

## DRUG INFORMATION

Jonathan Banks  
Bob Buckham  
Sharon Gardiner



## CLINICAL PHARMACOLOGY

Murray Barclay  
Evan Begg  
Chris Hutchinson  
Petra Lowe  
Jane Vella-Brincat  
Mei Zhang

### SAFETY OF NEFAZODONE IN PREGNANCY

#### Question:

What is the safety of nefazodone in pregnancy?

#### Answer:

There are very limited data describing the safety of nefazodone in pregnancy<sup>[1-4]</sup>.

Fourteen pregnancies were documented to occur during clinical trials of nefazodone (trimester not known). Six women underwent elective abortions while 7 healthy babies were produced in women who opted to carry the pregnancy to term. The remaining woman had placenta previa and had a caesarean section at 35 weeks gestation. The baby was reported to develop 'respiratory problems' that resolved and the baby was discharged from hospital after two weeks<sup>[5]</sup>.

The manufacturer<sup>[6]</sup> provided information from their database on 51 pregnancies with known outcomes. These consisted of 10 reports of spontaneous abortion (20%)\*, 13 reports of voluntary abortion, 4 cases of ectopic pregnancy and 2 reports of still birth. There were 17 reports of newborns without malformations including 10 with first trimester exposure, 3 with exposure during the entire pregnancy and 2 with exposure in the first and second trimesters.

There was 1 report of a 'foetal disorder' consisting of dilated bowel loops observed during ultrasound at 23 weeks' gestation. The mother had taken nefazodone for the first four weeks of pregnancy. There were also 6 reports of 'neonatal disorder' that included:

- withdrawal symptoms (irritability and excessive crying) after the mother gave birth following ingestion of a nefazodone overdose
- neonatal seizure one week after delivery (36 weeks' gestation)
- aspiration of meconium
- transposition of the main arteries with aortic stenosis & a ventricular septum defect
- hypocalcaemia

We are unable to determine whether any of the pregnancies in the manufacturer's data were also among those reported in clinical trials<sup>[5,6]</sup>.

\*The incidence of spontaneous abortion in the general population is difficult to assess. It has been reported that approximately 30% of human pregnancies will be lost<sup>[7]</sup>. This incidence includes preclinical and clinical foetal loss.

#### Conclusions:

There is insufficient data describing the use of nefazodone in pregnancy to make recommendations on its safety. Data from a limited number of reports suggests that it is not overtly teratogenic. However, we would advise that alternative antidepressants are considered in preference to using nefazodone in pregnancy. There is sufficient experience with fluoxetine and tricyclic antidepressants to render these the preferred agents when treatment of depression is considered necessary in pregnancy.

References:

1. Briggs GG *et al.* Drugs in pregnancy and lactation (5th ed), 1999
2. Drugdex, Micromedex database
3. Medline database 1966-2001
4. Embase database 1988-2001
5. Robinson DS *et al.* J Clin Psychiatry 1996; 57 (suppl 2): 31-8.
6. Bristol-Myers Squibb Pharmaceuticals
7. Schardein JL. Chemically induced birth defects (2nd ed), 1993

Date prepared: April 2001

**The information contained within this document is provided on the understanding that although it may be used to assist in your final clinical decision, the Drug Information Service at Christchurch Hospital does not accept any responsibility for such decisions.**