

MEDICATION USE BEFORE, DURING, AND AFTER PREGNANCY AMONG WOMEN WITH EATING DISORDERS

PHARMATOX STRATEGIC RESEARCH INITIATIVE

A STUDY FROM THE NORWEGIAN MOTHER AND CHILD COHORT STUDY

Norwegian Mother and Child Cohort Study



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BACKGROUND & AIM



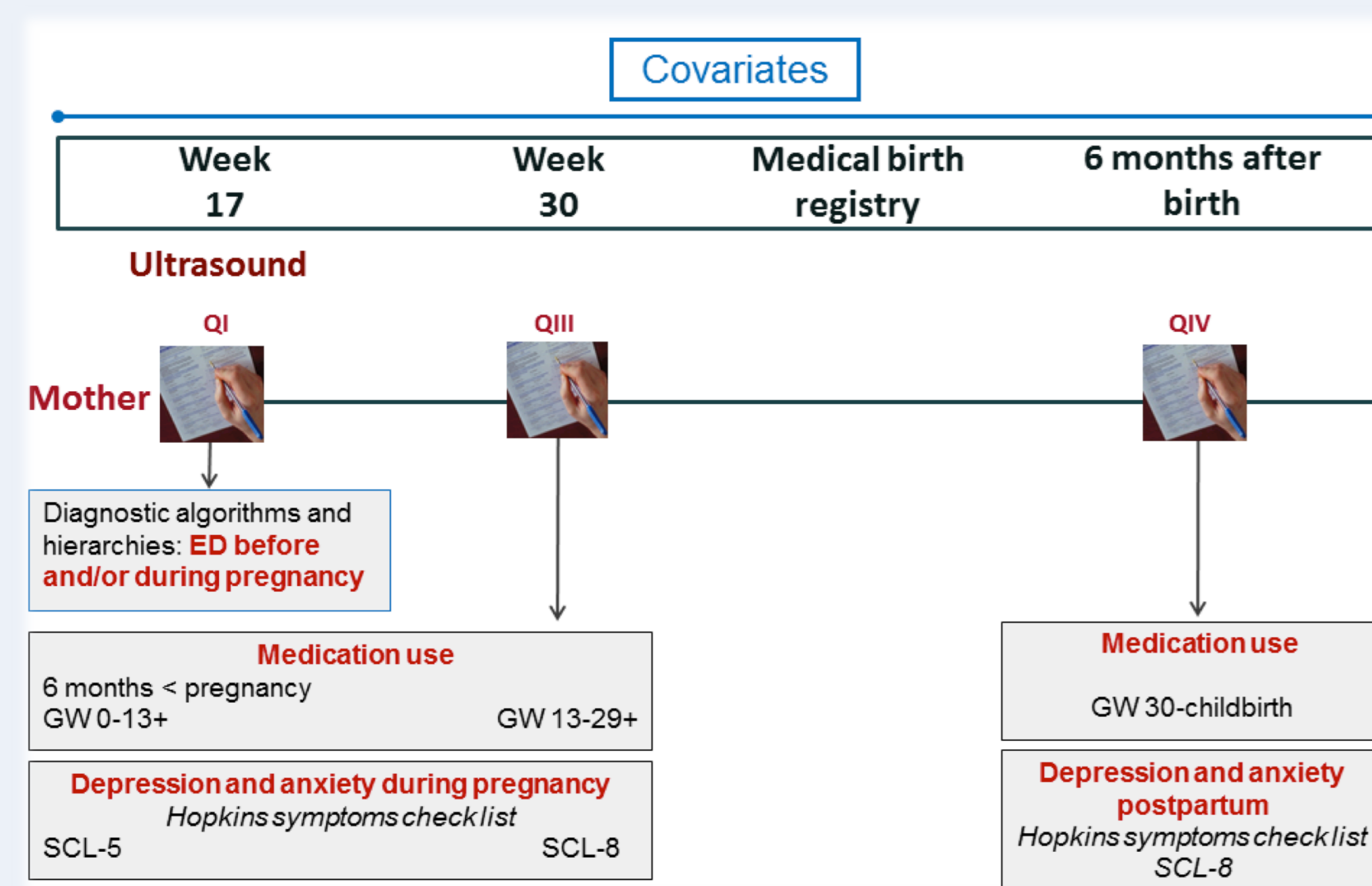
- About 7.5% of the female population has an eating disorder during pregnancy
- Eating disorders may jeopardize maternal-fetal health and long-term outcomes in the offspring^{1,2}

- No population-based study has so far examined the extent of medication use among women with eating disorders in relation to pregnancy.

This study aimed to explore patterns of and direct associations between use of psychotropic, analgesic, and gastrointestinal medications in the time around pregnancy and eating disorders

METHOD & MATERIAL

Three questionnaires from the Norwegian Mother and Child Cohort Study (MoBa), a prospective population-based pregnancy cohort, and linked records from the Medical Birth Registry of Norway provided data on 62,019 pregnant women, as outlined below:



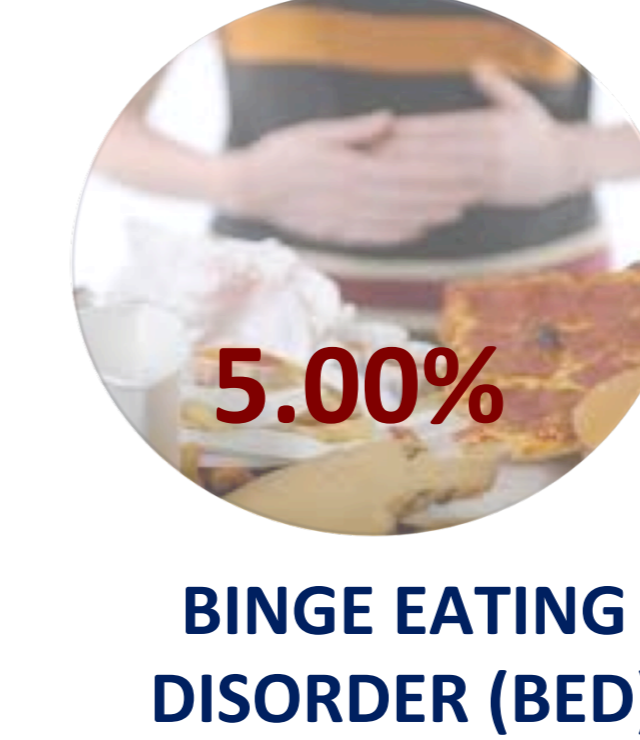
GW=Gestational week; ED=Eating disorder; SCL-5 and SCL-8=5- and 8-item short version of the Hopkins symptoms checklist.

References:

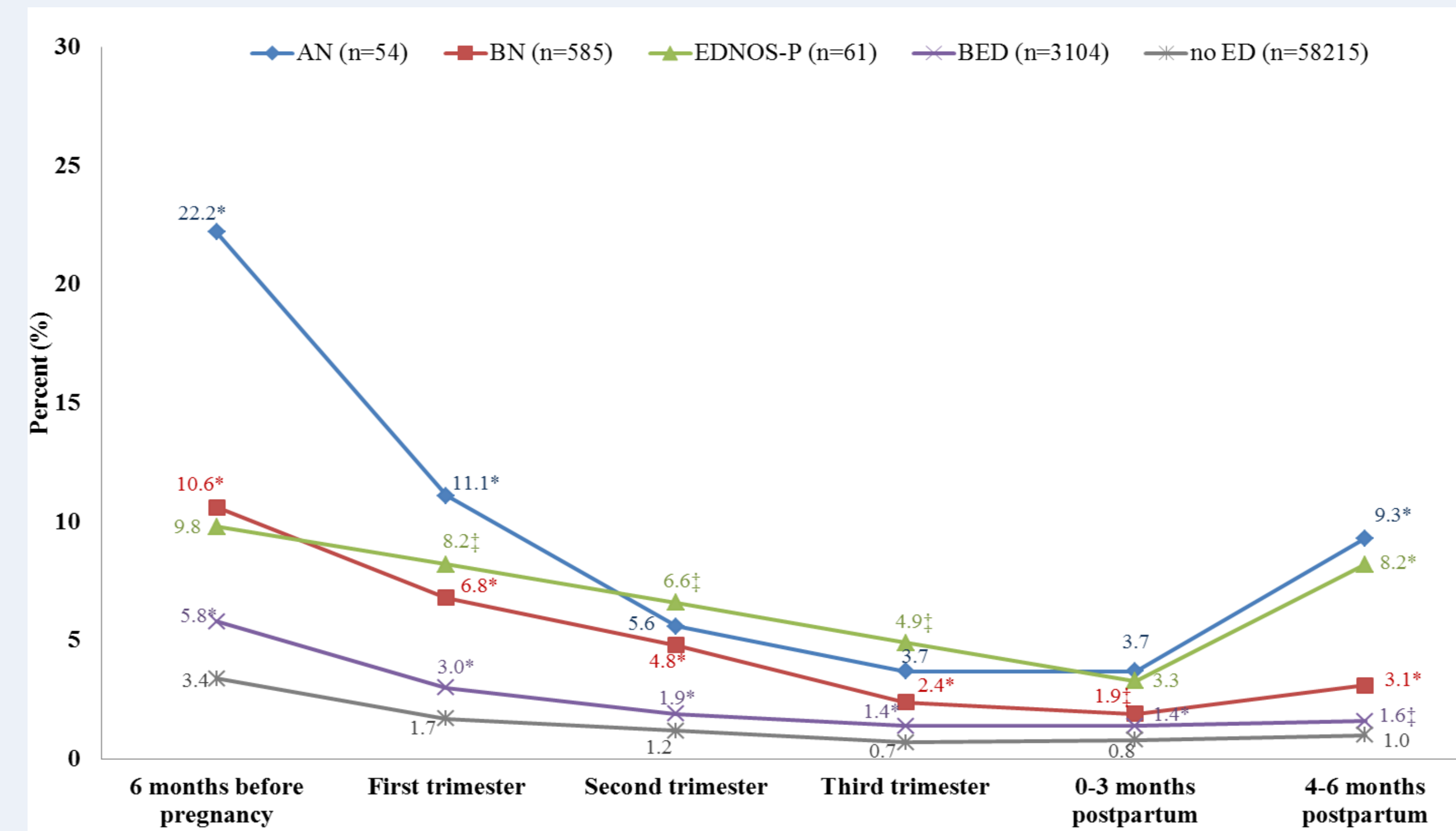
- Easter A, Bye A, Taborelli E, Corfield F, Schmidt U, Treasure J, et al. Recognising the symptoms: how common are eating disorders in pregnancy? *Eur Eat Disord Rev.* 2013;21: 340-344.
- Bulik CM, Von Holle A, Siega-Riz AM, Torgersen L, Lie KK, Hamer RM, et al. Birth outcomes in women with eating disorders in the Norwegian Mother and Child cohort study (MoBa). *Int J Eat Disord.* 2009;42: 9-18.

RESULTS (a)

PREVALENCE OF EATING DISORDERS BEFORE AND/OR DURING PREGNANCY



PATTERNS OF OVERTIME USE OF PSYCHOTROPICS BY EATING DISORDER SUBTYPES



Psychotropic medications include antidepressants, antipsychotics, anxiolytics and hypnotics and sedatives.*Indicates p-value ≤0.001; †Indicates p-value ≤0.01. The No eating disorder (ED) is the reference group in all analyses.

CONCLUSIONS

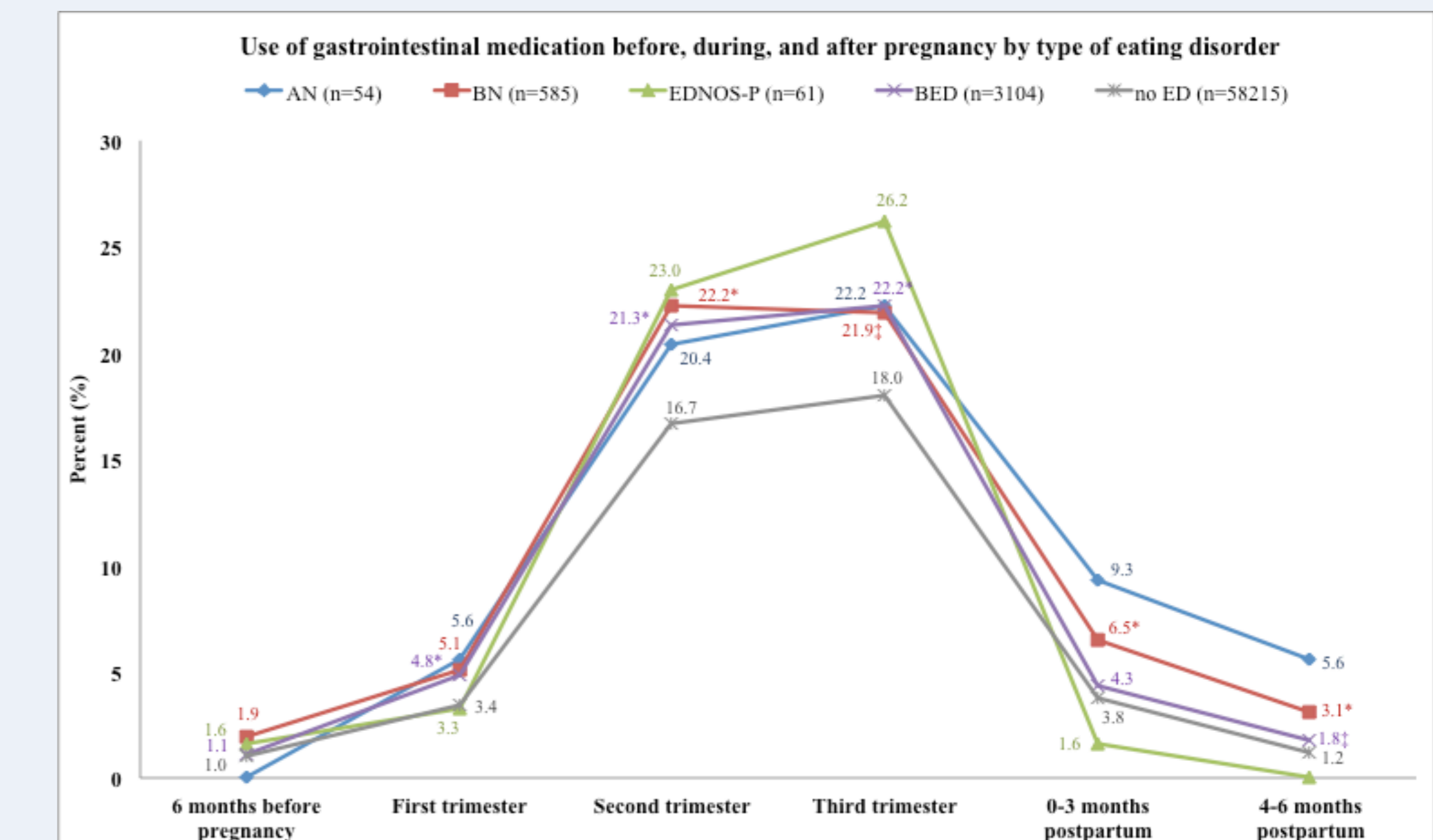
- Use of psychotropic, analgesic and gastrointestinal medications is extensive among women with eating disorders in the period around pregnancy
- Pregnancy may represent a time of special vulnerability for women with BN, whereas the postpartum period is so for women with AN and EDNOS-P
- Women with eating disorders are in special need of evidence-based counseling about the risk of medication exposure versus the risk of untreated psychiatric illness during pregnancy.

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RESULTS (b)

PATTERNS OF OVERTIME USE OF GASTROINTESTINAL MEDICATIONS BY EATING DISORDER SUBTYPES



Gastrointestinal medications include antacids, drugs for peptic ulcer and gastroesophageal reflux disease, and laxatives.*Indicates p-value ≤0.001; †Indicates p-value ≤0.01.

The estimates of overtime use of analgesic medications were significantly higher among women with any eating disorder compared to women with no eating disorder.

RESULTS (c)

Compared to women with no eating disorders, a direct significant association (RR, 99% CI) was found between:

- BN and use of psychotropics during pregnancy (1.8-fold increased risk)
- AN or EDNOS-P with use of anxiolytics/sedatives postpartum (5.1- and 6.8-fold increased risk, respectively)
- EDNOS-P and use of gastrointestinal medications in pregnancy (1.7-fold increased risk).



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