



Who To Trust? – Decision Making On Antidepressant Treatment In Perinatal Women In Hong Kong

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Introduction

Half of the women discontinued antidepressants in pregnancy but among them, two in three experienced a relapse during pregnancy [1,2]. In Hong Kong, a predominately Chinese region, only less than 1% of all pregnancies were exposed to antidepressants, compared to 2-10% in the Western countries [3,4]. As part of a larger study to understand the treatment decisions in perinatal depression, a qualitative study was conducted to explore these women's views on depression and its treatments. This analysis focused on their perceived factors that influenced their decision-making in antidepressant treatment in the perinatal period.

Methods

Women with psychiatrist-diagnosed depressive disorders were consecutively approached for individual interviews at a public psychiatry clinic that managed perinatal mood disorders in Hong Kong in February 2024. Semi-structured interviews were conducted by a non-treating specialist psychiatrist or a medical student with prior training. Questions on their account on how they decided the use of antidepressants were asked. Interviews were audio-recorded and transcribed. Grounded theory was followed for data analysis with open coding. The final sets of codes and schemas were agreed by both interviewers.

Results

Eight women were recruited. Their median age was 36 (range 24-43). Six of them were Chinese with 3 of them received tertiary education. Five of them used antidepressant during pregnancy or breastfeeding. Two main themes emerged:

Having a trusting doctor-patient relationship and the doctors' advice.

Doctors' advice and clear explanation on risks and benefits was the main factor when the women decided on the use of antidepressants. **"I trust the doctor"**, quoted from a participant. Many expressed initial worries about taking medication during pregnancy or breastfeeding, but most worries were resolved when they received explanations from the doctors. **"The doctors all said that research revealed that being severely anxious during pregnancy was more dangerous than any risk of taking the medication."**

One interviewee discontinued antidepressants during pregnancy because a doctor told her that antidepressants could cause malformation like a cleft lip in the infant. **"He did not put himself in my place... after this I did not see any psychiatrist or take any medication."**

Common misconception from participant's social network that 'psychiatric medications are bad for you'.

One participant, who reported about 50% compliance to the antidepressant reported that, **"My parents said that there were always some side effects for medication and I should adjust according to my condition."** Other participants reported similar negative comments from their social network about antidepressants, **"my family said don't take that much medication, they aren't good."**, **"my friends encouraged me to take less antidepressants."**

Conclusion

Fostering therapeutic relationships with the doctors' balanced and clear explanations of benefits and risks on antidepressants are crucial for perinatal women to make informed treatment decisions. Efforts to dispel misconceptions about psychiatric disorders and treatment among the carers and public are necessary to improve patients' access to evidence-based psychiatric treatment.

References

1. Adhikari K, Patten SB, Lee S, Metcalfe A. Adherence to and Persistence with Antidepressant Medication during Pregnancy: Does It Differ by the Class of Antidepressant Medication Prescribed? Can J Psychiatry. 2019;64(3):199-208.
2. Suzuki S, Kato M. Deterioration/relapse of depression during pregnancy in Japanese women associated with interruption of antidepressant medications. J Matern Fetal Neonatal Med. 2017;30(10):1129-32.
3. Molenaar NM, Bais B, Lambregtse-van den Berg MP, Mulder CL, Howell EA, Fox NS, et al. The international prevalence of antidepressant use before, during, and after pregnancy: A systematic review and meta-analysis of timing, type of prescriptions and geographical variability. J Affect Disord. 2020;264:82-9.
4. Hung C, Chan JKN, Wong CSM, Fung VSC, Lee KCK, Chang WC. Antidepressant utilization patterns and predictors of treatment continuation in pregnant women: A 16-year population-based cohort. Aust N Z J Psychiatry. 2023;57(5):686-97.