

Editorial

Are Antidepressants Associated with Gestational Hypertension?

Faruk Uguz*

Meram Faculty of Medicine, Necmettin Erbakan University, Turkey

***Corresponding author:** Faruk Uguz, Meram Faculty of Medicine, Necmettin Erbakan University, Turkey, Tel: +90 332 223 6306; Email: farukuguz@gmail.com**Received:** December 08, 2014; **Accepted:** December 09, 2014; **Published:** December 09, 2014

Editorial

The most commonly used psychotropic drugs during pregnancy are antidepressants. As a consequence of increasing usage [1], data on their effects on mothers and their fetuses have markedly increased in the last decade. However, many aspects on this topic have been remained unclear.

Hypertensive disorders during pregnancy are relatively frequent and associated with increased risk of morbidity and mortality [2,3]. Most recently, several studies have examined the relationship between the usage of antidepressants and gestational hypertension or preeclampsia. Toh et al. [4] reported that Selective Serotonin Reuptake Inhibitors (SSRIs) are associated with 3.2 fold increased risk of gestational hypertension. Nevertheless, the authors did not exclude the contribution of depression towards the hypertension. De Vera et al. [5] found a 53% increased risk of pregnancy-induced hypertension related to antidepressant use during pregnancy, independent of depression or anxiety. Some authors have reported that the risk elevation exists even when antidepressants other than SSRIs are used [6,7]. On the other hand, a meta-analysis suggested that mental stress, depression and anxiety are positively associated with risk of gestational hypertension or preeclampsia [8].

Clearly, the current evidence is inadequate to determine whether antidepressants increase the risk of gestational hypertension

independent of depression and anxiety disorders. The available studies examining this topic are mostly based on population databases rather than clinical observational methods. The database studies have severe limitations due to lack of data such as the severity of depression or anxiety disorders in pregnant women, the existence of comorbid psychiatric disorders and doses of antidepressants. The prescription of antidepressants is usually expected in pregnant patients with clinically severe depressive or anxiety disorders. Therefore, the study results should be approached with caution. Further studies based on clinical observations are urgently need on this topic.

References

1. Andrade SE, Raebel MA, Brown J, Lane K, Livingston J, Boudreau D, et al. Use of antidepressant medications during pregnancy: a multisite study. *Am J Obstet Gynecol.* 2008; 198: 194.
2. Report of the National High Blood Pressure Education Program Working Group on High Blood Pressure in Pregnancy. *Am J Obstet Gynecol.* 2000; 183: S1-1S22.
3. Jim B, Sharma S, Kebede T, Acharya A. Hypertension in pregnancy: a comprehensive update. *Cardiol Rev.* 2010; 18: 178-189.
4. Toh S, Mitchell AA, Louik C, Werler MM, Chambers CD, Hernandez-Diaz S. Selective serotonin reuptake inhibitor use and risk of gestational hypertension. *Am J Psychiatry.* 2009; 166: 320-328.
5. De Vera MA, Berard A. Antidepressant use during pregnancy and the risk of pregnancy-induced hypertension. *Br J Clin Pharmacol.* 2012; 74: 362-369.
6. Palmsten K, Setoguchi S, Margulis AV, Patrick AR, Hernandez-Diaz S. Elevated risk of preeclampsia in pregnant women with depression: depression or antidepressants? *Am J Epidemiol.* 2012; 175: 988-997.
7. Palmsten K, Huybrechts KF, Michels KB, Williams PL, Mogun H, Setoguchi S, et al. Antidepressant use and risk for preeclampsia. *Epidemiology.* 2013; 24: 682-691.
8. Zhang S, Ding Z, Liu H, Chen Z, Wu J, Zhang Y, et al. Association between mental stress and gestational hypertension/preeclampsia: a meta-analysis. *Obstet Gynecol Surv.* 2013; 68: 825-834.