

# Steelers



## WORLD CHAMPIONS!

### PIC QUESTION OF THE WEEK: 2/13/06

Q: What drugs used to treat inflammatory bowel disease are safe to use while breastfeeding?

A: The major forms of inflammatory bowel disease (IBD) include ulcerative colitis and Crohn's disease. Women taking medications for IBD are frequently concerned about the safety of using these drugs while breastfeeding. The therapy of IBD is variable and dependent on the disease, its site, severity, and chronic or acute nature. Drugs administered in one or both diseases include the aminosalicylates (sulfasalazine, mesalamine and its derivatives), antimetabolites (azathioprine and 6-mercaptopurine; 6-MP), prednisone, cyclosporine, and infliximab. On occasion, metronidazole and ciprofloxacin are used in those with perianal fistulas. In general, aminosalicylates are the first line of therapy for controlling symptoms in patients with ulcerative colitis or Crohn's disease. Sulfasalazine as well as its metabolites (sulfapyridine and mesalamine) enter human milk; however, most authors consider the concentrations of these compounds to be negligible. In one study, 3 g per day of mesalamine yielded minimal concentrations of the drug in mother's milk. There exists one report of a 2-month old infant who developed bloody diarrhea while the mother received sulfasalazine. Another 6-week old infant had diarrhea on multiple occasions when mesalamine was administered during breastfeeding. There are no additional reports of these types of reactions to aminosalicylates; however, the American Academy of Pediatrics (AAP) considers these drugs to be *associated with significant effects on some nursing infants and should be given with caution*. Azathioprine and its active metabolite (6-MP) penetrate into human milk and are considered potentially toxic to the nursing infant. These drugs as well as cyclosporine are immunosuppressive and not recommended for use during breastfeeding unless their benefit outweighs the risk to the infant. The American Academy of Pediatrics and the World Health Organization consider prednisone to be compatible with breastfeeding. Daily doses as high as 120 mg do not produce milk concentrations that appear to be clinically relevant. Infliximab is a very high molecular weight antibody that is unlikely to pass into breast milk; however, the product information suggests it not be administered to breastfeeding mothers because there is little data on its distribution into milk and safety. Ciprofloxacin is considered compatible during breastfeeding by the AAP. Its minimal penetration into milk and binding to calcium and other milk protein results in limited absorption by the infant. Although metronidazole may be potentially mutagenic, there are no reports of adverse effects when used during breastfeeding. Some have suggested the drug be discontinued for 24-48 hours when used as a single dose for trichomoniasis; however, this option is not practical in IBD. In summary, most of the commonly used agents for treatment of IBD seem safe for the breastfeeding mother.

#### References:

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