Prescrire International Editorial

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Solving a treatment dilemma

There are many uncertainties surrounding the use of drugs during pregnancy. And when treatment provides little or possibly no advantage, it is better to avoid exposing the unborn child to a drug, even if there is no evidence that in utero exposure is harmful.

But when the mother has a strong need for relief, ruling out effective drugs because the risk of harm to the unborn child is uncertain can create an apparently insoluble dilemma.

Treatment during pregnancy is fraught with difficult decisions, because it often involves a choice between offering the mother relief or allowing her to suffer in order to protect her unborn child from poorly documented harms. For example, some women continue to have migraine attacks during pregnancy. They do not always obtain relief from non-drug measures or *paracetamol*, the safest non-specific analgesic for pregnant women.

Other effective drugs are available to treat or prevent migraine attacks, but their use during pregnancy is problematic (see pages 243-245). Some drugs expose the unborn child to serious and well-established harms, for example malformations and developmental disorders with *valproic acid*. In other cases, there is no clear evidence that the drugs are fetotoxic, but their mechanism of action and certain case reports suggest that they may be.

There is no simple solution in these situations. It is a matter of identifying the lesser of two evils, the reasonably acceptable option, and involving the patient in the decision as far as possible.

Weigh the risks. In utero exposure to *isotretinoin* during the first trimester of pregnancy causes malformations in 25% of cases. This risk is not of the same magnitude as occasional exposure to a triptan; the vasoconstrictive effect of triptans could harm the fetus, but in reality, few clinical signals have been observed, and the causal link with the drug in the reported cases was uncertain.

Healthcare professionals have an important role to play in conveying information to patients, to help them reach a decision. This involves adapting what is known and what is uncertain to the specific case of the patient and sometimes an unborn child. It is essential to offer patients clear insight into the efficacy they can expect from different treatments, to assess the magnitude of the risk they would be taking, and to discuss priorities, honestly, without concealment or exaggeration.

When faced with an apparently insoluble dilemma, healthcare professionals must have thorough knowledge of treatment options, to help their patients choose the most reasonable solution, despite the uncertainties.

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