



A survey among psychiatrists regarding psychotropic drug use in reproductive age women

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ABSTRACT

We present findings of a questionnaire-based survey for practicing psychiatrists in the state of Maharashtra, India as an effort to understand challenges faced and the strategies adopted while treating women in reproductive age, especially during pregnancy. Participants were asked open-ended questions to cover pre and peri-conceptual period where use of psychotropic medication might have specific consequences. The broad areas included impact of psychiatric illness on family and reproductive health, effect of treatment on fertility or obstetric outcome, contraception, pre-pregnancy counseling and vitamin supplementation, structural and functional teratogenesis, choice of psychotropes during pregnancy, obstetric complications and pregnancy outcome and neonatal withdrawal, etc.

The observations from this study bring forth various issues such as peri-conceptual care and management options during pregnancy in women on psychotropic therapy. The study reveals that not the years of clinical practice but a formal training with ongoing updates about safe prescription practices and functional effects of these drugs on the developing fetus and newborn is associated with safe prescription practice during pregnancy.

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1. Introduction

Women in reproductive age constitute a substantial proportion of psychiatrists' clientele even in a developing country like India where most of the psychotropic drugs used in the developed world are readily available. Psychotropes can potentially influence a woman's life cycle including fertility and childbearing/lactation and could also manifest trans-generationally as short or long term and/or structural or functional abnormalities in their offspring. It is essential for a practicing psychiatrist to keep abreast with the current recommendations and guidelines regarding use of such medications in women of reproductive age group.

We conducted a semistructured questionnaire-based survey as an effort to understand challenges faced and the strategies adopted by practicing psychiatrists in the state of Maharashtra, India while treating women in reproductive age. Here we present analysis of knowledge, attitude and practices about use of psychotropic drugs in women of reproductive age group, focusing on prenatal period and pregnancy.

2. Aim

To understand knowledge, attitude and practices of psychiatrists regarding use of psychotropic medications in women of reproductive age group.

3. Material and methods

We designed a semi-structured open-ended questionnaire to assess various aspects of use of psychiatric medications in women of reproductive age group that included understanding of critical periods in a woman's life cycle, effects on fertility and childbearing, possibility of structural and functional teratogenicity in the offspring and psychiatrists' motivation to seek appropriate information relevant to these issues. The questionnaire was piloted and modified where necessary. These questionnaires were sent by post along with a self-addressed envelope.

We invited 65 psychiatrists from different socio-economic-cultural settings (urban metropolis, city, town, rural, etc.) and work environments (private clinic, hospital, medical college, etc.) and at different stages in their career (resident doctor, consultant, professor, etc.) in this domain.

We analyzed responses to individual questions by using simple descriptive statistical methods and generated information regarding knowledge, attitude and practices of participating psychiatrists

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while prescribing psychotropic drugs to women in reproductive age group. Univariate analysis as well as multivariate analysis (logistic regression) were carried out using BMDP New System 2.0 and BMDP Classic statistical software package (Statistical Solutions, Cork, Ireland) to find out associations of attributes such as psychiatrist's clinical experience, training, continued education and type of practice with safe prescribing before and during pregnancy.

This study was approved by the Ethics Committee of Deenanath Mangeshkar Hospital and Research Center, Pune, India.

4. Results

In response to our invitation to participate in this survey, 52/65 (80%) psychiatrists responded and returned appropriately completed questionnaires to the study team.

4.1. Participant characteristics

4.1.1. Qualification and work place

Our study participants represented various socio-economic-cultural settings and belonged to urban and rural as well as semi-urban areas of Maharashtra. Their qualifications spanned from resident doctors to professors in Psychiatry while others were renowned private practitioners in their cities. The youngest participant was a first year psychiatry resident in a medical college while the oldest participant had 30 years of clinic and hospital-based psychiatric practice. The mean and median experience of psychiatric practice for the study participants was 7.9 years and 7.5 years respectively. 42% of respondents reported a teaching affiliation.

4.1.2. Efforts for knowledge update

40% participants reported that they either subscribed to relevant medical literature or used electronic media/internet as and when necessary while the remaining responded negatively. 71% participants recollected having some didactic teaching about use of psychotropic drugs in pregnancy and lactation. Almost all participants (50/52) suggested that they would be interested in attending a Continuing Medical Education workshop to update their knowledge about this topic.

4.2. Client characteristics

For this study the reproductive age range was considered to be 18–45 years. Almost 54% (28/52) participants claimed that 25–50% of their clientele were women in reproductive age group while an additional 33% reported that 10–25% of their clientele is constituted by women in this age group. Only 13% reported that their clientele for this group was less than 10%.

Depression was the commonest psychiatric morbidity reported (46%), along with sleep disorders (42%), followed by anxiety disorders (38%), somatoform disorders (33%), bipolar disorder (26%), and psychosis (23%) in the descending order.

4.3. Psychotropic medication related issues pertaining to non-pregnant/non-lactating reproductive age women

4.3.1. Hyperprolactinemia

Participants listed a variety of symptoms in women who were prescribed antipsychotic drugs. Menstrual abnormalities (90%) and galactorrhea (85%) were the commonest reported followed by acne (40%). Infertility and hirsutism were reported by 27% and 21% respectively. 77% participants attributed these symptoms to hyperprolactinemia as a side-effect of many antipsychotics used.

In response to a question about prolactin-sparing antipsychotics, Quetiapine, Aripiprazole and Ziprasidone were commonly reported by participants.

4.3.2. Pre-conceptional counseling

Participants were asked about the common advice that they provide to their female clients in the reproductive age group. The following issues were reported in the descending order by the participants:

Discussion of safety and risks associated with pregnancy and lactation while on a certain drug (73%), disclosing the psychiatric disorder to the partner (63%), need to plan a pregnancy in view of modifying the treatment if necessary (60%), use of peri-conceptional folic acid to prevent birth defects such as neural tube defects (52%), and need of regular fetal ultrasound monitoring during pregnancy (48%). Effect of the original disease on offspring, possibility of neonatal withdrawal symptoms and pre-pregnancy referral for genetic counseling regarding risk to the progeny were the other topics discussed.

4.3.3. Contraceptive advice

While advice for contraception was provided routinely by 25/52 (48%) participants to their clients consuming psychotropic drugs, another 23% reported doing so sometimes and 10% referred their clients to a gynecologist.

4.4. Pregnancy

4.4.1. Attitude towards treating pregnant women

Participants were asked to comment on their views about treating a psychiatric disorder during pregnancy and/or lactation. 60% of participants commented that they face certain difficulties while treating pregnant/lactating women with psychotropic drugs. Teratogenic effects, inconclusive information about safety of some of these drugs and inadequate information about long term effects of newer drugs were the commonest apprehensions expressed. A small proportion of the participants (10%) reported concern of medico-legal issues while treating pregnant/lactating women, while another 11% reported that sometimes they feel such a concern. Need to keep a constant update as well as the need to liaison with other professionals while treating such patients was reported as a concern by a few.

4.4.2. Knowledge of pregnancy physiology

4.4.2.1. Critical period. The first trimester of pregnancy was considered most critical by 96% of participants as to when they would avoid certain medications, followed by periconceptional period (38%) and lactation (30%). The second and third trimesters were considered safe by 90% and 80% participants respectively.

4.4.2.2. Teratogenicity. The major concerns expressed for considering the above periods critical were as follows: birth defects in the offspring (94%), effect of drug on newborn (63%), mental subnormality in offspring (30%), possibility of recurrent miscarriages (30%), effect on fertility (26%), altered drug metabolism in pregnancy and risk of obstetric complications (19% and 13% respectively).

4.4.3. Practice and choice of management options

About 56% of participants reported using published medical literature or information available electronically or consulting a colleague to check safety of psychotropic medication for making prescription decisions during pregnancy/lactation.

4.4.3.1. Choice of psychotropic medication. Almost 85% participants based their choice of drug as dependent upon the gestational age at presentation, especially if pregnancy was within the first 12 weeks of gestation.

Table 1 provides prescription preferences of psychiatrists across various classes of psychotropic medication viz. antipsychotics, antidepressants, mood stabilizers, anxiolytics, and sedative-hypnotics

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