Quality Assessment of Clinical Practice Guidelines for the Prescription of Antidepressant Drugs During Pregnancy

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Abstract: Antidepressant use during the gestational period remains a controversial issue. The objective of this study was to appraise the quality of the available clinical practice guidelines (CPGs) that includes recommendations for antidepressant use during pregnancy. We systematically searched for documents published between January 2000 and September 2010 in MEDLINE / TRIP database and on clearinghouses and main scientific societies' websites. Four appraisers evaluated each guideline using the Appraisal of Guidelines for Research and Evaluation tool (AGREE II). Intra-class correlation coefficients (ICC) with 95% confidence intervals (CI) were calculated as an overall indicator of agreement. Twelve CPGs were included from a total of 539 references. Only two guidelines were specifically addressed to pregnant women. The overall agreement among reviewers was high (ICC: 0.94, 95% CI: 0.86-0.98). The mean scores and standard deviation (SD) for each of the AGREE II domains were: scope and purpose: 84.4% (12); stakeholder involvement: 67.4% (29.8); rigor of development: 68.6% (19.8); clarity and presentation: 83.4% (17.4); applicability: 44% (37.3); and editorial independence: 62.1% (30.4). After standardizing the scores of the 12 guidelines, 5 were considered as being "recommended", 5 as "recommended with modifications, and 2 as "not recommended". Among the five recommended guidelines, two were specifically conceived to the gestational period. CPGs containing recommendations for antidepressant use during pregnancy were of moderate to high quality. Future guidelines should take into account the observed drawbacks in some domains, and specifically focus a more in depth approach of depression during pregnancy.

Keywords: AGREE II, antidepressants, clinical practice guidelines, pregnancy, quality, recommendations.

INTRODUCTION

Antidepressant use during the gestational period remains a controversial issue [1]. The safety of these drugs during the first trimester of pregnancy, a critical period for foetal development, has become a major public health concern. Some studies suggest that physicians may often under-prescribe or discontinue antidepressants at the time of conception and during pregnancy [2]. On the other hand, discontinuation of antidepressant use during pregnancy is also associated with maternal relapse of depression and withdrawal symptoms, which is not optimal for the mother and her child [3]. Consequently, women who wish to become pregnant and who suffer from psychiatric disorders are faced with the difficult task of deciding whether to continue or discontinue their antidepressant treatment during pregnancy.

Evidence-based clinical practice guidelines (CPGs) for antidepressant use during pregnancy can optimize practice, facilitate the implementation of effective interventions during gestation and improve pregnancy outcomes [4, 5]. These guidelines are made of recommendations systematically developed to assist practitioners and patients in making optimal health care decisions for specific clinical conditions [6]. The aims are to formulate explicit and specific recommendations that would be adopted in clinical practice, producing better results for the patient, decreasing risks and promoting cost-effective practices [7].

Considering the prevalence of antidepressant use during pregnancy (14-20%) [8, 9], the maternal and neonatal risks and benefits associated with their use, and because of the lack of consensus among the health care community / health policy makers [10], the quality of CPGs addressing recommendations for antidepressant use during the antenatal period needs to be evaluated. Therefore, the objective of this study was to appraise the quality of the available CPGs that disclose recommendations on this subject.

METHODS

Identification of Guidelines

We performed an exhaustive search in databases and main electronic resources for CPGs with recommendations

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