

Extended release quetiapine fumarate and pregnancy

TAMAS TENYI, AGNES NAGY, ROBERT HEROLD AND SANDOR FEKETE

Department of Psychiatry and Psychotherapy, University of Pécs, Pécs, Hungary

We report on a case of a patient with schizophrenia who was taking 700 mg extended release quetiapine fumarate during her entire pregnancy to prevent relapse. At week 41 she gave birth to a healthy boy. The newborn's weight was 3410 grams, his height was 49 cm, his Apgar score in the first minute was 9, and at 5 minutes, it was 10.

(Neuropsychopharmacol Hung 2013; 15(1): 49-50)

Keywords: extended release quetiapine fumarate, pregnancy, schizophrenia

In a recently published systematic review (search was last updated on July 24, 2008) Gentile (Gentile, 2010) reported on 227 quetiapine-exposed pregnancies, where 8 cases complicated by the occurrence of fetal malformations of unknown typology could be identified. The extended-release formulation of quetiapine (quetiapine XR) was developed to provide more convenient once-daily administration, as well as allowing simple and rapid dose escalation with less side-effects, with the aim of improving adherence (Baldwin and Scott, 2009). Although findings suggest that modifying the formulation does not change the overall absorption or elimination of quetiapine (Figueroa et al., 2009), reports on pregnancies exposed to second generation antipsychotics by different formulations seem to be important (Kim et al., 2007). To our knowledge, this is the first report on a case of a woman treated with extended release quetiapine fumarate during pregnancy.

CASE VIGNETTE

Ms B. a 35-year-old woman had been treated for a diagnosis of schizophrenia (undifferentiated type) since 2003. During the course of these years she was hospitalized 8 times because of severe positive symptoms (hallucinations, delusions, conceptual desorganisation). While her adherence towards medication and clinical care fluctuated, during the last 18 months she was in remission by the use of 700 mg extended release quetiapine fumarate. She lives with her boyfriend and the patient's pregnancy was discovered at week 7, when she reported amenorrhea. A shared decision was reached to continue taking 700 mg extended release quetiapine fumarate during her entire

pregnancy to prevent relapse. She was not taking any other medication and we decided not to reduce the dose during her pregnancy. At week 41 she gave birth to a healthy boy, the delivery was done with vacuum extraction, which was not in connection with the used medication. The newborn's weight was 3410 grams, his height was 49 cm, his Apgar score in the first minute was 9, and at 5 minutes, it was 10. As Ms B. continued taking her medication, breast-feeding was not introduced. Four days after delivery Ms B. and her newborn were discharged from the hospital. Since that time both Ms.B. and her son were without any neuropsychiatric and perinatal complications. The baby's development was intact during the first 2 months of his life.

CONCLUSION

We agree with Gentile (Gentile, 2010) that when pregnancy occurs during antipsychotic treatment, the choice to continue the previous and efficient therapy with the same formulation should be preferred.

Corresponding author: Prof. Tamás Tényi, Department of Psychiatry and Psychotherapy University of Pécs, Medical Faculty, 7623 Pécs, Rét u. 2., Hungary. Tel: 36 72 535 900, fax: 36 72 535 951.
e-mail: tamas.tenyi@aok.pte.hu

REFERENCES

1. Gentile, S. (2010) Antipsychotic Therapy During Early and Late Pregnancy. A Systematic Review. *Schizophr Bull*, 36: 518-544.
2. Baldwin, C.M., Scott, L.J. (2009) Quetiapine extended release: schizophrenia. *CNS Drugs* 2009; 23: 261-269.

3. Figueroa, C., Brecher, M., Hamer-Maansson, J.E., Winter, H. (2009) Pharmacokinetic profiles of extended release quetiapine fumarate compared with quetiapine immediate release. *Prog Neuropsychopharmacol Biol Psychiatry*, 33: 199-204.
4. Kim, S.W., Kim, K.M., Kim, J.M., Shin, J.S., Shin, H.Y., Yang, S.J., Yoon, J.S. (2007) Use of long-acting injectable risperidone before and throughout pregnancy in schizophrenia. *Prog Neuropsychopharmacol Biol Psychiatry*, 31: 543-545.

Elnyújtott felszabadulású quetiapin fumarát és terhesség

Esetbemutatásunkban egy szkizofrénia diagnózissal kezelt nőbetegről számolunk be, aki fenntartó 700 mg elnyújtott felszabadulású quetiapin fumarát medikáció mellett esett teherbe és szedte gyógyszerét a terhesség teljes időtartama alatt. A 41. héten egészséges fiúgyermeket szült, az újszülött születési súlya 3410 gramm, hossza 49 cm, egyperces Apgar értéke 9, 5 perces Apgar értéke 10 volt.

Kulcsszavak: elnyújtott felszabadulású quetiapin fumarát, terhesség, szkizofrénia