A Case Report of the Use of Vilazodone in Pregnancy

To the Editor: The appropriate management of mood disorders in pregnant patients is a challenging issue for psychiatrists, particularly when our patients are taking newer medications with few, if any, available data concerning their use in pregnancy. Both untreated depression and antidepressant exposure in pregnancy are associated with similar rates of obstetrical risk, including miscarriage, babies who are small for gestational age, and premature labor.[1,2] Transitory neonatal symptoms, including irritability and respiratory difficulties, have been reported with antidepressant exposure, but research has not controlled for the impact of depression itself or other obstetric issues.[2] We must also consider the risk of relapse of depression during pregnancy when antidepressants are discontinued.[3] Vilazodone is a selective serotonin reuptake inhibitor and 5-HT_{1A} receptor partial agonist and is designated by the US Food and Drug Administration as Pregnancy Category C.[4]

Case report. Ms A became pregnant unexpectedly at the age of 32 years, in the midst of a regimen of vilazodone 40 mg/d. She had a long history of *DSM-IV* major depressive disorder. Ms A had previously had adequate trials of sertraline, escitalopram, bupropion, duloxetine, desvenlafaxine, and lamotrigine, which were terminated due to inadequate response or loss of response. She had achieved the best control of her depressive symptoms with vilazodone over the past 6 months. Ms A was very fearful of relapse if she discontinued her antidepressant. She was advised of the absence of information concerning the use of vilazodone in human pregnancies.

After careful consideration of the risks and benefits, she elected to continue vilazodone 40 mg daily throughout her pregnancy. She had an episode of preterm labor at 35 weeks' gestation, which her obstetrician attributed to dehydration. She delivered her male infant at 39 weeks, 3 days. The baby was 20 inches (50.8 cm) in length and weighed 7 lb 1 oz (3,205 g) with a head circumference of 33 cm. Apgar score was 9 at 1 minute and 5 minutes. The baby had neonatal jaundice, which did not require treatment and resolved within the first 2 weeks of birth. He was discharged to home the day after his birth. His neonatal course was otherwise uneventful. He did not experience irritability or respiratory or feeding difficulties, which have been associated with exposure to antidepressants during pregnancy. Ms A has been nursing her baby, who is meeting his developmental milestones. Ms A herself has continued to do well, exhibiting no evidence of postpartum depression at 6 months.

Although there has been considerable information in the medical literature to support the use of selective serotonin reuptake inhibitors (SSRIs) in pregnant women whose depression warrants pharmacologic treatment, vilazodone has a unique mechanism of action. A literature search revealed no other cases of vilazodone exposure during pregnancy. Its package insert carries the same warning regarding potential neonatal toxicity as is found with the SSRIs.[4] Similar antidepressants, including trazodone and nefazodone, have been less studied, but do not appear to increase the risk of major malformations above the baseline rate of 1%–3%.[5] However, until more clinical experience has been gained with vilazodone in pregnancy, one cannot extrapolate the more reassuring aspects of the SSRI literature to vilazodone.[6,7]

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