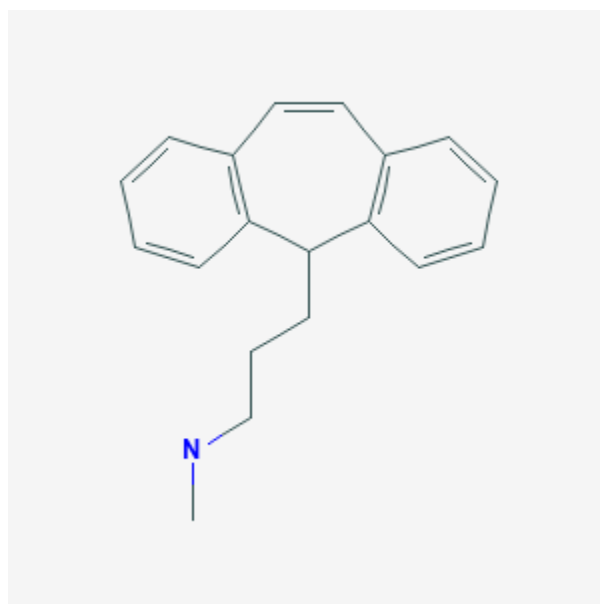




## Protriptyline

Revised: February 7, 2019.

CASRN: 438-60-8



## Drug Levels and Effects

### Summary of Use during Lactation

Because there is no published experience with protriptyline during breastfeeding, other agents may be preferred, especially while nursing a newborn or preterm infant.

### Drug Levels

*Maternal Levels.* Relevant published information was not found as of the revision date.

*Infant Levels.* Relevant published information was not found as of the revision date.

## Effects in Breastfed Infants

Published information on protriptyline was not found as of the revision date. Follow-up for 1 to 3 years in a group of 20 breastfed infants whose mothers were taking a tricyclic antidepressant found no adverse effects on growth and development.[1] Two small controlled studies indicate that other tricyclic antidepressants have no adverse effect on infant development.[2][3] In another study, 25 infants whose mothers took a tricyclic antidepressant during pregnancy and lactation were tested formally between 15 to 71 months and found to have normal growth and development.[4]

## Effects on Lactation and Breastmilk

An observational study looked at outcomes of 2859 women who took an antidepressant during the 2 years prior to pregnancy. Compared to women who did not take an antidepressant during pregnancy, mothers who took an antidepressant during all 3 trimesters of pregnancy were 37% less likely to be breastfeeding upon hospital discharge. Mothers who took an antidepressant only during the third trimester were 75% less likely to be breastfeeding at discharge. Those who took an antidepressant only during the first and second trimesters did not have a reduced likelihood of breastfeeding at discharge.[5] The antidepressants used by the mothers were not specified.

A retrospective cohort study of hospital electronic medical records from 2001 to 2008 compared women who had been dispensed an antidepressant during late gestation (n = 575) to those who had a psychiatric illness but did not receive an antidepressant (n = 1552) and mothers who did not have a psychiatric diagnosis (n = 30,535). Women who received an antidepressant were 37% less likely to be breastfeeding at discharge than women without a psychiatric diagnosis, but no less likely to be breastfeeding than untreated mothers with a psychiatric diagnosis.[6] None of the mothers were taking protriptyline.

## Alternate Drugs to Consider

[Nortriptyline](#), [Paroxetine](#), [Sertraline](#)

## References

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3. Yoshida K, Smith B, Craggs M et al. Investigation of pharmacokinetics and possible adverse effects in infants exposed to tricyclic antidepressants in breast-milk. *J Affective Disord.* 1997;43:225-37. PubMed PMID: 9186793.
4. Nulman I, Rovet J, Stewart DE et al. Child development following exposure to tricyclic antidepressants or fluoxetine throughout fetal life: a prospective, controlled study. *Am J Psychiatry.* 2002;159:1889-95. PubMed PMID: 12411224.
5. Venkatesh KK, Castro VM, Perlis RH et al. Impact of antidepressant treatment during pregnancy on obstetric outcomes among women previously treated for depression: An observational cohort study. *J Perinatol.* 2017;37:1003-9. PubMed PMID: 28682318.
6. Leggett C, Costi L, Morrison JL et al. Antidepressant use in late gestation and breastfeeding rates at discharge from hospital. *J Hum Lact.* 2017;33:701-9. PubMed PMID: 28984528.

## **Substance Identification**

### **Substance Name**

Protriptyline

### **CAS Registry Number**

438-60-8

### **Drug Class**

Breast Feeding

Lactation

Antidepressive Agents

Antidepressive Agents, Tricyclic