

Antidepressant use in pregnancy:

A survey of Victorian General Practitioner's practices and perspectives

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Introduction

- Perinatal depression affects 20% of women in Australia with the majority of women seeking help from their GP¹
- Psychosocial causes are the leading cause of maternal mortality in Australia²
- Currently there does not appear to be enough clinically significant evidence that should prohibit a pregnant woman from using antidepressants when there is a genuine need.³

Methods

- A cross sectional, descriptive survey was designed by a specialist team and disseminated via Victorian PHN monthly online newsletters
- Design:
- 1) Demographics
- 2) Case Vignettes
- 3) Perspectives
- Case vignettes compared prescription of antidepressants and psychotherapy referral before and after the diagnosis of pregnancy.

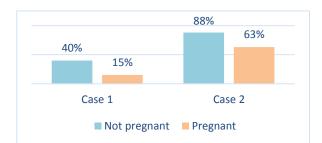


Figure 1: Comparison of GP antidepressant prescription rate to non-pregnant vs pregnant patients in Case 1 and 2

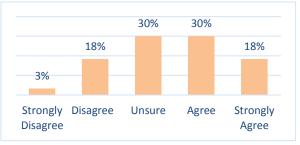


Figure 2: GP's opinion on safety of antidepressant use in pregnancy



GP's are concerned about the safety of antidepressants in pregnancy and demonstrate a reluctance to prescribe

 New, clear guidelines are needed to help guide practice

References

 AIHW. Perinatal depression: data from the 2010 Australian National Infant Feeding Survey. 2012;Cat. no. PHE 161
Humphrey MD. Maternal mortality trends in Australia. Med J Aust. 2016;205(8):344-6
Einarson A. Antidepressant use during pregnancy. Can Fam Physician. 2013;59(9):941-4

Results

- 62 Victorian GPs responded (Largest survey on topic in 10 years)
- GP's had divided opinions on safety (see figure 2)
- GP's demonstrated a reluctance to prescribe antidepressants in pregnancy due to concerns over safety
- 80% of GP's said new guidelines were necessary.
- Sertraline was the most commonly prescribed

Conclusion