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PSYCHIATRY
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New findings may help guide treatment decisions.

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Using data from a large U.S. study, researchers identified nearly 18,000 birth defect cases and 10,000 controls. The mothers of 660 cases and 300 controls had used selective serotonin reuptake inhibitors (SSRIs) in the month before or first 3 months of pregnancy.

Among the findings:

- Sertraline (Zoloft) wasn't associated with any of five defects to which it had previously been linked (e.g., septal defects).
- Neither citalopram (Celexa) nor escitalopram (Lexapro) was associated with defects, except for a "marginal" link between citalopram and neural tube defects.
- Fluoxetine (Prozac) was associated with ventricular septal defects, right ventricular outflow tract obstruction cardiac defects, and craniosynostosis.
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The authors note that if the associations observed are causal, the absolute risks are small. For example, for babies exposed to paroxetine, the absolute risk for anencephaly would increase from 2 to 7 per 10,000.

Allison Bryant, associate editor with *NEJM Journal Watch Women's Health*, said: "Any risk... cannot yet be entirely separated from risks attributed to the underlying condition. Women and their providers should keep this in mind when considering the risk-benefit balance for treating maternal depression." — ***Amy Orciari Herman, Physician's First Watch***

COMMENT — PSYCHIATRY

As always, these risks must be balanced against the risks of discontinuing or changing antidepressants, especially in women whose illnesses have been treatment refractory and have only responded to fluoxetine or paroxetine. However, the current findings suggest that in general sertraline should be the first-line agent in pregnant women needing an SSRI. — ***Deborah Cowley, MD***

Reefhuis J et al. Specific SSRIs and birth defects: Bayesian analysis to interpret new data in the context of previous reports. BMJ *2015; 351:h3190. (http://dx.doi.org/10.1136/bmj.h3190)*

Psychotherapy for Military-Related PTSD Does Not Have to Be Trauma-Focused

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Many returning military veterans suffer from post-traumatic stress disorder (PTSD). Although antidepressant medications are effective, evidence of effectiveness is more extensive for trauma-focused psychotherapies for PTSD, leading to their recommendation as first-line treatments. Two reports now provide more data.

Steenkamp and colleagues reviewed 36 randomized, controlled studies of psychotherapy for military PTSD. Fifteen studies were of trauma-focused psychotherapy. Cognitive processing therapy (CPT) and prolonged exposure (PE), the gold-standard therapies used in Veterans Affairs settings, showed large effect sizes (with better evidence for CPT than for PE), but 35% to 50% of veterans showed no appreciable effect and two thirds continued to have PTSD. Moreover, in comparisons with non–trauma-focused therapies, trauma-focused approaches showed only marginal differences that were unlikely to be clinically important. In the 21 studies of non–trauma-focused therapies, several were effective, including present-centered therapy, attention-bias modification, mindfulness, and other complementary therapies.

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