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FLUPHENAZINE IN THE PREGNANCY

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Introduction: Mental illness and pregnancy have always represented a great challenge to psychiatrists. There are certain risks when dealing with severe, long-term and chronic mental illness requiring continuous medication such as schizophrenia, which is always treated by antipsychotics.

Objectives: A 40-year-old pregnant woman, primipara has been suffering from schizophrenia for 24 and has been married for the last 15 years. Although the pregnancy was unplanned, the patient decided to give birth and was fully supported by her husband. From the very beginning of the illness the patient has been treated by an antipsychotic- flufenazine decanoate, every four weeks. During her life-long illness the patient was hospitalised three times and since the last hospitalization (17 years ago), the patient has continued the treatment on an outpatient basis. The pregnancy itself represented a risk for further psychic decompensation, while the risk of antipsychotic effect on the fetus was also present. A specific life situation of the patient required the introduction of different treatment types in order to assure an intensive monitoring and observation of the patient's mental state. Besides depot medication, high-risk pregnancy required the introduction of additional supportive therapy (once a week).

Conclusion: Due to a high-risk pregnancy a regular collaborative approach and care of the psychiatrist, gynaecologist and GP were the prerequisites for successful treatment. During pregnancy the remission of schizophrenia was maintained, while during delivery and the postpartum period no relapse occurred. The patient had a full-term pregnancy and a natural childbirth. After delivery ablactation was suggested.