

Management of Attention Deficit Hyperactivity Disorder During Pregnancy



Allison S. Baker, MD^{a,*}, Marlene P. Freeman, MD^b

KEYWORDS

- Attention deficit hyperactivity disorder • Pregnancy • Methylphenidate
- Amphetamines

KEY POINTS

- Attention deficit hyperactivity disorder (ADHD) is one of the most common neurobehavioral disorders of childhood and commonly persists into adulthood.
- Women are increasingly using prescribed stimulant medications during pregnancy.
- ADHD symptoms affect daily functioning, including that of pregnant women with ADHD.
- Functional impairment can vary, and when moderate to severe, the benefit of stimulant medication use can outweigh risks of medication exposure (both known and unknown).
- If a decision is made to take ADHD medication, women should be informed of the known risks and benefits of the medication use in pregnancy, and take the lowest therapeutic dose possible; nonpharmacologic approaches should be maximized.

INTRODUCTION

Attention deficit hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood, affecting about 3% to 7% of young people

Disclosure Statement: Dr A.S. Baker (current): Gerstner Family Foundation. Dr M.P. Freeman (current): investigator initiated trials (research): JayMac; research: Sage; Independent Data Safety and Monitoring Committee: Janssen (Johnson & Johnson); medical editing: GOED newsletter. Dr M.P. Freeman is an employee of Massachusetts General Hospital, and works with the MGH National Pregnancy Registry [current registry sponsors: Alkermes, Inc (2016-present); Otsuka America Pharmaceutical, Inc (2008-present); Forest/Actavis (2016-Present), Sunovion Pharmaceuticals, Inc (2011-Present)]. As an employee of MGH, Dr M.P. Freeman works with the MGH CTNI, which has had research funding from multiple pharmaceutical companies and National Institute of Mental Health.

^a Perinatal and Reproductive Psychiatry Program, Harvard Medical School, Massachusetts General Hospital, 185 Cambridge Street, 2nd Floor, Boston, MA 02114, USA; ^b Perinatal and Reproductive Psychiatry Program, Harvard Medical School, CTNI, Women's Mental Health, Massachusetts General Hospital, 185 Cambridge Street, 2nd Floor, Boston, MA 02114, USA

* Corresponding author.

E-mail address: asbaker@mgh.harvard.edu

Obstet Gynecol Clin N Am 45 (2018) 495–509

<https://doi.org/10.1016/j.ogc.2018.04.010>

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worldwide.¹ It is usually first diagnosed in childhood and often persists into adulthood,² with an estimated prevalence of ADHD in adult women of 3.2%.³ Some individuals may have onset of the disorder during childhood, yet diagnosis and treatment might be delayed until later in life. This is of particular public health significance, because ADHD that persists into adulthood for women has been shown to be associated with depression, anxiety, self-injury, substance use, and occupational, social, and overall impairment domains.⁴ Adult women with ADHD can experience a variety of difficulties at work and in their personal and family lives related to their ADHD symptoms.⁵ Many experience relationship problems and may have chronic feelings of frustration, guilt, or blame.⁶

As a result, it is not surprising that ADHD is a diagnosis of concern and relevance in the pregnant population. As women plan for pregnancy, they seek to optimize their physical and mental health to yield the best outcomes possible from a maternal, fetal, and infant perspective. The US Centers for Disease Control and Prevention (CDC) have the following recommendations for women of reproductive age⁷:

- Take folic acid
- Maintain healthy diet and weight
- Regular physical activity
- Quit/abstain from tobacco use, alcohol, and drugs
- Communicate with health care providers about screening and management of chronic diseases
- Use effective contraception correctly if sexually active and wishing to delay/avoid pregnancy

It is important for obstetricians and gynecologists to familiarize themselves with the management of ADHD during pregnancy. Obstetricians and gynecologists benefit from an overview of the management of ADHD during pregnancy, because an increasing proportion of their patients present to obstetric care on ADHD medications.^{8,9} Girls are being diagnosed and treated for ADHD at an earlier age, enhancing their opportunity to pursue higher education and achieve professional success. The gold standard treatment of ADHD is a combination of behavioral therapy and psychostimulant use, most often methylphenidate or amphetamine derivatives.¹⁰ Many women continue their medication into their reproductive years, and need it for optimal functioning in the workplace setting or at home.

In addition to an understanding of the general risks and benefits of ADHD medications in pregnancy, specific attention is warranted to the relationship between the untreated disorder and substance abuse. In the field of obstetrics and gynecology, there are clear guidelines and recommendations about the importance of smoking cessation during pregnancy.¹¹ Importantly, untreated ADHD increases the risk for tobacco dependence.¹² Likewise, stimulant treatment for ADHD reduces the liability to addictive behaviors including maternal substance use disorders and tobacco dependence.¹³

To date, there have been no systematic reviews evaluating the course of ADHD across pregnancy and the postpartum period. There have been several systematic studies investigating perinatal exposure to stimulants,^{14–16} although many of them are derived from data about women misusing ADHD medication, having multiple perinatal medication exposures, or medical comorbidities (including smoking).¹⁷ This article will discuss management of ADHD during pregnancy including known and unknown risks of perinatal exposure to ADHD medication, and medical and psychiatric comorbidities.

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