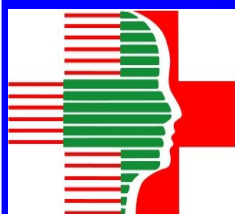




# Family Planning Service in Hungary - Special Attention for Women Affected by Psychiatric Disorders

**Erika Erös M.D.**



# The history of family planning in Hungary



# Three steps of family planning service

1. Check-up of reproductive health
2. 3-month preparation for conception
3. High protection of early pregnancy



# Check-up of reproductive health

- Family history of the couple
- Case history of female, pre-existing condition, e.g. epilepsy, depression, etc.
- Vaginal and cervical smear screening
- Sperm analysis
- Laboratory tests (CBC, rubella, varicella, hormonal state)
- Taking the sexual history of the couple

# 3-month preparation for conception

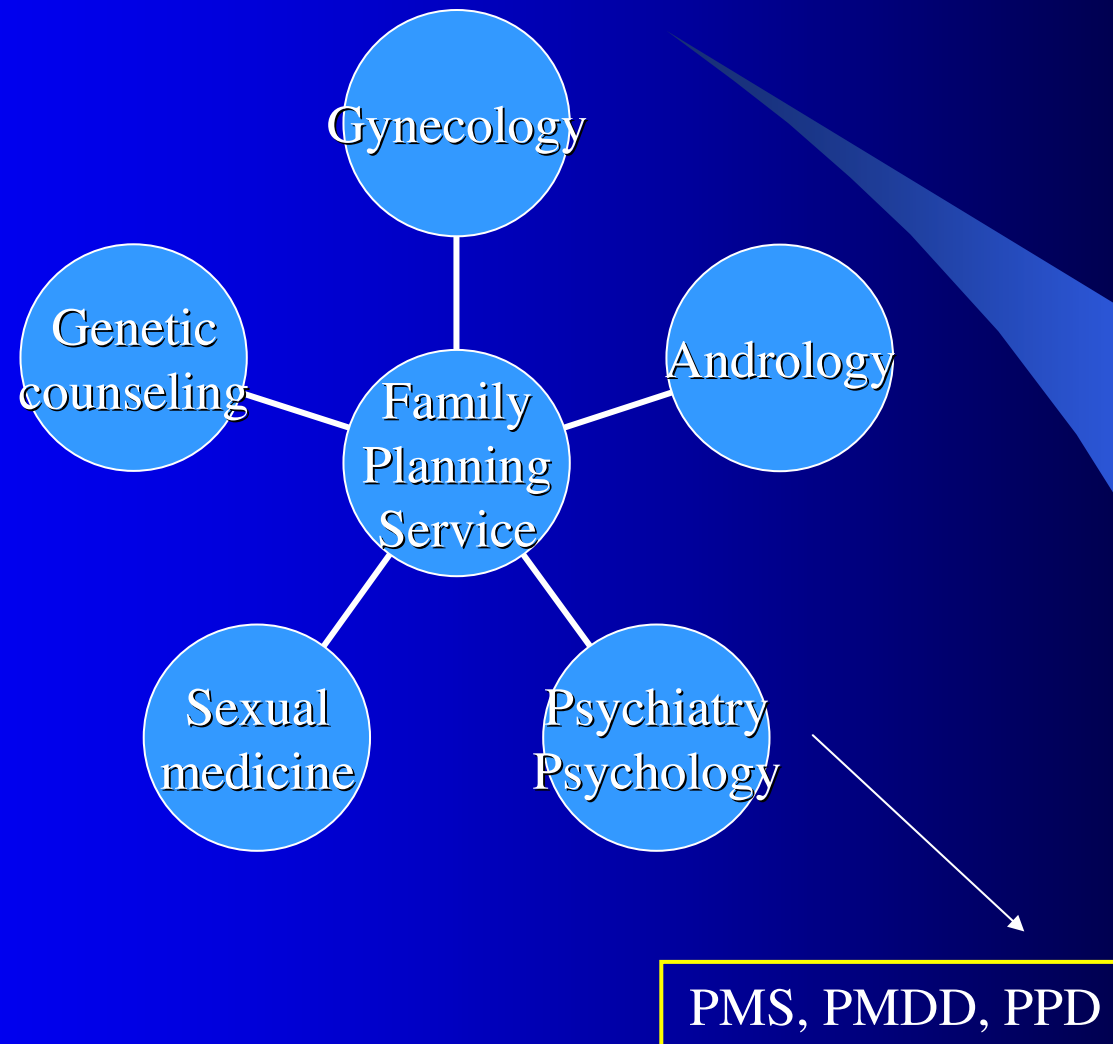
- Protection of germ cells (alcohol, smoking, drugs)
- Discontinuation of contraceptive pills and IUD
- Menstrual history and detection of hormonal dysfunction by measurement of basal body temperature
- Pre-conceptual multivitamin supplementation
- Check dental status, dietary advices

# High protection of early pregnancy

- Early pregnancy confirmation
- Post-conceptional multivitamin supplementation
- Avoidance of teratogenic risk
- Down's syndrome screening (combined test)



# Medical consultations



# Origin of leading causes of death

Genetic background

Environmental factors

Multi-factorial, polygenic diseases



Euphenic prevention



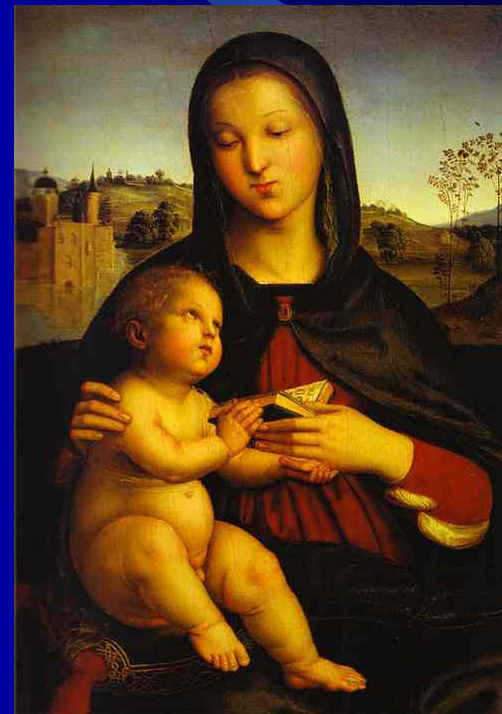
# Three elements of euphenic prevention

1. To reveal future parents with specific genetic predisposition
  - > case history
  - > family history
  - > pre-symptomatic marker
  - > molecular genetics
2. To educate people at high risk about risk and protective factors
3. To provide specific preventive program for the couple

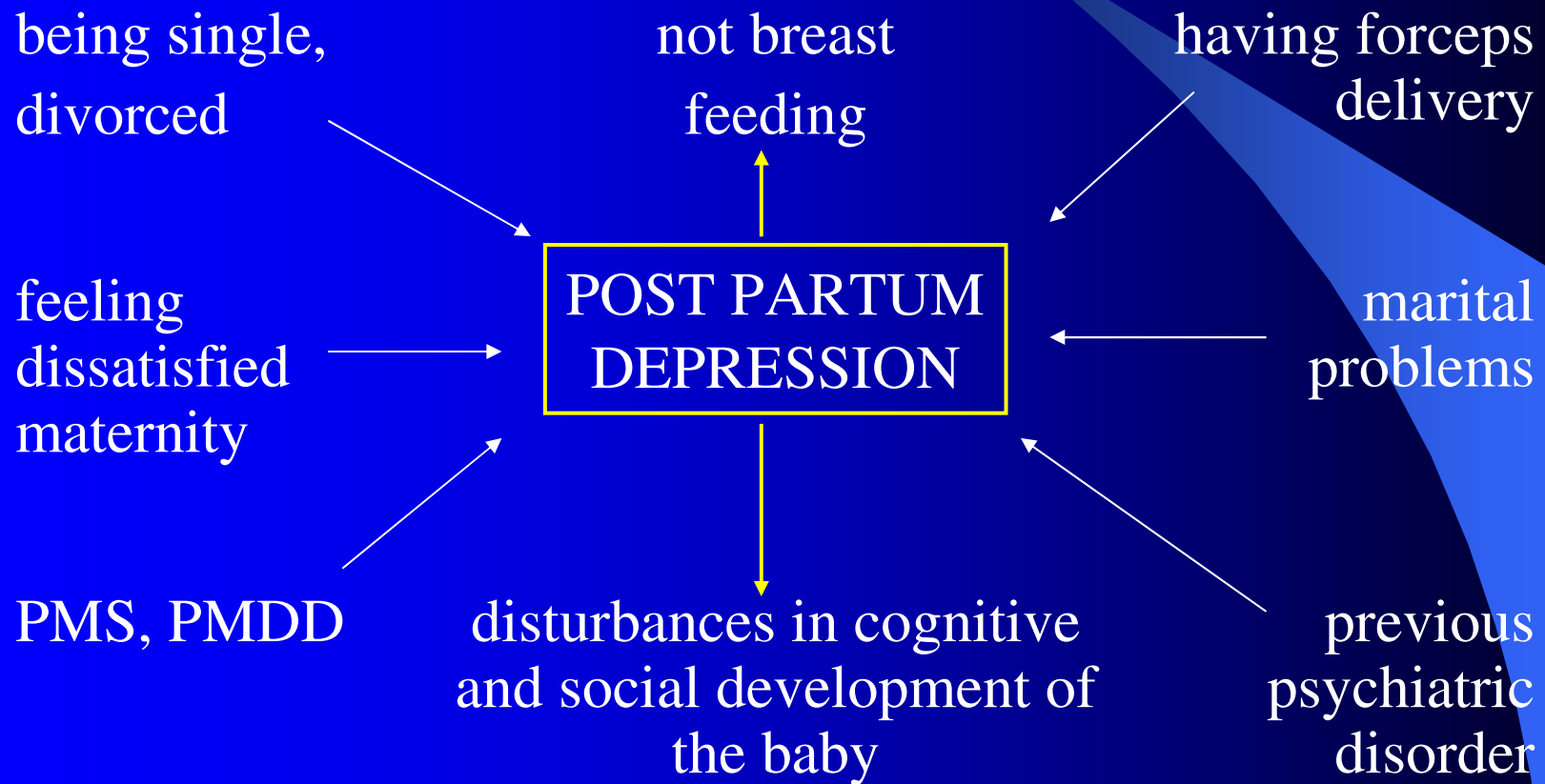
# Euphenic prevention of PPD

PMS as the presymptomatic marker of PPD:

- The risk of depression 5-6 times higher in cases of PMS
- 86% of women affected by PMS falls into depression during their life



# Risk factors and complications of PPD



# Specific service for women affected by psychiatric diseases

Two main problems:

- No guidelines from the Hungarian Psychiatric Standard Committee
- Off-label prescription

# Medical treatment during pregnancy

Teratogenic risk (FDA):

- A. No risk
- B. Animal studies neg., no human study
- C. No human study, no or very low risk in animal studies
- D. Data for fetus risk in human study
- X. Contraindication: potential risk is higher than benefits

# Antidepressants

## Pregnancy

Fluoxetine	B
Fluvoxamin	C
Paroxetine	B
Citalopram	C
Sertralin	B

# Highlights

- Antidepressants during the first trimester of pregnancy don't increase the risk for major malformation
- Antidepressants during the last trimester of pregnancy may be a risk factor for poor neonatal adaptation
- No association between antidepressants during pregnancy and long-term neurodevelopmental adverse outcomes
- Not treated depression during pregnancy may have adverse effect for the mother and child

# Take home messages

- No evidence of teratogenic risk of psychiatric drugs
- Untreated psychiatric disorder can exert own risk on the infant's health
- Mother's health is the main aim!
- Use the adequate drug for the patient at the minimum but effective dose as monotherapy
- Choose drug with highest experiences of usage during pregnancy
- First-line choice sertraline, paroxetine and citalopram
- Rigorous follow-up!!



# The 'rewards' of our service



Thank you!