

임신과 수유시의 정신약물치료

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ABSTRACT

Practical Issues in the Psychopharmacotherapy during Pregnancy and Lactation

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Although the pregnancy period has typically been viewed as a time of emotional well-being, recent data do not substantiate this optimistic view for women with prior histories of depression. This paper will review the natural history of depression in pregnancy. The potential risks to the mother and the fetus when the psychiatric illness goes untreated will be reviewed. Also to be discussed are : the potential teratogenicity of each class of psychotropic medication, the treatment dilemmas, the possible alternatives when prescribing psychotropic medications and the decision-making guidelines regarding the discontinuation of medications. The risk of major depression in the postpartum period in the overall population and the likelihood of recurrence will be reviewed, and prophylactic strategies will be covered also. (**Korean J Psychopharmacol 2000;11(1):22-34**)

KEY WORDS : Psychopharmacotherapy · Pregnancy · Lactation.

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FDA

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2)

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(Table 1).

1. 약물치료의 위험

가 가

1) , 2) (behavioral teratogenesis)

, 3)

(teratogenicity)

12

5) 가 8)

(teratogen) 가

2 4% 가

12% 6,7) 2

(

) 가

가

가 가

(perinatal syndrome) 2. 정신질환과 연관된 위험

20

가

Table 1. U.S. food and drug administration (FDA) use-in-pregnancy ratings

Category	Interpretation
A	Controlled studies show no risk : Adequate, well controlled studies in pregnant women have failed to demonstrate risk to the fetus.
B	No evidence of risk in humans : Either animal findings show risk, but human findings do not ; or, if no adequate human studies have been done, animal findings are negative.
C	Risk cannot be ruled out : Human studies are lacking, and animal studies are either positive for fetal risk or lacking as well. However, potential benefits may justify the potential risk.
D	Positive evidence of risk : Investigational or postmarketing data show risk to the fetus. Nevertheless, potential benefits may outweigh risks.
X	Contraindicated in pregnancy : Studies in animals or humans, or investigational or postmarketing reports, have shown fetal risk that clearly outweighs any possible benefit to the patient.

Source. Physicians' Desk Reference, 50th Edition. Montvale, NJ, Medical Economics, 1996.

Table 2. Risk factor of psychotropic drugs

Generic name	Risk category ^a	American academy of pediatrics rating ^b	Generic name	Risk category ^a	American academy of pediatrics rating ^b
Antipsychotics			Other antidepressants		
Chlorpromazine	C	Unknown, but of concern	Bupropion	B _m	N/A
Clozapine	B _m	N/A	Mirtazapine	C	N/A
Fluphenazine	C	N/A	Nefazodone	C	N/A
Haloperidol	C _m	Unknown, but of concern	Trazodone	C _m	Unknown, but of concern
Loxapine	C	N/A	Venlafaxine ^c	C _m	N/A
Mesoridazine	C	Unknown, but of concern	Benzodiazepines		
Molindone	C	N/A	Alprazolam	D _m	N/A
Olanzapine	C	N/A	Chlordiazepoxide	D	N/A
Perphenazine	C	Unknown, but of concern	Clonazepam	C	N/A
Pimozide ^c	C	N/A	Clorazepate	D	N/A
Risperidone ^c	C	N/A	Diazepam	D	Unknown, but of concern
Thioridazine	C	N/A	Halazepam ^c	N/A	N/A
Thiothixene	C	N/A	Lorazepam	D _m	Unknown, but of concern
Trifluoperazine	C	N/A	Oxazepam	D	N/A
Medications for antipsychotic side effects			Prazepam ^c	D	Unknown, but of concern
Amantadine	C _m	N/A	Benzodiazepines for insomnia		
Benzotropine	C	N/A	Estazolam ^c	X	N/A
Diphenhydramine	C	N/A	Flurazepam	X _m	N/A
Propranolol	C _m	Compatible	Quazepam ^c	X	Unknown, but of concern
Trihexyphenidyl	C	N/A	Temazepam	X _m	Unknown, but of concern
Heterocyclic antidepressants			Triazolam	X _m	Unknown, but of concern
Anitriptyline	D	Unknown, but of concern	Nonbenzodiazepine anxiolytics and hypnotics		
Amoxapine	C _m	Unknown, but of concern	Buspirone ^c	B	N/A
Clonipramine	C _m	Unknown, but of concern	Chloral hydrate	C _m	Compatible
Desipramine	C	Unknown, but of concern	Zolpidem ^c	C	N/A
Doxepin	C	Unknown, but of concern	Mood-stabilizing medications		
Imipramine	D	Unknown, but of concern	Carbamazepine	C _m	Compatible
Nortriptyline	D	N/A	Clonazepam	C	N/A
Maprotyline	B _m	N/A	Gabapentin	C	N/A
Monoamine oxidase inhibitors			Lamotrigine	C	N/A
Isocarboxazid	C	N/A	Valproic acid	D	Compatible Contraindicated le
Phenelzine	C	N/A	Lithium	D	
Tranylcypromine	C	N/A			
Selective serotonin reuptake inhibitors					
Fluoxetine	C	Unknown, but of concern			
Fluvoxamine ^c	C	Unknown, but of concern			
Paroxetine ^c	C	N/A			
Sertraline	C	N/A			

N/A = not applicable

^aRisk category adapted from Briggs 1994 ; " m " subscript is for data taken from the manufacturer's package insert

^bAmerican Academy of Pediatrics 1994

^cNot listed in Briggs et al. 1994. Risk category taken from Physicians' Desk Reference 1992, 1993, 1994, 1996

임신 중 개별 항정신약물 사용의 영향

10 가 phenothiazine 가 haloperidol cloz - 가 apine 가 haloperidol 가

가 가 가

Table 2

1. 항정신병약물

haloperidol 10 가

⁹⁾ 가 가

가 Rumeau - Rouquette ¹⁰⁾ 가 가

315 3.5% 가 phenothiazines chl - IQ 가 5

orpromazine (metaanalysis) 가

가 ¹¹⁾ Benztropine trihexyphenidyl 가

Slone ¹²⁾ phen - 50,282 가 diphenhydramine 가

othiazine 1309

가 prochlorperazine 가

Milkovich Van den Berg ¹³⁾ 6 2. 항우울제 10%

Amphetamine 가 , 가
 floppy baby 가
 3. 기분 안정제
 1) 리튬 가 , 가 . 70 . Schou²⁶⁾ 5
 가 (20,21) , 60
 Ebstein's anomaly 가 36
 가 36
 (22)
 (23,24)
 Ebstein's anomaly
 Ebstein's anomaly
 Carbamazepine 1% Valproic acid
 1 3% 가 가
 가 가 (orofacial cleft)
 (minor malformation)(, rotated ears, flat nasal bridge, fingernail hypoplasia)
 in's anomaly (25)
 20
 20,000 1 ,
 2000 1(0.05%) 1000 1(0.1%)
 Ebstein's anomaly

가

risk category가 (metabolites)

FDA () 가

가

3) 용량의 결정 요 약

가 가

가 가

가 가

(가) 가 phenothiazine, lithium, benzodiazepines, valproic acid, carbamazepine

4) 필요시 소아과 의사와 협의 가

가 가 TCAs SSRIs

모유 수유

가 가

가 가

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가 ,
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중심 단어 :

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