

Pharmacological Treatment of Attention Deficit Hyperactivity Disorder During Pregnancy and Lactation.

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Abstract

INTRODUCTION:

Attention deficit/hyperactivity disorder (ADHD) is a neurobehavioral problem found in 2-5% of adults. Stimulants and drugs that affect the dopaminergic, noradrenergic and/or serotonergic systems are effective treatment and are increasingly prescribed to women at child bearing age. It is consequently important that reliable information on the safety of these drugs in pregnancy is available so that appropriate therapeutic choices can be made.

RESULTS:

The data on stimulants (methylphenidate and amphetamines) are generally showing that there is no increase in the rate of major congenital anomalies. There are very little data on the use of atomoxetine and guanfacine in pregnancy. There are no data on the use of clonidine for ADHD but the data on its use as an antihypertensive drug have not revealed any serious adverse effect. Bupropion, when used as an antidepressant, does not seem to increase the rate of congenital anomalies. There are practically no data on the possible long-term neurodevelopmental effects of any of these drugs. Most of them are secreted in human milk, but the concentrations in infant's blood, except for clonidine and amphetamines, have been very low. Breast feeding with clonidine and amphetamines is therefore contraindicated, but there seems to be no safety concerns for the other drugs.

CONCLUSION:

The drugs used for the treatment of ADHD are apparently not teratogenic, but due to paucity of data, especially on the long-term neurodevelopmental outcome, the treating physician should reconsider the need of treatment during pregnancy. If needed, methylphenidate, amphetamines and bupropion are preferred drugs.