Introduction: Bipolar disorder is a chronic psychiatric illness characterized by alternating episodes of mania/hypomania and major depression, or with mixed features. They represent a spectrum of illnesses characterized by frequent relapses, symptom recurrences, and persisting residual symptomatology. Both acute exacerbations and maintenance treatment with appropriate pharmacotherapy (e.g. mood stabilizers and antipsychotics) are mandatory. Long-term treatment with mood-stabilizing medications is typically required. Bipolar disorder has an estimated lifetime prevalence of 3%–7%. The incidence of bipolar disorders in women during the primary reproductive years is very high, raising the possibility of considerable bipolar illness burden during pregnancy and the postpartum period. Episodes of mania or depression are thought to occur in an estimated 25%–30% of women with bipolar disorder during pregnancy.

Objectives: Provide a clinically focused review of the available information on the effectiveness and safety of the different pharmacotherapies in the treatment of bipolar disorder during pregnancy.

Methods: A bibliographic review is made of the pregnancy in bipolar disorder, based on the data published in PubMed.

Results: The treatment of bipolar disorders during pregnancy presents numerous clinical challenges. Clinical decision making about the use of mood stabilizers and atypical antipsychotics by pregnant women can be conceptualized as balancing the competing risks imposed by withholding or stopping pharmacotherapeutic treatment (thus increasing the risk of maternal and fetal/neonatal harm from untreated illness or acute relapses) against that of continuing or initiating pharmacotherapy during pregnancy (thus introducing the possibility of fetal/neonatal harm associated with in utero medication exposure). Some of the most effective pharmacotherapies (such as valproate) have been associated with the occurrence of congenital malformations or other adverse neonatal effects in offspring. There is few information about the safety profile and clinical effectiveness of atypical antipsychotic drugs when used to treat bipolar disorder during pregnancy.

Discussion and Conclusions: Treating women with bipolar disorders during pregnancy is a challenge. There are no uniformly effective or risk-free treatment options. Fully informed decision making requires the review of the risks of both untreated maternal bipolar disorder and risks associated with each potential intervention, and the discussion of all reasonable treatment options.

Supplementary material: Complete presentation available at http://ijcnmh.arc-publishing.org

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