

CHALLENGES FOR HEALTHCARE PROVIDERS IN TREATING WOMEN WITH PSYCHIATRIC DISORDERS DURING PREGNANCY

Adrienne Einarson

The Motherisk Program, The Hospital for Sick Children, Toronto, Ontario, Canada

Corresponding Author: einaron@sickkids.ca

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ABSTRACT

There continues to be a stigma surrounding mental illness, which includes women with psychiatric illnesses who become pregnant. In addition, both women and their health care providers often have an increased risk perception surrounding the safety of psychotropic drug use in pregnancy, resulting in physicians hesitant to prescribe and women afraid to take. Consequently, this creates many challenges and barriers when it comes to treating women pharmacologically during pregnancy and lactation.

The treatment of mental illness in the perinatal period is an important clinical decision, as it involves not one but two patients, the mother and her child. With careful evidence-based considerations of the risks and benefits of treatments, as well as other possible co-morbidities, most often it will result in positive outcomes for both patients. The health care provider should discuss these risks and benefits with each individual, while being cognizant of the many outside influences which may affect decision-making by both the clinician and the patient to treat the psychiatric illness during pregnancy.

Key Words: *Pregnancy, antidepressants, mental health, health care providers, stigma*

At least one in five Canadians each year will be affected by a mental illness and it is estimated to cost the Canadian economy \$51 billion dollars annually. May 7-13th 2012 was Mental Health Week in Canada and The Mental Health Commission of Canada released Canada's first ever mental health strategy. The aims are to promote mental health and well-being for all citizens, by creating a mental health system that can meet the needs of people of all ages with mental health problems as well as their families.¹ However, when it comes to treating pregnant women suffering from psychiatric disorders, there are basically no guidelines and many challenges for healthcare providers, especially psychiatrists who are confronted with pregnant women requiring treatment, especially with pharmaceuticals on a daily basis. The following is a discussion of some of the challenges.

Stigma

Although the quality and effectiveness of mental health treatments and services have improved greatly over the past 50 years, unfortunately despite

all of these efforts, as well as many famous and influential individuals "coming out" and speaking about their personal experiences, stigma persists surrounding mental illness. Consequently, this can be a risk factor leading to negative mental health outcomes as it can be responsible for delays in seeking help, thereby reducing the likelihood that a mentally ill patient will receive adequate and appropriate care.² In a recent review article, the author discovered that the stigma of mental illness is not just confined to the general public but also exists in the medical profession. This appears to be as a result of the culture of medicine and medical training, perceptions of their colleagues, and expectations and responses of health care systems and organizations.³ Other health care professionals appear to have similar attitudes and perceptions, when confronted with an individual with a psychiatric disorder in their practice.^{4,5}

There is a paucity of research regarding stigma, mental health and pregnancy. However, it is apparent that it exists, as reported in a survey of 509 pregnant women who were mostly well-educated, high-income, married women in the northeastern

United States. The greatest perceived potential barriers to treatment were lack of time (65%), stigma (43%), and childcare issues (33%).⁶ In a recent study conducted in Saskatchewan, Canada, medical, pharmacy, and nursing students (n = 309) were given a scenario regarding a pregnant woman with depression based on Corrigan's Attribution Questionnaire and were asked seven questions based on the scenario, in an attempt to assess their level of stigma and understanding. Each student group demonstrated some stigma towards the woman and all groups lacked knowledge regarding treatment. Overall, the nursing students were the most stigmatizing of the three groups. The results suggested that even young healthcare students hold stigma towards people with mental health problems, including pregnant depressed women.⁷

Health Canada and other Government Advisories

The Health Products and Food Branch (HPFB) posts on the Health Canada web site safety alerts, public health advisories, press releases and other notices as a service to health professionals, consumers, and other interested parties. These advisories are prepared with Directorates in the HPFB which include pre-market and post-market areas as well as market authorization holders and other stakeholders. In December 2005, Health Canada released this advisory "A previous advisory was issued on this subject in October 2005, regarding preliminary results of an epidemiology study sponsored by GSK using a United States database. The results of that analysis suggested there may be a small increase in the risk of birth defects, including heart-related defects, in babies whose mothers were prescribed paroxetine in the first trimester of pregnancy, compared to other antidepressants. This second advisory is being issued as a result of new analysis of Swedish national registry data, which shows similar findings to those of the US study regarding heart-related defects, but unlike the US study, did not find an increased risk of overall birth defects."⁸

In April 2006, Health Canada warned that "women who take antidepressants and are pregnant or considering becoming pregnant that the drugs can cause potentially life-threatening risks to their babies" regarding Persistent Pulmonary Hypertension of the Newborn (PPHN).⁹

Despite many studies and close to 30,000 pregnancy outcomes following antidepressant

exposure in pregnancy, with no definitive evidence of harm¹⁰, these warnings have not been updated by Health Canada or any other government advisories, with the exception of one advisory from the FDA in December 2011. "There have been conflicting findings from new studies evaluating this potential risk, making it unclear whether use of SSRIs during pregnancy can cause PPHN. The FDA has reviewed new study results and has concluded that it is premature to reach any conclusion about a possible link between SSRI use in pregnancy and PPHN. FDA will update the SSRI drug labels to reflect the new data and the conflicting results."¹¹ This was commendable by the FDA, unfortunately, this advisory was released 6 years after the original one and by this time it was widely believed that PPHN definitely *caused* PPHN, evidenced by the many lawsuits that had been filed against the drug companies, where they use these advisories to try to prove causation.¹²

Subsequent to the paroxetine advisory, in October, 2009, a jury awarded a family \$2.5 million in the first Paxil[®] lawsuit filed against the drug manufacturer GlaxoSmithKline, alleging that the drug was responsible for their son's cardiovascular malformations, due to exposure during pregnancy. By July 2010, the company reportedly settled about 800 Paxil[®] birth defects lawsuits for approximately \$1 billion.¹³

Impact of Information Received by Pregnant Women Determining Decision-making

A semi-qualitative study of women from Saskatchewan and Ontario was conducted, where the objective was to determine the psychosocial impact of information/advice/comments that women received from health care providers, family, media, etc. Negative information from friends and family (62%), health care providers (12%) did impact women regarding taking antidepressants during pregnancy. From the media sources, 65% of the women retrieved information from the internet, much of it disturbing enough for some of them to discontinue the antidepressant they were taking. It was reported that 30% of the women did not confide in their family and friends that they were taking an antidepressant, because they did not feel comfortable doing so. Despite reassurance, worry and guilt persisted throughout pregnancy, even though the women were advised by their health care providers that they needed to take the medication.¹⁴

TABLE 1 Challenges for women regarding treating with antidepressants in pregnancy

	Continuers (n=66)	Discontinuers (n=14)
Did you feel guilty?	65%	100%
Despite reassurance from Motherisk, did you still worry that you may be harming your baby?	77%	100%
Did you consider quitting?	62%	
Despite the reassurance from Motherisk, did you have the feeling that you had to choose between your baby or your own health by taking the medication?	37%	33%
Were there any comments from friends, family, health care professionals, co-workers or even strangers which upset you?	22%	21%

Impact of Information Received by Health Care Providers Determining Decision-making

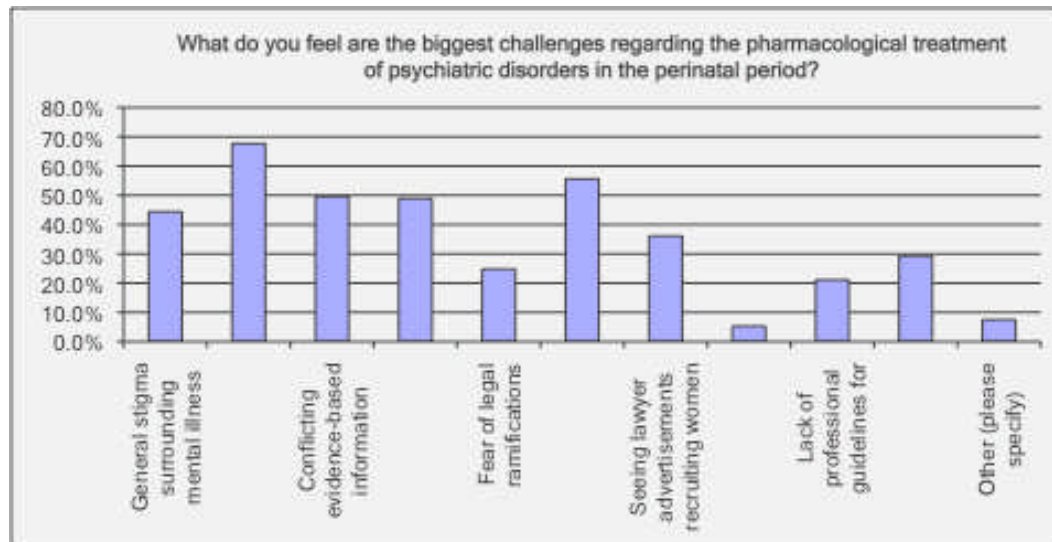
In 2010, a reproductive psychiatry list serve for health care providers was formed. It was developed as a private forum designed for health care providers to be able to discuss the challenges of treating women with psychiatric illnesses in the perinatal period. It involves sharing new evidence-based information and discussion about difficult cases.

Currently, there are almost 300 members from around the world; with approximately 80% psychiatrists and various other allied health professionals working in the mental field, as well as a number of researchers. In March 2012 a survey was sent to all the members and 133/179(74%) responded. The questionnaire was designed to determine perceived barriers in the treatment of perinatal women with psychiatric disorders

There were many perceived challenges, such as; insufficient data (e.g. long term effects), poorly designed studies with many limitations, and professional guidelines that give little guidance. In addition, patients cannot afford (in the US) or have to wait an extended period (in Canada) to get an expert consultation by a clinician specializing in perinatal psychiatry, so they tend to get inappropriate advice and treatment, if any. Compared to most other medications used in pregnancy, psychotropic drugs (especially antidepressants), are well studied and appear to be relatively safe.

However, patients and physicians alike often consider treatment of psychiatric illness "elective" or "cosmetic" thus reflecting the stigma and bias, mental health professionals have to confront on a daily basis. For more comments, see Table 2.

TABLE 2 Health care provider challenges regarding treatment



CONCLUSIONS

It is apparent that there are many challenges facing providers of psychiatric care, most often around treatment with psychotropic medications. This is especially true for psychiatrists and family physicians, (as there is a shortage of perinatal psychiatrists) who frequently need to determine if a woman requires pharmacotherapy for treatment of a psychiatric disorder. Women should be treated on a case by case basis, following careful consideration of all the risks and benefits using evidence-based information.

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