anti-depressant	Advantages During Pregnancy	Disadvantages During Pregnancy	Estimated % of Maternal Dose to Breastfeeding Baby**	Reported Side Effects to Breastfeeding Babies***	Teratogenicity
<b>Bupropion (Wellbutrin®)</b>	<ul style="list-style-type: none"> <li>No sexual side effects</li> <li>No excess weight gain</li> <li>Helps with smoking cessation</li> </ul>	<ul style="list-style-type: none"> <li>Limited data available</li> <li>No behavioral studies in human pregnancy</li> <li>Lowest seizure threshold</li> <li>Can cause insomnia</li> <li>May increase risk of miscarriage</li> </ul>	2%	Seizures	Morphologic - none found Behavioral - unknown
<b>Citalopram (Celexa®)</b>	<ul style="list-style-type: none"> <li>Few interactions with other medications</li> </ul>	<ul style="list-style-type: none"> <li>Limited data available</li> <li>No behavioral studies in human pregnancy</li> </ul>	0.7% - 9.0%	Uneasy sleep, drowsiness, irritability, weight loss	Morphologic - none found Behavioral - unknown
<b>Desipramine (Norpramin®)</b>	<ul style="list-style-type: none"> <li>More studies in human pregnancy, including neurodevelopmental follow-up</li> </ul>	<ul style="list-style-type: none"> <li>Maternal side effects additive to pregnancy effects (sedation, constipation, tachycardia)</li> <li>Orthostatic hypotension, risking decreased placental perfusion</li> <li>Fetal and neonatal side effects: tachycardia, urinary retention</li> </ul>	1.0%	None	None found
<b>Duloxetine (Cymbalta®)</b>	<ul style="list-style-type: none"> <li>Also treats diabetic peripheral neuropathic pain</li> <li>Balanced antidepressant; may be effective when selective agents are not</li> </ul>	<ul style="list-style-type: none"> <li>No systematic studies in human pregnancy</li> </ul>	Unknown	Unknown	Unknown
<b>Escitalopram (Lexapro®)</b>	<ul style="list-style-type: none"> <li>Few interactions with other medications</li> </ul>	<ul style="list-style-type: none"> <li>No systematic studies in human pregnancy</li> </ul>	3.9% - 7.9%	Enterocolitis	Unknown
<b>Fluoxetine (Prozac®)</b>	<ul style="list-style-type: none"> <li>More studies in human pregnancy, including meta-analysis and neurodevelopmental follow-up</li> </ul>	<ul style="list-style-type: none"> <li>More reports of neonatal side effects than some other antidepressants</li> </ul>	1.2% - 12.0%	Excessive crying, irritability, vomiting, watery stools, difficulty sleeping, tremor, somnolence, hypotonia, decreased weight gain, hyperglycemia	None found
<b>Mirtazapine (Remeron®)</b>	<ul style="list-style-type: none"> <li>No sexual side effects</li> <li>Helps restore appetite in women who are not gaining weight</li> <li>Less likely to exacerbate nausea and vomiting</li> </ul>	<ul style="list-style-type: none"> <li>Limited data available</li> <li>No behavioral studies in human pregnancy</li> <li>Can cause excessive weight gain</li> <li>Tends to be sedating</li> <li>May increase risk of preterm birth</li> </ul>	0.6% - 2.8%	None	Morphologic - none found Behavioral - unknown
<b>Nortriptyline (Pamelor®)</b>	<ul style="list-style-type: none"> <li>More studies in human pregnancy, including neurodevelopmental follow-up</li> <li>Balanced antidepressant; may be effective when selective agents are not</li> </ul>	<ul style="list-style-type: none"> <li>Maternal side effects additive to pregnancy effects (sedation, constipation, tachycardia)</li> <li>Orthostatic hypotension, risking decreased placental perfusion</li> <li>Fetal and neonatal side effects: tachycardia, urinary retention</li> </ul>	1.3%	None	None found
<b>Paroxetine (Paxil®)</b>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>No behavioral studies in human pregnancy</li> <li>Specific association with cardiovascular malformations</li> <li>More reports of neonatal side effects than most other antidepressants</li> </ul>	0.1% - 4.3%	Irritability, sleepiness, constipation, SIADH	Morphologic - Possible increased risk of cardiovascular malformations Behavioral - unknown
<b>Sertraline (Zoloft®)</b>	<ul style="list-style-type: none"> <li>Relatively well-studied in human pregnancy</li> <li>Fewer reports of neonatal side effects than other antidepressants</li> </ul>	<ul style="list-style-type: none"> <li>Possible specific association with omphalocele and septal defects*</li> </ul>	0.4% - 2.3%	Benign sleep myoclonus, agitation	Morphologic - possible increased risk of omphalocele and septal defects Behavioral - none found
<b>Venlafaxine (Effexor®)</b>	<ul style="list-style-type: none"> <li>Balanced antidepressant; may be effective when selective agents are not</li> </ul>	<ul style="list-style-type: none"> <li>Limited data available</li> <li>No behavioral studies in human pregnancy</li> </ul>	5.2% - 7.6%	Decreased weight gain	Morphologic - none found Behavioral - unknown

\* Absolute risk is small

\*\* These are weight-adjusted estimates that include the agent and its active metabolites.

\*\*\* Reported side effects in breast feeding infants are based on case reports and case series.

Physicians may consider initiating treatment with these agents at half of the lowest recommended therapeutic dose. Treatment decisions should be based on patient characteristics and clinical judgment. Recommended dosages can be found in the Physician's Desk Reference, 60th ed. Table based on Wisner et al Postpartum Depression Article in N Eng J Med, Vol. 347, No. 3, July 18, 2002, pg. 196 and related articles. For other references, call the UIC Perinatal Mental Health Project at 1-800-573-6121.

**General notes:**

- Risks of antidepressants during pregnancy and lactation must be weighed against risks of untreated symptoms and treatment needs to be individualized.
- All antidepressants, if abruptly discontinued during pregnancy or at the time of birth, can lead to discontinuation side effects in the fetus or neonate. These signs can include respiratory distress, excessive crying, changes in sleep and behavioral state, difficulty feeding, increased or

Adapted from "Depression Screening Tools: Use in Perinatal Populations," University of Illinois at Chicago Perinatal Mental Health Project, August 2007

[www.psych.uic.edu/research/perinatalmentalhealth/](http://www.psych.uic.edu/research/perinatalmentalhealth/)



Pennsylvania Perinatal Depression Project, an initiative of Pennsylvania Perinatal Partnership