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# EBCnews

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# Medication in pregnancy

A NEW DATA COLLECTION PROGRAMME IN THE CZECH REPUBLIC PROMISES TO MAKE A TOUGH DECISION EASIER FOR DOCTOR AND PATIENT



A pregnant woman and her doctor's dilemma – to treat or withdraw medication during pregnancy and lactation – remains one of medicine's twilight zones. Physicians have few resources with which to guide pregnant or lactating patients with mental illness through this decision, but new data springing from the Czech Republic may help to demystify an issue that is both complex and emotionally-charged.

In conversation with *EBC News*, Pavel Mohr, Head of the Clinical Division of the Prague Psychiatric Centre, the Czech National Institute of Mental Health and Chairman of the Czech National Brain Council, discussed the need for better information for both physicians and the general public to inform and facilitate decision-making

by doctor and patient over whether to continue drug treatment during pregnancy and lactation.

Data are sparse in this field, with no existing randomised controlled studies, for one simple reason. "Pregnancy is an exclusion criterion in any drug trial," explained Professor Mohr. "So we must get data retrospectively from databases or large epidemiological studies, a couple of which were published in Scandinavia. But generally, we have a very limited knowledge on this topic."

Hoping to increase this shallow data pool, Professor Mohr looked to his clinic, which specialises in the drug treatment of pregnant and lactating women who are currently being treated for mental disorders, or who develop a mental disorder during the postpartum period of pregnancy.

By analysis of these patients' physical and mental development, it will be possible to quantify the risks that are posed to both baby and mother from either ceasing or continuing treatment – risks that are influenced by factors such as the type of mental illness, its severity, patient history, and drug profile.

Describing the dilemma that is faced by a pregnant woman that has undergone long-term treatment for a mental disorder, Professor Mohr continued: "The risk concerns what would happen if we stopped treatment. There is a risk associated with untreated mental illness during pregnancy. There is also the risk of the developmental onset throughout the pregnancy of new illnesses – bipolar disorder, depression or anxiety disorder – or relapse or recurrence. We know that, especially if it is a serious mental illness such as schizophrenia or bipolar disorder, it is more harmful to simply stop medication or treatment."

The maintenance of drug treatment can be critical to the health and stability of the mother, yet she may natu-



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Pavel Mohr

ally fear the effects her medication may be having on the baby. "What people are afraid of are the teratogenic effects and the withdrawal symptoms in neonates after delivery, as well as intoxication. We know the risk of the teratogenic effects of many drugs is

impairments. "We know that the children of our patients with mental disorders might hit some developmental milestones later throughout their lives, and there is discussion whether or not the medication can contribute to that," said Professor

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low. There might be some increased risk with certain medication, but this is mostly a relative increase and the absolute numbers remain low."

Exposure to drugs in utero can have long-term neurobehavioral consequences as well. Some drugs are even associated with cognitive

Mohr. These questions are familiar within the arena of childhood medication of, for example, Attention Deficit Hyperactivity Disorder (ADHD). The underlying cause of such developmental delay – be it drugs, the illness itself, or both – can only be answered through years of dedicated longitudinal study.

In the meantime, what is the procedure currently taken for physicians' and patients' decision-making at the Prague Psychiatric Centre? "What we try to do is to discuss the options with the patient and make a qualified decision," said Professor Mohr. "We talk to the partner (if there is a partner or spouse),



Professor Pavel Mohr, Head of the Clinical Division of the Prague Psychiatric Centre.

and the obstetrician as well, to make an informed decision."

Each case must be considered individually, explained Professor Mohr, as each individual presents different pertinent risk factors, previous history, treatment response, and illness course. Furthermore, while one patient may be in a period of long-term stable remission, such that treatment can be adjusted prior even to conception; another may have an unplanned pregnancy. In any case, fostering cooperation between the mother, her support network, the psychiatrist and obstetrician is essential to minimising complications during pregnancy and lactation.

The Prague Psychiatric Centre also provides other educational services including a reference centre, where doctors and physicians approach the centre with cases where there is uncertainty about how to proceed with treatment during pregnancy. "We monitor the literature, and we also try to educate young doctors and psychiatrists in general. We regularly present at congresses and meetings and we conduct workshops, which are focused on the practical issues associated with drug treatment pharmacotherapy during pregnancy and lactation," he explained.

While Europe-wide guidelines on what can be a very difficult clinical scenario are desperately needed, addressing the paucity of data on particular mental disorders and their various drug treatment options, and indeed non-drug alternatives, may be critical to its fruition.

The new facility of the Czech National Institute of Mental Health (formerly Prague Psychiatric Center), which will open in January 2015.

