Consensus panel recommendations for management of pregnant women affects by anxiety and depressive disorders.

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Introduction

The initiative of a consensus on the topic of antidepressant and anxiolytic drugs use in pregnancy is developing in an area of clinical uncertainty. Although many studies have been published in recent years, there is still a paucity of authoritative evidence-based indications useful for guiding the prescription of these drugs during pregnancy and the data from the literature are complex and required expert judgment to draw clear conclusions.

Methods

For the elaboration of the consensus, we have involved the scientific societies of the sector, namely the Italian Society of Toxicology, the Italian Society of Neuropsychopharmacology, the Italian Society of Psychiatry, the Italian Society of Obstetrics and Gynecology, the Italian Society of Drug Addiction and the Italian Society of Addiction Pathology. An interdisciplinary team of experts from different medical specialties (toxicologists, pharmacologists, psychiatrists, gynecologists, neonatologists) was first established to identify the needs underlying the Consensus. The team, in its definitive structure, include all the representatives of the aforementioned scientific societies; the task of the team was the evaluation of the most accredited international literature as well as, using the methodology of the "Nominal Group Technique" with the help of a systematic review of the literature and with various discussion meetings, to arrive at the drafting and final approval of the document.

Preliminar Outcome

Five areas of investigation were identified:

I. Importance of management of anxiety and depressive disorders in pregnancy, identifying the risks associated with untreated maternal depression in pregnancy
II. Assessment of the overall risk of malformations with the antidepressant and anxiolytic drugs use in pregnancy
III. Evaluation of neonatal adaptation disorders in the offspring of pregnant antidepressant/anxiolytic-treated women
IV. Long-term development: infants' cognitive development or behavior after in-utero exposure to antidepressant/anxiolytic medicines
V. Evaluation of pharmacological treatment of opioid abusers pregnant women with depressive disorders.

Conclusions

Considering the state of the art, it is therefore necessary in the first instance to frame the issue of pharmacological choices in pregnant women who need treatment with antidepressant and anxiolytic drugs on the basis of data currently available in the literature. Particular attention must be paid to the evaluation of the risk/benefit ratio, understood both in terms of therapeutic benefit with respect to the potential risks of the treatment on the pregnancy and on the fetal outcome, and of the comparative risk between the treatment or the absence of treatment: in the choice prescription, the specialist needs to be aware of both the potential risks of pharmacological treatment and the equally important risks of an untreated or inadequately treated disorder.