

Severe morning sickness patients get relief from anti-seizure drug

NEWS

“Good news may be on the horizon for women stricken with severe nausea and vomiting during pregnancy, thanks to the work of a University at Buffalo professor who is conducting research on a drug that is showing success treating pregnant women with this condition.”^[1]

(RE) VIEWS

In a pilot study involving seven pregnant subjects with hyperemesis gravidarum, it has been found that therapy with gabapentin was associated with mean reductions in nausea and emesis from baseline to days 12-14 of 80% and 94%, respectively.^[2] The same study also reports of two congenital defects among the seven exposed infants and concludes that gabapentin may be effective in the treatment of hyperemesis gravidarum.

With an incidence of two birth defects among the seven treated with gabapentin (which works to about 28%) for the management of hyperemesis during pregnancy, the FDA placed the study on clinical hold in April 2011 though by May 2012

several pregnancy registries and other studies had reported that the rate of congenital defects among infants born to women taking gabapentin was about the same as the rate of congenital defects in the general population following which the FDA removed the clinical hold.^[1]

Guttuso, *et al.*,^[2] have planned for a large scale study with the claim that currently there are no effective treatments for hyperemesis gravidarum.

The American College of Obstetrics and Gynecology recommends that first-line treatment of nausea and vomiting of pregnancy should start with pyridoxine (vitamin B-6) with or without doxylamine with a 70% reduction in nausea and vomiting. Multiple studies have shown no increased risk of birth defects with the pyridoxine-doxylamine combination.^[3]

The acceptable second-line agents include ondansetron (the first choice in hyperemesis in the last several years), promethazine, and prochlorperazine. Even, metoclopramide, has been shown to be more effective than placebo in hyperemesis gravidarum, without an associated increased incidence of congenital malformations.^[4]

The spread of evidence involving a host of publications suggests that there is no positive correlation between nausea and vomiting of pregnancy or hyperemesis gravidarum and congenital abnormalities. It may be noted that in the general population there is a baseline risk of 1-3% of the babies having a major congenital abnormality at birth in all pregnancies.^[5]

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