unknown, as there are far fewer studies reporting on these risks.

However, we believe that Dr. Paumgarten missed the important data that we reported and instead focused on the safety of psychotropic drug use in pregnancy. The objective of our study was to evaluate the risk perception of psychotropic drug use in pregnancy among physicians in different medical specialties, as clearly stated in both the abstract and main text.

We would like to reiterate that, based on scientific evidence, psychotropic drugs in general do not pose a significant teratogenic risk.\textsuperscript{1,2} Even paroxetine, which women are advised to avoid in pregnancy, is associated with an only marginal increase in risk (odds ratio [OR] 1.29, 95% confidence interval [95%CI] 1 : 11 to 1 : 49), not exceeding the percentage researched in our article as being “perceived high risk” (> 5%).\textsuperscript{1,2} A recent review discussed studies that reported teratogenic potential and negative outcomes and noted that, when evaluating the benefit/risk ratio of SSRI treatment during pregnancy, the risks associated with discontinuation of treatment – e.g., higher frequency of relapse, increased risk of obstetric complications and postpartum depression – appeared to outweigh the teratogenic potential.\textsuperscript{3} Even if we consider that the risks of antidepressants are still unknown, despite thousands of reported pregnancy outcomes in the literature, untreated perinatal depression can cause significant distress and is associated with known risks to the mother-infant relationship and to child development.

The take-home message of this survey was that most physicians, even those with informed experience in the treatment of psychiatric disorders during pregnancy, are reluctant to prescribe psychotropics in this setting. Challenges that surround drug treatment in the perinatal period are not just related to the safety/risk of medications, but also include the continuing stigma of mental illness, as well as fear of possible legal ramifications.\textsuperscript{4} When this is factored in with an unrealistically high perception of treatment risk, it is understandable that physicians may be hesitant to treat a pregnant woman, even if armed with evidence-based information that suggests relative safety.

Deciding whether to continue to take a psychotropic medication during pregnancy is a complex decision for both women and their physicians. Information from friends, family, the media, and physicians can also have an important impact on decision-making regarding pharmacotherapy for psychiatric disorders during pregnancy. Empathy towards these women, combined with available evidence-based information, can guide physicians in advising their patients to make an informed decision, despite the absence of definitive clinical guidelines, to ensure the best possible outcome for both mother and child.

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Still on religiosity and alcohol use

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Lucchetti et al.\textsuperscript{1} provided relatively good evidence of the consistent pattern of association found between some elements of religiosity and alcohol use. The large sample size and population-based design count as strengths of the study.

Understanding the negative relationship between religiosity and alcohol consumption sometimes highlights the need for more information, e.g., the proscriptive nature of respondents’ religious affiliation. In certain non-Western countries, where some religious activities include heavy episodic drinking and ceremonial drinking bouts, it becomes more difficult to explain why regular attendance is associated with reduced alcohol consumption in those circumstances. This suggests there are possible confounders, e.g., cultural values, personality, and stressful life events, that interplay with religiosity to influence its impact on alcohol use.\textsuperscript{1} It would be appreciated if the authors could provide more background information on the relationship between culture and religion in the study setting. This is because certain religious beliefs and practices, e.g., existence of God, are culturally sanctioned, as some societies – particularly in non-Western regions of the world – strongly discourage atheistic views. This could potentially affect the validity of the questions used to assess religiousness in this study.

One could also argue based on the “moral community hypothesis” that when religion is a clear characteristic of
In a society, persons that are not religious are less likely to conform to societal norms and views, including those related to drinking and other forms of high-risk behaviors. It is important to note, however, that the study of the association between religiousness and substance use has been hindered by the challenges of deconstructing the concept of religiosity in the past three decades. Sometimes, religiosity is confused with spirituality, which is a different but related construct. While religiosity relates to religious participation, affiliation, and association, spirituality is defined in terms of one’s relationship with God.

In view of these factors, there are advantages to measuring elements of both religiosity and spirituality in future studies. Though difficult, a prospective study of a cohort of individuals with clear religious affiliations and dimensions of spirituality and levels of participation would aid further understanding of the relationship between religiosity and alcohol use. Clearly, understanding the multidimensional construct of religiosity would facilitate its use in alcohol prevention and treatment efforts.

Disclosure

The author reports no conflicts of interest.

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