

True / False Questions for MRCPsych Course – November

Please answer each question as True / False

1. In the pharmacological treatment of pregnant or postnatal women with bipolar disorder:
 - a. Folic acid supplementation has been shown to successfully prevent anti-epileptic induced congenital anomalies in exposed offspring.
 - b. Lamotrigine has been shown to be a safe alternative to valproate for pregnant and postnatal women who are at high risk of developing depressive recurrences.
 - c. Lithium is contra-indicated in all stages of pregnancy.
 - d. If a woman in her second trimester of pregnancy presents in your clinic and tells you that she is taking valproate for bipolar disorder, you should gradually withdraw the drug and replace it with an antipsychotic, if necessary.
 - e. The MHRA has banned the use of valproate in pregnant women with bipolar disorder, but has allowed it for exceptional cases of women who suffer from epilepsy that has not responded to other drugs.
 - f. Women on lamotrigine will experience serum level to dose ratios that generally increase from the first to third trimester. These will then rapidly decrease after birth. Regular monitoring (for example every 4 weeks) of lamotrigine levels is advise.

Comments:

a. this is false.

b. False. There is relatively little data yet on lamotrigine and a recent study has associated lamotrigine exposure with a higher risk of autism spectrum disorder although this awaits confirmation.

c. False. It can be relatively safely used in the second and third trimester, and the risk of teratogenicity is small.

d. True

e. The second part of the sentence is false. However, neurologists would like to have the option of treating women with valproate if they have severe epilepsy that hasn't responded to alternative medication

f. False. Serum level to dose ratios generally decrease in the first trimester and reach their lowest in the third trimester. A medication dose increase of 20 – 25% is often recommended. Clearance of lamotrigine decreases and therefore repetition of serum concentration is required to avoid toxicity.

2. The following applies to the use of antipsychotics in pregnancy:

- a. The NICE guidelines recommend to avoid depot preparations in pregnancy
- b. It has been shown that women treated with clozapine and olanzapine have a 20 % risk of developing gestational diabetes mellitus
- c. If a woman suffers from schizophrenia her illness usually improves considerably in pregnancy and medication can often be stopped
- d. First generation antipsychotics should generally be preferred in the maintenance treatment of pregnant women because more pregnancy outcomes are known for this group of agents than for second generation antipsychotics.
- e. Aripiprazole should be the preferred antipsychotic in pregnancy and breastfeeding women because of its side effect profile
- f. Olanzapine has the lowest placental passage at 24%

Comments

- a. True. Although the NICE guidelines recommend this, in patients with poor compliance with oral medication it is difficult to adhere to this. It is probably not advisable to initiate depot medication in pregnancy because of the unforeseen side effects and lack of flexibility in dosing.
- b. False. Little data are yet available on this topic but what does exist does not point to such a large effect.
- c. False. There is no systematic evidence for this.
- d. False. Less data has been published on infant outcomes after intrauterine exposure to a large number of first generation antipsychotic drugs than second generation antipsychotics.
- e. False. Relatively little is as yet known about the effects of aripiprazole in breastfed infants and the evidence base is less than that of other antipsychotics in pregnant women. In addition, it can have a prolactin lowering effect and may affect milk production adversely.
- f. False. Olanzapine has the highest placental passage at 72% (Haloperidol 66% / Risperidone 49% / Quetiapine 24%)

3. Which statements are correct in regard to breastfeeding and psychotropic drugs:

- a. Current evidence suggests that there are large differences in the entry of antipsychotic drugs into breastmilk and large differences in side effects in breastfed infants
- b. Mothers should not breastfeed when taking clozapine because this drug can cause agranulocytosis in breastfed infants
- c. The exposure of infants to drugs via breast milk is about the same as when the mother is taking the drug during pregnancy
- d. The amount of antipsychotic transmitted via breast-milk is less than transmitted via the placenta, therefore the risk of toxicity reduces when the child is born and breastfed
- d. Recent research has shown conclusively that breastfeeding is not more beneficial to child development than feeding with formula milk
- e. A postnatal mother who is breastfeeding can be treated with valproate because breastfeeding is a highly effective contraceptive

Comments:

a. False

b. True

c. False

d. False

e. False

f. False

4. Which of the following statements are correct in respect of antidepressant use in pregnancy ?
- a. Newborns exposed to SSRIs in the first trimester of pregnancy are more likely to develop Ebstein's anomaly
 - b. Some studies have shown that newborns exposed to SSRIs in the first trimester are more likely to have persistent pulmonary hypertension of the newborn .
 - c. Newborns exposed to SSRI's in the second half of pregnancy are more likely to have poor neonatal adaptation syndrome
 - d. Both depression and antidepressant use are thought to reduce birthweight
 - e. There is now robust evidence that exposure to SSRI's in pregnancy causes a 5-fold increase of a diagnosis of autism spectrum disorder in the offspring
 - f. All SSRIs carry the same risks in pregnancy

Comments:

- a. False, if there are any cardiovascular effects, they are small, are related to septal defects and not Ebstein's abnormality
- b. False, this results from exposure in later pregnancy and prior to delivery
- c. True
- d. True
- e. False, Evidence is conflicting and any risk reported is uncertain.
- f. Most SSRIs carry similar risks in pregnancy with the exception of Paroxetine. Paroxetine is associated with a small increased risk of congenital cardiovascular malformations.

5. The following statements on mental disorders occurring in the perinatal period are correct:
- a. About 1 in 4 to 1 in 5 childbearing women are affected by mental disorder
 - b. In contrast to bipolar disorder, a lady with schizophrenia does not have an increased rate of first ever admissions or re-hospitalization when she delivers.
 - c. More women suffer from OCD in pregnancy and the postpartum period than non-childbearing women
 - d. A case of suspected postpartum psychosis is a psychiatric emergency
 - e. The incidence and prevalence of depression is higher in the first month postpartum than in the second month postpartum
 - f. ECT can be used in pregnancy, however baby should be monitored with a CTG for seizure activity.

Comments:

a. True

b. False

c. True

d. True

e. False

f. False. ECT is generally well tolerated and there are no absolute contraindications. Risks have been identified (spontaneous abortion, preterm labour, abruption and uteroplacental insufficiency) which can be discussed with an obstetrician prior to use.

Which of the following statements are correct:

- a. Women with postnatal depression show less maternal sensitivity towards their infants than women without depression
- b. The association between depression and parental sensitivity does probably not apply to fathers
- c. Depression during pregnancy may be related to SIDS
- d. Axial diffusivity (demonstrating the integrity of axons) and fractional anisotropy were shown to be higher in neonates of women with depressive symptoms.
- e. A Father's mental health has no impact on children's long-term development
- f. None of the current parenting interventions have been shown to be effective

Comments:

a. true

b. false

c. true. In a study which controlled for confounding factors (smoking status and infant sex) antenatal depression was observed in more cases than controls (9% vs 2%)

d. false. Axial diffusivity and fractional anisotropy (brain fibre organisation) were shown to be lower.

e. false

f. false