Before her fourth admittion to the hospital in 2008, she has been taking amitriptylin (in unknown doses and she has been increasing the dose before admission). The patient was brought to the emergency room in the presence of police after the neighbours reported her to the police. She was fully conscious, disorientated in time, anxious, tense, agitated, fearful, presenting incoherent speech, with tongue, arms and hole body tremor. Hyperrefl exia was present, and the patient was afebrile. Both serotonin syndrome and medication induced delirium were taken into consideration. During her fourth hospitalization the diagnosis was revised to BAD.

PSYCHOTROPIC DRUGS IN PREGNANCY AND LACTATION I AND II

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The estimated prevalence of birth defects is 1-3%. It has been estimated that more than 90% of pregnant women receive at least 1 prescription during their pregnancy. A substantial number of women of childbearing age are prescribed psychotropic drugs, and because nearly 50% of pregnancies are unplanned, many women are still taking them upon becoming pregnant. An increasing number of new psychotropic drugs have been introduced onto the market in the last decade, for which the data available in the literature seem to be quite reassuring as to their safety profile during pregnancy and breastfeeding. Nevertheless, the teratogenic risks, perinatal toxicity and effect on the newborn’s neurobehavioural development as a result of exposure to medication throughout lactation should be carefully evaluated before starting a psychopharmacological treatment during pregnancy or breastfeeding. There is also an increasingly large body of evidence-based information in the literature indicating that it may be more harmful to both the mother and her baby if she is not treated appropriately when suffering from a severe psychiatric disorder. There are few choices for women who discover they are pregnant after exposure to a drug or those who have a condition that requires treatment during pregnancy: balancing the benefits and risks of the exposure, discontinuation of treatment or pregnancy termination. Therefore, it is important for women with psychiatric disorders and their healthcare providers to have access to evidence-based information about the safety of these drugs when taken during pregnancy and lactation, to enable them to make informed decisions.

In this presentation the various classes of psychotropic drugs that are commonly used to treat psychiatric disorders, antidepressants, benzodiazepines, antipsychotics, antiepileptics, lithium and monoamine oxidase inhibitors, will be reviewed in terms of their safety during pregnancy and lactation.

ANTIPSYCHOTICS AND PREGNANCY

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With this case report, we wish, on personal experience, to confirm lack of consensus about administration of antipsychotic drugs during pregnancy, and evaluation of spread opinion about “more dangerous” typical antipsychotic in compare with atypical.

On example of three mentally ill women, and following of their pregnancies, we wish to check if it is truth data from professional literature which is dealing with these problems, that is general opinion about non-safety of antipsychotic drugs in pregnancy wrong. All three mentally ill, pregnant women where treated with different antipsychotic from different groups: first one with old typical antipsychotic haloperidol, second one with atypical, first generation antipsychotic-clozapin, and third one with recent antipsychotic from second group-olanzapin. Pregnancies where successfully leaded till the end, and without of side-effects on babies.

Case report is in accordance with recent literature. Generally, we could conclude, that antipsychotic are not so harmful, as we think so fare. We could point out three levels that we should think of when we are considering about administration of antipsychotic: risk-benefit ratio, safety of mum and child in compare with potential side-effects of psychotropic drugs.