

In a recent *CMAJ* article, Gideon Koren and associates discuss maternal use of selective serotonin reuptake inhibitors (SSRIs) in the third trimester of pregnancy.<sup>1</sup> Clinicians often speculate that a particular person with depressed mood has an abnormality of serotonin metabolism; however, life events, ingestion of toxins, abnormal biology and even poor diet or lack of exercise may be responsible for the depression instead. SSRIs and other antidepressant medications are often prescribed even though a specific test has not been done to confirm that the patient has abnormalities of serotonin levels or serotonin metabolism.

There is a dearth of strong evidence showing that antidepressant medications are substantially more effective

than placebo or that the benefits of antidepressant medication outweigh the harms.<sup>2-4</sup> We have not found any well-controlled studies showing that antidepressants reduce the risk of suicide in pregnancy, nor strong evidence that antidepressant medications are substantially more effective than placebo in reducing the pain of depression in pregnant women.

Koren is reported to have said, elsewhere, "What we found was that [among] pregnant women who use Paxil through pregnancy until birth, their offspring are more likely to have several stormy weeks at infancy."<sup>5</sup> In the absence of strong evidence that antidepressant medications are helpful, it seems reasonable to conclude that pregnant women and women of child-bearing age, at least, should avoid taking antidepressants.

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We thank David Zitner and Angela Bischoff for their interest in our commentary.<sup>1</sup> Unfortunately, they do not consider an increasing body of evidence on the serious risks of untreated depression in pregnancy, including the risks of suicidal ideation, suicide attempts and perinatal complications. In addition, gestational depression is the strongest predictor of postpartum depression.<sup>2</sup> The results of our risk-benefit analysis have been confirmed by similar expert reviews.<sup>3,4</sup>

We agree that the cause of depression is often multifactorial and that an abnormality of serotonin levels or serotonin metabolism is often not demonstrated. However, it is not practical to use a specific test to confirm such an abnormality in the clinical setting.

The suggestion by Zitner and Bischoff that pregnant women and women of childbearing age should avoid taking antidepressants because of a lack of well-controlled studies show-