

References

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Invited editorial comment

Use of psychotropic drugs during pregnancy and breast-feeding

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We thank Kaplan et al. (1) for interest in our paper (2) and bringing our attention to a principal point for discussion as well as to some inaccuracies and omissions. We have the following comments.

Resources and references

Within medical research, contents of manuscripts will occasionally be overtaken by data published during manuscript preparation and editorial processes. We respectfully point the attention to the fact this extensive consensus paper was prepared from 2012 to 2014, and the 16th edition of Hales' excellent Handbook was unavailable (3). The *LactMed* resource was routinely consulted in such issues on breastfeeding and should obviously have been included as a reference, a clear error on our part.

RID cut-off value

Concerning breastfeeding and acceptable levels of RID, we do not believe that such *consensus* as suggested by Kaplan et al. exists internationally. Contrary to pregnancy exposure, where EMA has issued regulatory guidelines to quantify safety as related to exposure, no such regulatory guidance exists for lactation. In fact, the suggested 10% RID is a rather an empirically based cut-off value that remains somewhat arbitrarily chosen and has not been convincingly substantiated by scientific data. In Denmark, we have generally *decided* on a more conservative lower RID of 5%, which we use for recommended breastfeeding well aware that this value – too – is somewhat arbitrary and not clearly scientifically justified. We do not claim that the more conservative Danish approach is the 'better' or more 'correct' one, but it just represents a different approach. We do have a few deviations from this rule of thumb; in case, we substantiate such.

Specific drugs

Lamotrigine

RID is between 9% and 18%, and nursing children achieve non-trivial plasma concentrations of lamotrigine of

between 18% and 30% of that of the mother. However, in this case the decision to allow breastfeeding despite a relatively high RID is specifically substantiated by numerous case reports describing uneventful clinical courses (3). Importantly, we specifically state that our recommendation only pertain to low doses of lamotrigine, which in turn would result in a low absolute exposure to the nursing child.

Zopiclone and zolpidem

This point is well taken, and we agree that this should have been addressed, a regrettable omission on our part. We agree with Kaplan et al. that specifically zolpidem and likely zopiclone as well may be used during breastfeeding as RID is (very) low and no untoward effect in nursing babies has been reported (3).

Aripiprazole

The publication concerning aripiprazole (4) referred by Kaplan et al. (1) was published after the literature search cut-off date. The results from this study will have effects on our recommendations in Danish decision support systems.

Application of individual judgement

We agree on the points raised on individual judgement; however, we also believe that we have addressed this issue to a reasonable extent. We kindly refer to the paragraph: 'Specifically in relation to patients with mental illness' following the 'Drugs and breast-feeding: General observations' section in our paper (2).

On behalf of all authors

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Letters to the editor

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