Differential features

Comparison of some of the drugs used to treat postpartum psychiatric disorders[5,9]

Drug	Specific indication	Adverse effects[a]
Antipsychotics		
Thioridazine	Postpartum psychosis with anxiety/agitation	Antimuscarinic effects. Risk of cardiotoxicity. Unlikely to result in extrapyramidal side effects (EPS)
Chlorpromazine	Postpartum psychosis with anxiety/agitation	Sedation
Haloperidol	More pronounced postpartum psychotic symptoms	EPS common
Trifluoperazine	More pronounced postpartum psychotic symptoms	EPS common
Lithium	Indicated when there has been a prior response to this drug, where there are mood swings, and when response to antidepressants is slow or results in a manic swing. Possible role as prophylaxis in women with history of mania	Kidney and thyroid toxicity. May be teratogenic and should generally be avoided in pregnancy, particularly during the first trimester. Avoid when breast-feeding
Antidepressants[b]		
Tricyclic antidepressants (TCAs)[c]	Moderate-to-severe postpartum depression. May be an interval of ≥2 weeks before antidepressant action takes place	Sedation,[d] postural hypotension, bodyweight gain
Selective serotonin reuptake inhibitors (SSRIs)	Similarly effective compared with TCAs. Increasingly being used as first-line treatment for moderate-to-severe postpartum depression	Generally well tolerated with higher compliance than TCAs[e]. Mild and transient: nausea; diarrhoea; headaches; insomnia; drowsiness and agitation. Relatively well tolerated in overdose
Monoamine oxidase inhibitors (MAOIs)	Less effective than TCAs. Treatment of choice when there has been a prior response to this class of drugs and may have a role when panic and anxiety exists. Use is diminishing	Similar to TCAs. Interactions between MAOIs and food containing tyramine and a number of medications (including TCAs and SSRIs)
Reversible inhibitors of monoamine oxidase (RIMAs), e.g. moclobemide	Severe postnatal depression	Well tolerated with minimal dietary restrictions and fewer drug interactions than MAOIs
Serotonin-noradrenaline reuptake inhibitors (SNRIs), e.g. venlafaxine	Earlier onset of action than SSRIs. Effective in patients with anxiety	Similar to SSRIs; nonsedating
Anxiolytics, e.g. benzodiazepines	Short-term, low-dose sedation while waiting for antidepressants to take effect	Avoid during breast-feeding

a As all psychotropic medications pass into breast milk, the risks and benefits of such treatment during breast-feeding should be weighed up.
b Many women with postpartum psychosis require antidepressants after, or concurrently with, antipsychotics.
c Dothiepin is often a good choice in patients with anxiety. Highly anxious women may gain benefit from the more sedating TCAs, e.g. amitriptyline. Lofepramine, although less sedating than other TCAs, is indicated in moderate-to-severe postpartum depression with a risk of suicide.
d Sedation may be a problem with longer term use of TCAs; nortriptyline and desipramine have a more favourable adverse effect profile.
e A once-daily dosage regimen constitutes a major benefit of SSRIs; undertreatment does not usually occur. In contrast, subtherapeutic doses of TCAs have been common in the past.

6. Harvey I, McGrath G. Psychiatric morbidity in spouses of women admitted to a mother-baby unit. Br J Psychiatry 1988; 152: 506-10
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8. Coghill SR, Caplan HL, Alexander H, et al. Impact of maternal depression in cognitive development of young children. BMJ 1986; 292: 1165-7
9. British National Formulary No. 34. London: The Pharmaceutical Press, 1997 Sep

Erratum: fosfomycin tromethamine

In the article 'Fosfomycin tromethamine: effective single-dose agent for acute uncomplicated lower UTIs [*Drugs & Therapy Perspectives 1997 Oct 27; 10 (9): 1-5*] it was incorrectly stated that no studies have compared the clinical efficacy of trimethoprim with fosfomycin tromethamine. However, a study by Harvard Davis et al., comparing single-dose fosfomycin tromethamine with trimethoprim in the treatment of urinary tract infections in general practice was published in Chemotherapy 1990; 36 (Suppl. 1): 34-6.

In addition, although studies have examined single-dose use of amoxicillin, cotrimoxazole and norfloxacin, these agents are not licenced for single-dose therapy of UTIs. The doses and associated costs given in the Differential features tables apply to the regimen used in the comparative studies with fosfomycin.

Moreover, the statement that the acquisition cost in the UK is higher than that of comparators is not considered relevant as fosfomycin tromethamine is no longer available in that country.

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