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

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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-conceptional 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)
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

- being single, divorced
- feeling dissatisfied maternity
- PMS, PMDD

not breast feeding

having forceps delivery

marital problems

previous psychiatric disorder

POST PARTUM DEPRESSION

disturbances in cognitive and social development of the baby
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

British Columbia Repro. Care Program, 2003
# Antidepressants

<table>
<thead>
<tr>
<th>Antidepressant</th>
<th>Pregnancy</th>
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<tbody>
<tr>
<td>Fluoxetine</td>
<td>B</td>
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<tr>
<td>Fluvoxamine</td>
<td>C</td>
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<tr>
<td>Paroxetine</td>
<td>B</td>
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<tr>
<td>Citalopram</td>
<td>C</td>
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<tr>
<td>Sertraline</td>
<td>B</td>
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British Columbia Repro. Care Program, 2003
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!