



Zuclopenthixol decanoate in pregnancy: successful outcomes in two consecutive offsprings of the same mother

Zuklopentiksol dekanoat u trudnoći: uspešan ishod dve uzastopne trudnoće iste majke

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Abstract

Introduction. Almost all individual antipsychotics are classified into the intermediate pregnancy risk category as no or limited data exist about human pregnancy outcomes. We presented the case of zuclopenthixol decanoate using in two successive pregnancies of the same woman, which had not been published in the available peer-reviewed literature. **Case report.** A middle-age female subject who suffered from schizophrenia received zuclopenthixol decanoate injection during her two consecutive pregnancies. About four and a half months before diagnosis of the first pregnancy (~3.5 years after psychosis emergence), zuclopenthixol decanoate (400 mg every other week, *im* injection) was introduced to the treatment protocol (due to previous non-compliance with haloperidol and risperidone). A significant clinical improvement was achieved and the dose during pregnancy was reduced to 200 mg once monthly and maintained to date. In both pregnancies the women gave birth to healthy girls who have been developing normally until now, at their ages of 6 months and of 3.5 years. During pregnancy and after giving birth to children the mothers' psychiatric status and her social functioning were significantly improved and are still stable. Close monitoring of the mother's health, a multidisciplinary approach to both her treatment and the monitoring of pregnancies as well as the complete compliance with the prescribed drug protocol were likely to be crucial for the therapeutic success. **Conclusion.** A favorable outcome of the present case suggests that the zuclopenthixol decanoate is a rational therapeutic option for pregnant women suffering from psychosis when the expected benefit exceed the potential risk, but a definitive evidence for its safety requires large, controlled studies.

Key words:

psychotic disorders; pregnancy; risk factors; psychotropic drugs; treatment outcome.

Apstrakt

Uvod. S obzirom na to da ne postoje ili su podaci o ishodu trudnoće u slučaju njihovog korišćenja oskudni, skoro svi antipsihotici su svrstani u kategoriju sa srednjim rizikom u slučaju trudnoće. Prikazano je korišćenje zuklopentiksol-dekanoata u dve uzastopne trudnoće iste žene, što do sada nije bilo objavljeno u dostupnoj recenziranoj literaturi. **Prikaz bolesnika.** Žena srednjih godina koja je bolovala od šizofrenije primala je injekciju zuklopentiksol-dekanoata tokom svoje dve uzastopne trudnoće. Oko četiri i po meseca pre dijagnoze prve trudnoće (~3,5 godine posle početka psihoze) u terapijski protokol je uveden zuklopentiksol-dekanoat (400 mg svake druge nedelje, *i.m.* injekcija) zbog prethodnog neredovnog uzimanja haloperidola i risperidona. Postignuto je značajno kliničko poboljšanje, pa je doza leka tokom trudnoća snižena na 200 mg jednom mesečno i održavana do sada. U obe trudnoće rođena je po jedna zdrava devojčica i normalno su se razvijale do uzrasta od šest meseci, odnosno 3,5 godine. Tokom trudnoća i posle rođenja dece psihijatrijski status i socijalno funkcionisanje majke bili su značajno poboljšani i do danas stabilni. Pomno praćenje zdravstvenog stanja majke, multidisciplinarni pristup njenom lečenju i praćenju trudnoća kao i potpuna komplijansa sa propisanim medicamentnim protokolom najverovatnije su bili presudni za terapijski uspeh. **Zaključak.** Povoljni ishodi prikazane bolesnice ukazuju da je kod trudnica obolelih od psihoze zuklopentiksol-dekanoat racionalna terapijska opcija, kada očekivana korist prevazilazi potencijalne rizik, ali su za definitivni dokaz o njenoj bezbednosti potrebne kontrolisane studije sa velikim uzorkom.

Ključne reči:

psihotički poremećaji; trudnoća; faktori rizika; psihotropni lekovi; lečenje, ishod.

