

Use of Contemporary Antidepressants during Breastfeeding

We read the article by Gentile^[1] entitled 'Use of contemporary antidepressants during breastfeeding: a proposal for a specific safety index' with great interest, because antidepressant use during pregnancy and lactation is one of the challenging clinical issues. Although the author correctly highlights limitations of the proposed index, further caution is warranted. First, unless there is a quality-controlled system that can capture a significant number of exposed cases prospectively, such an index may be misleading and even counter-productive in the clinical care of those mother-infant pairs. We need to be clear on the fact that the index does not address 'safety' per se, but a landscape of relevant original papers in the public domain. It is more of a literature review tool rather than a clinical tool. We are very concerned that such an index may be taken out of context and directly applied to individual case management. Second, this approach of linking a literature landscape to an exact epidemiological or phar-

macological picture of adverse events should be rigorously tested. In the conclusion section, the author pointed out apparent concordance between the index and the reported drug-exposure levels of the infant. The author further stated that this "could also represent the first confirmation that BI-ASI [Breastfed Infant-Antidepressant Safety Index] could really have an intrinsic validity". However, without rigorous validation, this is an overstatement, which may be misunderstood and misquoted. Postpartum depression is a serious illness. We all need to carefully manage these vulnerable mothers to optimise the benefit-risk balance.

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Reference

1. Gentile S. Use of contemporary antidepressants during breastfeeding: a proposal for a specific safety index. *Drug Saf* 2007; 30 (2): 107-21