

Week 9 Discussion

Prescribing for Pregnant Women

Among pregnant women, major depressive disorder is a prevalent mental condition. It could be challenging to tell some pregnant somatic problems from depression. Nonpharmacologic and pharmaceutical therapies should be considered after diagnosis (Creeley & Denton, 2019). Antidepressants from different pharmacological classes are among the several pharmacologic treatments for depression that are often utilized. The main treatment objectives should be the remission of the patient's symptoms and restoring function (Gao et al., 2017). For best results, patients must be adequately followed up with and adhere to treatment plans.

FDA Approved Drug, Off-Label Drug, and Nonpharmacological Intervention

In the United States, SSRIs are frequently used to treat depression. Since its introduction to the market, fluoxetine has been the SSRI most prescribed to pregnant women. The recommended dose of Prozac for panic disorder ranges from 10 mg to 60 mg daily. The initial dose for depression is 20 mg per day, although the dosage may be increased or decreased based on symptoms (Gao et al., 2017). Suppose it is determined that lowering the dose is a relatively safe choice. In that case, it should be carried out under close observation and may necessitate adding nonpharmacological treatments such as psychotherapy.

Phenelzine is an off-label medication that can be used to treat prenatal depression. The use of monoamine oxidase inhibitors (MAOIs) during pregnancy and the postpartum period is little understood. The FDA has licensed Phenelzine to treat treatment-resistant depression, panic disorder, and social anxiety disorder. Phenelzine is particularly beneficial for young ladies with depression and mood problems. Dosage varies from 15 mg orally every other day to 30 mg three times daily. Patients should normally begin treatment with 15 mg three times daily (Creeley & Denton, 2019). The dosage may be increased to 60 to 90 mg per day in three or four divided doses; these increments are intended to determine the minimum effective amount, with a maximum daily dose of 90 mg.

Nonpharmacological therapies include individual and group psychotherapy and bright light therapy. The effectiveness of bright light treatment in treating seasonal affective disorder has been demonstrated. Interpersonal therapy (focus on improving social relationships and coping skills) and cognitive behavioral therapy (focus on altering patients' self-destructive thought processes) are the two most frequent psychotherapies (Uguz & Ak, 2021). Interpersonal therapy has been demonstrated to improve mood during pregnancy, although cognitive behavioral therapy has only been proven effective for postpartum depression.

Risk Benefits Assessment

Many pregnant women who take Prozac are concerned about the possibility of birth abnormalities. The good news is that despite a tiny increase in the risk of certain birth abnormalities associated with some SSRIs, such as fluoxetine, the actual risk among babies born to women on one of these antidepressants remains extremely low. Fluoxetine helps prevent or minimize the unpleasant symptoms of some mental health disorders (Gao et al., 2017). This is essential for maintaining a high quality of life and ensuring that a pregnant lady remains healthy in preparation for motherhood. SSRIs are widely and safely administered throughout pregnancy. Nonetheless, several studies have connected SSRIs to an increased risk of preterm birth and low birth weight (Gao et al., 2017). It is unknown if the medicine causes these side effects, whether they result from an underlying disease in the mother or other reasons.

Phenelzine treats depression in individuals who have not responded to conventional antidepressants. Phenelzine belongs to the class of drugs known as MAOIs. It functions by augmenting the levels of certain natural chemicals required to sustain mental equilibrium. Phenelzine may produce drowsiness or vertigo; therefore, caution should be exercised when prescribing this medication to patients who often operate machinery or drive (Creeley & Denton, 2019). The patient may tolerate Phenelzine well during her pregnancy but may develop recurrent depression symptoms at periods of significant weight gain, necessitating a dose change.

Clinical Guidelines for Depression in Pregnant Women

If a woman decides to take an antidepressant throughout pregnancy, she is generally advised to continue taking it after delivery. Medications generally safe during pregnancy are mostly safe to take while breastfeeding. Antidepressants such as Prozac are typically considered safe to take while nursing; nevertheless, research indicates that the average level of the drug in breastmilk is higher with fluoxetine than with most other SSRIs such as sertraline (Zoloft) (Gao et al., 2017). Medicines that are generally safe to use during pregnancy are frequently safe to take while nursing. Although studies reveal that the average concentration of the medication in breastmilk is higher with fluoxetine than with the majority of other SSRIs like sertraline, antidepressants like Prozac are generally considered safe to use while nursing (Creeley & Denton, 2019).

References

Gao, S. Y., Wu, Q. J., Zhang, T. N., Shen, Z. Q., Liu, C. X., Xu, X., Ji, C., & Zhao, Y. H. (2017).

Fluoxetine and congenital malformations: a systematic review and meta-analysis of