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Clinical research study

Prescription of teratogenic medications in United States ambulatory practices

Eleanor Bimla Schwarz MD, MS ^a ... Ralph Gonzales MD, MSPH ^b

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Abstract

Purpose

The purpose of this study was to identify the potentially teratogenic medications most frequently prescribed to women of childbearing age and the specialty of physicians who provide ambulatory care to women who use such medications. In addition, we evaluated rates of contraceptive counseling to explore awareness of the risks associated with teratogenic medication use.

Subjects and methods

The prescription of teratogenic medications and provision of contraceptive counseling on 12 681 visits made by nonpregnant women, 14 to 44 years of age, to 1880

physicians in US ambulatory practice (National Ambulatory Medical Care Survey) between 1998 and 2000 was analyzed.

Results

Use of a potentially teratogenic, class D or X, medication by a woman of childbearing age is documented on 1 of every 13 visits made to US ambulatory practices. These include anxiolytics (4.1 million annual prescriptions), anticonvulsant medications (1.4 million annual prescriptions), antibiotics like doxycycline (1.4 million annual prescriptions), and statins (0.8 million annual prescriptions). Isotretinoin accounts for less than 5% of potentially teratogenic prescriptions (0.5 million annual prescriptions). Internists and family/general practitioners provide ambulatory care to 45% of women prescribed potentially teratogenic medications, psychiatrists provide ambulatory care to 20% of women prescribed potentially teratogenic medications, and dermatologists provide ambulatory care to 20% of women prescribed potentially teratogenic medications. Contraceptive counseling was provided on less than 20% of visits that documented use of a potential teratogen by a woman of childbearing age. Women using low-risk (class A or B) drugs received contraceptive counseling as frequently as women using potential teratogens ($P = .24$).

Conclusion

Potentially teratogenic medications are prescribed to millions of women of childbearing age each year. Physician awareness of the teratogenic risk associated with class D or X medications seems low.



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Keywords

Prescription drug; Teratogens; Birth defects; Contraception; National Ambulatory Medical Care Survey (NAMCS)

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