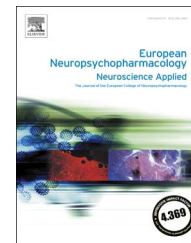




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REVIEW

Mood stabilizers and antipsychotics during breastfeeding: Focus on bipolar disorder

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Abstract

Breast milk is considered the best source of nutrients and provides much better protection than immune modified milk. However, the postpartum period is a phase of increased risk for all women to experience psychiatric symptoms and recurrences or new episodes of bipolar disorder (BD), especially in those who have discontinued treatment. This is a systematic review of the risks and benefits of mood stabilizers and antipsychotics during breastfeeding as they relate to the health and well-being of mothers and their infants. Evidence-based treatment advice for women with BD during lactation is also provided. This systematic review has been conducted according to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement. We included studies examining the exposure and the effects of antipsychotics and mood stabilizers used to treat BD on infants during breastfeeding clearly reporting the estimated amount of drug or effects on infants. The final selection included 56 studies. The available data supports the use of lithium as a possible treatment option during breastfeeding. Carbamazepine and valproic acid are also considered relatively safe. Lamotrigine can be used but at the lowest doses and considered for individual cases. Among the antipsychotics, quetiapine and olanzapine should be considered as first-line treatment options. Risperidone may be compatible with breastfeeding under medical supervision. Clozapine and amisulpiride are currently contraindicated. Long-term outcome studies evaluating the infant's health and psychosocial and cognitive functioning are needed.

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1. Introduction

Breastfeeding is currently considered the primary and ideal form of nutrition for infants throughout the postpartum period by most professional medical groups (American College of Obstetricians and Gynecologists, 2007; Stowe, 2007; American Academy of Pediatrics, 2012).

However, the postpartum period is considered a time of heightened vulnerability for bipolar disorder (BD), since it is a high-risk period for affective recurrences, especially in bipolar women who have discontinued treatment (Viguera et al., 2000, 2007, 2011; Pope et al., 2014a, 2014b; Maina et al., 2014; Larsen et al., 2015). Patients with BD have an increased risk of developing a post-partum psychosis, especially during the first 4 weeks after the birth of the child (Harlow et al., 2007). Moreover, several recent studies have suggested that the presentation of any mental illness in the early postpartum period, including a first episode of postpartum depression or most cases of puerperal psychosis, could hide a first episode of BD (Pope et al., 2014b; Chaudron and Pies, 2003; Azorin et al., 2012).

Almost all drugs commonly used for treating BD are excreted into breast milk and the risk of toxicity for breast-fed infants from certain psychotropic drugs used in BD is significant. Nonetheless, these risks should be carefully balanced against the increased risk of a breakthrough episode of bipolar illness or affective recurrences if a patient's medication is changed or discontinued (Viguera et al., 2000, 2007, 2011).

Actually, there is a strong consensus on the fact that mood stabilizers and antipsychotics should be considered as first line treatments for BD, both in acute and long-term management of the illness (Samalin et al., 2016).

In this review, the evidence indicating the toxicity for the breastfed infant of mood stabilizers and antipsychotics, the drugs most commonly used in BD, is discussed, and evidence-based treatment recommendations for women with BD during lactation are provided.

2. Experimental procedures

This review has been conducted according to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement (Moher et al., 2009).

2.1. Literature search

We systematically searched the MEDLINE/PubMed/Index Medicus, EMBASE, and Cochrane Library databases from any time to 20 February, 2016, cross-checking the obtained references. The systematic search was performed by two blind independent research teams (led by IP and JL), who searched as follows:

- MEDLINE/Pubmed/Index Medicus: authors used the keywords ((lactation OR breast feeding OR postpartum)) AND (antipsychotic agents OR lithium OR valproic acid OR carbamazepine OR lamotrigine OR oxcarbamazepine OR anticonvulsants OR antiepileptic drugs OR valproate OR atypical antipsychotic drugs OR typical antipsychotic drugs OR haloperidol OR chlorpromazine OR clozapine OR risperidone OR olanzapine OR quetiapine OR ziprasidone OR aripiprazole OR paliperidone OR lurasidone OR asenapine OR iloperidone),
- Cochrane library: keywords were (lactation OR breast feeding) AND (mood stabilizer OR antipsychotic).
- EMBASE: lactation, bipolar disorder and treatment.
- clinicaltrials.gov: keywords were lactation, bipolar disorder and treatment.

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