

Preface

Neurology Illnesses and Pregnancy



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Guest Editor

Identification and treatment of neurologic disorders in women during the reproductive years present special challenges to the neurologist and other health care providers. Pregnancy is a time of major hormonal and other physiologic changes that can precipitate new neurologic or psychiatric symptoms. The diagnostic evaluation should consider disorders that are more likely to present during pregnancy and the puerperium (eg, Sydenham's chorea, seizures due to eclampsia, intracranial venous thrombosis, and pituitary apoplexy), and any diagnostic studies should be ordered with consideration of fetal safety. Therapeutic decisions have to balance the risks to the developing fetus of the treatment against the risks of not treating or undertreating the underlying neurologic disorder.

Ideal treatment of chronic neurologic illnesses in women requires careful planning for pregnancy and vigilant management during pregnancy through a multidisciplinary approach to improve maternal and fetal outcomes. The importance of planned pregnancies with optimization of medication and vitamin regimens prior to conception should be emphasized to the patient. Birth control measures should be reviewed, with attention to whether any drug interactions could cause reduced efficacy, such as the enzyme-inducing antiepileptic drugs and hormonal contraceptive agents. Given that approximately 50% of pregnancies are unplanned in the United States, however, it is ideal to treat women of reproductive capacity as though they are potentially pregnant from the very first visit, with assessment of medications and vitamin use and education about risk of medications versus risk of illness. This requires the physician to be familiar with the literature

on the course of illness in pregnancy and the postpartum period; the impact of the illness on maternal and fetal outcomes; the obstetric, teratogenic, and developmental risks of specific treatments; and the safety of breastfeeding while taking specific medications. Re-evaluation of treatment regimens cannot be delayed until pregnancy is identified, given that major organogenesis begins within 4 weeks of conception. In general, it is better to choose treatments with reproductive safety information; monotherapy is preferable to polytherapy; and folic acid should be supplemented at a minimum of 800 µg and possibly up to 5 mg per day for certain medications. The neurologist most often is the primary person who chooses medication strategies to best control the underlying neurologic disorder while minimizing teratogenesis or poor outcomes.

Major neurologic disorders covered in detail in this issue include headaches, multiple sclerosis, myasthenia gravis, movement disorders, epilepsy, and stroke. Neurologic complications of eclampsia also are covered in detail. It is not uncommon for a neurologist to prescribe psychoactive medications for comorbid psychiatric disorders or for treatment of headache or pain. The last article reviews the course and potential impact of psychiatric disorders during pregnancy and the use of psychiatric medications.

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