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Aripiprazole with Pregnancy: A Perspective Study

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PERSPECTIVE

Aripiprazole is a second-generation antipsychotic medicine with a low metabolic and sedation risk profile, making it a valuable complement to the treatment of severe mental disorder. Pregnancy is associated with an increased risk of metabolic disorders such as gestational diabetes, and the postpartum period is frequently a time when drowsiness might jeopardise baby care. There is currently limited data on the safety of aripiprazole use during pregnancy. While the existing evidence does not indicate an increased risk of deformity during pregnancy, there is less information on pregnancy and neonatal problems [1].

The treatment of serious mental illness in pregnancy, such as Schizophrenia and Bipolar Disorder, is a difficult area of psychiatric practise since it requires consideration of both maternal and foetal well-being while deciding on treatment options. Because of the normal course of these diseases during pregnancy, the perinatal period is associated with a significant risk of relapse; many women find that stopping medication is not an option if they want to retain their health and welfare. However, pregnancy-related physiological changes and metabolic vulnerabilities, as well as the inevitability of foetal pharmaceutical exposure, make therapy selection difficult [2].

Second-generation Antipsychotics (SGAs) are now widely used as first-line treatments for severe mental illness, especially psychotic disorders, in modern mental health practise. Older SGAs, such as risperidone, olanzapine, and quetiapine, now have some evidence for their risks and benefits during pregnancy, and are frequently used to treat women during the perinatal period. When employed in the perinatal era, however, each has demonstrated to have limits. For example, olanzapine and quetiapine might cause Gestational Diabetes (GDM), weight gain, and severe drowsiness, making postpartum care for their newborn difficult. Following first trimester exposure to risperidone, a modest increased risk of abnormalities, particularly heart malformation, has been reported. As a result, the present alternatives for women who want to avoid significant weight gain and drowsiness while also being concerned about the possibility of deformity are limited. In general adult mental health, aripiprazole, a partial agonist of certain dopamine and serotonin receptors, is increasingly being recommended. This is especially true in clinical scenarios where there has been no tolerance or response to other SGAs, where there is a desire to avoid sedating medications, or where metabolic risk is a major worry. Aripiprazole, unlike many other SGAs, does not raise metabolic risk, weight gain, or sedation [3].

Furthermore, if a woman is considering a pregnancy or becomes pregnant while taking aripiprazole, the question is why she should stay on the medicine if she is stable. Despite the fact that aripiprazole has been on the market since 2002, there is little research on the dangers and benefits of using medication during pregnancy. The amount of the data comes from population-based research looking at malformation risk, as well as case studies and tiny case series. Confirmation of exposure period and dose, mental health indications, information on confounding factors in pregnancy such as body mass index, smoking and alcohol use, and other concomitant exposures are frequently missing from this research [4].

Indeed, the majority of individuals in one of the largest studies to date from a French teratogen service had no information on important pregnancy problems and neonatal outcomes, and only a third had information on alcohol exposure. Furthermore, only 21% of the women in the study consumed aripiprazole while pregnant, and the majority of them were using numerous psychoactive drugs. As a result, the goal

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of this study is to present a case series of women who took aripiprazole during pregnancy and had detailed records of their diagnosis, exposures, and pregnancy outcomes in order to aid in the collection of data on this treatment.

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