

Information for patients about the Berard et al.'s study '*Antidepressant Use During Pregnancy and the Risk of Autism in Children*', published in JAMA Pediatrics

Q: Does this study indicate that I should not take antidepressants if I am planning to become pregnant, are pregnant, or am currently breastfeeding?

A: No. This study does not answer the question about whether you should take antidepressants during pregnancy.

- The risks of untreated depression are high:
 - 50-62% risk of having depression after delivery
 - twice the risk of your baby dying before birth, of suffering from major defects such as a heart or brain malformations, of having low weight at birth, of being delivered earlier than they should, and of being more slow to develop compared to other children.
- Stopping antidepressants during pregnancy also raises to more than 50% your risk of becoming depressed again during pregnancy or after delivery.

These risks must be weighed against the risks of continuing antidepressants during pregnancy.

Q: Does this study show that I have 87% chance of my baby developing autism if I took antidepressants during pregnancy, as mentioned in the media?

A: No. In fact, being exposed to antidepressants during pregnancy may raise the risk of autism from 1% in unexposed children to 1.87% (i.e. less than 2%) if one counts all children for whom there is at some point a suspicion of autism. There was actually no association between antidepressants and autism when the authors only looked at children diagnosed with autism by a psychiatrist or a neurologist. The 1.87% number could have actually been obtained by chance.

Q: Is the study the only one looking at the link between antidepressants during pregnancy and autism?

A: No. In fact, three other large studies (together looking at close to 13 million children) did NOT find an association between exposure to antidepressant medication during pregnancy and autism. In the five smaller studies showing an association between antidepressants and autism (total of a little more than 2 million children), history of depression in the mother seemed to account for most of the increased risk of autism. Taken together, these studies suggest that it is depression during pregnancy (rather than antidepressant treatment) that increases the risk of autism.

Q: I heard that the way the study was conducted has some limitations, and this is why my doctor is not modifying his/her practice following these results. What are these limitations?

A: Limitations include running too many analyses, increasing the risk of finding something just by chance, and not accounting for factors that have been previously linked with autism. Examples of known factors not examined in this study are listed below:

- having another family member with autism or other psychiatric disorders
- low weight at birth and early delivery
- smoking, alcohol and drug use in the mother
- mother's weight
- age of the father
- the mother actually taking the antidepressant pills (as the results of the study were based on the mother going to the pharmacy to get a bottle of antidepressants at least once during pregnancy, without proof that she took the actual pills)

Q: The media coverage of that paper mentions that psychotherapy and exercise should be sufficient to treat depression during pregnancy, and that the use of antidepressants is not necessary. Is this true?

A: No. Even though psychotherapy and exercise are effective treatments for depression, a significant proportion of patients do not have access to therapy, cannot exercise because it may endanger the pregnancy, or prefer antidepressants. In addition, several patients find that they still experience significant depression and anxiety even after being in psychotherapy for several weeks. Therefore, antidepressants are a useful alternative for the treatment of depression during pregnancy.