

<b>CME COURSE TITLE</b>	<b>The pharmacological management of mood disorders and psychosis in pregnancy and lactation</b>
<b>COURSE DIRECTORS</b>	<b>Course Director:</b> Dr. Angelika Wieck, UK <b>Course Co-Director:</b> Prof Maria Muzik, USA
<b>COURSE LEVEL</b>	Advanced
<b>EDUCATIONAL OBJECTIVES</b>	<p>At the end of the course the participant should :</p> <ul style="list-style-type: none"> <li>• Have an understanding of the recent epidemiological and clinical findings of the effect of childbearing on the course of serious mental illness</li> <li>• Have learnt about recent evidence on the reproductive safety of psychotropic drugs that are most commonly used in mood disorders and psychosis</li> <li>• Be aware how recent evidence relates to current influential guidelines</li> <li>• Have practiced the application of the evidence to clinical situations<sup>□</sup></li> </ul>
<b>COURSE DESCRIPTION</b>	<p>The management of childbearing mothers with mental illness is challenging, requiring the clinician to maintain maternal wellbeing during pregnancy, whilst preventing postnatal recurrences and avoiding harm to the child.</p> <p>The course will cover the use of antidepressants, antipsychotics, lithium, anti-epileptic drugs and benzodiazepines in pregnant and breastfeeding mothers. Recent evidence on potential teratogenic risks of these agents arising from early pregnancy exposure will be outlined as well as effects on obstetric and infant outcome occurring in late pregnancy. Adverse effects on neonatal health will be highlighted and the current knowledge on drug transfer from the mother to the infant during breastfeeding discussed. This evidence will be related to current pharmacological guidelines for childbearing women.</p> <p>An important consideration in the management of childbearing women is that risks to the child do not only arise from the use of psychotropic medication. There is increasing evidence that maternal mental illness on its own can lead to suboptimal infant outcomes. Although there are no optimal solutions, a thoughtful and informed approach to the evidence and consideration of the woman's own history and preferences may improve outcome. The emerging role of preconception consultation in women with serious mental illness and childbearing potential will be discussed.</p>
<b>PREREQUISITE KNOWLEDGE</b>	General knowledge of serious mental illnesses and experience in their clinical management
<b>COURSE METHODS AND MATERIAL</b>	Small group discussions; vignette; debate; slides; handouts
<b>RECOMMENDED READINGS</b>	<p>American College of Obstetrics and Gynecology (2008). Bulletin Number 92 Barnes TR; J Psychopharmacol. 2011; 25:567-620 Grote et al, Arch Gen Psychiatry. 2010, 10:1012-24 Jablensky et al, Am J Psychiatry. 2005, 162:79-91. Moses-Kolko et al. JAMA. 2005, 29:2372-83 National Institute for Health and Clinical Excellence (2007), Antenatal and Postnatal Mental Health Räikkönen et al, Stress. 2011, 6:590-603 Reis M, Källén B. Psychol Med. 2010; 40:1723-33 Reis M, Källén. 2008 Journal Clin Psychopharmacol; 28: 279-288. Wieck A, J Clin Psychiatry. 2010;71: 806 Wieck, A, Current Women's Health Reviews; 7: 50-57. Udechuku et al. Aust N Z J Psychiatry. 2010;44:978-96.</p>
<b>TARGET AUDIENCE</b>	General psychiatrists, perinatal psychiatrists, psychiatrists with an interest in women's mental health, liaison psychiatrists, child and adolescent psychiatrists with an interest in infant mental health
<b>LANGUAGES</b>	English, German