

## MANAGEMENT OF LITHIUM THERAPY DURING PREGNANCY

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Clinical management of BP is particularly complicated during pregnancy. Several studies indicate that, in the absence of continued pharmacotherapy, 50%-60% of women with BP will relapse during pregnancy. Relapse rates are higher after abrupt cessation of lithium therapy. Lithium, one of the mainstays for acute and maintenance treatment of BP, is associated with human fetal risk but it has been suggested as the mood stabilizer of choice, given the greater teratogenic risks associated with antiepileptic drugs. The aim of our study is to evaluate the prophylactic efficacy of lithium in affective disorders during pregnancy and to determine its potential teratogenic risk. We analyzed retrospectively 8 patients with BPI, BPII, SAM disorders and Major Recurrent Depression, who were admitted from 1976 to 1992 to the outpatients unit (Lithium Clinic) of the Clinical Psychopharmacology Center of the Section of Clinical Pharmacology, Department of Neurosciences, University of Cagliari. Lifetime consensus diagnoses according to RDC criteria were achieved by trained clinical psychopharmacologists. We examined the clinical course of pregnant patients who continued or discontinued lithium maintenance treatment throughout their pregnancy applying the NIMH Life Chart Method. Recurrence was defined as a new hypo/manic or depressive episode meeting diagnostic criteria at any time during pregnancy or postpartum (defined as the period within three months from partum). We set up a database for the recording of clinical data useful for a descriptive analysis of cases. We studied patients affected by BPI (# 2), BPII (# 2), SAM (# 3) and Major Recurrent Depression (# 1). The mean age at illness onset was 20.9 years (SD = 4.9). The mean age at the start of pregnancy was 29.5 years (SD = 5.8). On a total of 10 pregnancies (2 patients had 2 pregnancies) lithium therapy was discontinued with a rate of 70%. All patients who continued lithium (# 3) remained stable during pregnancy and postpartum and delivered infants without malformations. Among patients who discontinued lithium (# 7), 6 women experienced a recurrence: 3 patients during pregnancy and others 3 patients during postpartum. Moreover, 1 out of 6 patients, as a result of a new episode with hospitalization, interrupted the pregnancy. Only 1 out of 7 patients who discontinued lithium remained euthymic. Our study evidences that lithium maintenance therapy protects effectively against the risk of affective relapse during pregnancy and postpartum while its discontinuation is associated with a very high risk of new episodes. In our clinical experience lithium has proved to be a sure enough drug regarding teratogenic risks.