SAFETY TO USE PSYCHOTROPIC DRUGS IN BREASTFEEDING

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Background
The benefits of breastfeeding generally appear to outweigh the small risk posed by psychotropic drugs. Medication should be started at the lowest effective dose. In addition, taking medication immediately after nursing can reduce infant exposure.

If mothers with psychiatric illnesses choose to breastfeed, they should try to minimize chronic sleep deprivation. The goal is to work towards both preservation of maternal sleep and successful breastfeeding, while making necessary accommodations.

Infants exposed to antipsychotics should be monitored periodically for adverse events.

Main Objective
It knows the safety to use psychotropic drugs in breastfeeding.

Methods
Literature review of articles in PubMed, Medline, Cochrane Library and Uptodate data.

Preliminary Results
The exposure to antipsychotics in breastfeeding, generally appears to be low and clinically insignificant. However, the literature remains scant and more research is needed to make evidence based recommendations. Chlorpromazine and haloperidol may be compatible with breastfeeding. Olanzapine, quetiapine and risperidone may also be compatible with breastfeeding.

There is no clear consensus on the safety of lithium.

Selective serotonin reuptake inhibitors (SSRIs) are safe and paroxetine and sertraline may be preferable. Serotonin-norepinephrine reuptake inhibitors (SNRIs), venlafaxine and desvenlafaxine appear to be safe to use in breastfeeding. Atypical antidepressants have been studied low; however, mirtazapine may be compatible with breastfeeding.

Benzodiazepines that have short half-lives (eg, lorazepam) are generally preferred. Diazepam appears to be incompatible with breastfeeding.
Conclusions or Comments
Women who are successfully treated with drugs during pregnancy should generally not change medications for the purpose of breastfeeding and who start psychotropic drugs should be treated with medications that were efficacious in the past.

Psychotropic polypharmacy should be avoided, if possible, and mothers should avoid other concomitant medications that increase infant exposure.

If adverse events in infants are suspected, mothers should immediately reduce or suspend breastfeeding.

References