

The role of prenatal exposure to serotonin reuptake inhibitor antidepressants, child sex, and serotonin-related genotype on pain-related somatic symptoms and global physical health in young children



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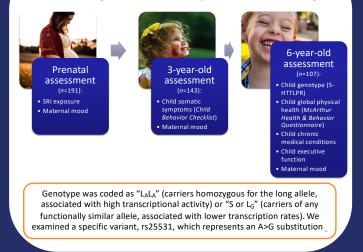
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1. Background

- · Somatic symptoms and poor health in childhood may be a precursor to chronic pain [1].
- Little is known about what early life factors predisposes the development of physical symptoms.
- Serotonin is critical to the development of systems that regulate stress and pain-related behaviours.
- · Previous studies have shown an impact of prenatal serotonin reuptake inhibitor (SRI) exposure on pain response in human infants [2,3], and animal models have suggested sex-specific impacts of early SRI exposure [4].
- The present study investigated the impact of child sex, prenatal exposure to SRI antidepressants, and serotoninrelated genotype on parent-reported childhood health outcomes.

2. Methods

Data from a longitudinal cohort study assessed the following:



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rences; [1] Wolff et al. 2012, J Pediatr Psychol, 37(5), 546-56; [2] Oberlander et al. 2002, Pediatr Res, 51(4), 443-53; [3] Oberlander et

3. Results

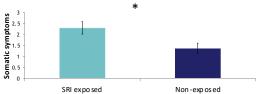
During the prenatal period 39.8% of children were exposed to SRIs and 44.5% of mothers self-reported a diagnosis of depression. Of the entire sample, children were 52.4% female and 20.9% had the L_{ALA} genotype.

Children's somatic symptoms at 3 years old

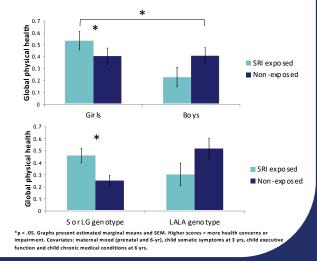
A three-way analysis of variance (ANOVA) demonstrated a main effect of SRI exposure, F(1,133) = 5.931, p = .016, $\eta_p^2 = .043$; somatic symptoms were more common amongst children exposed prenatally to SRIs than those who were not. There was no main effect of child sex or genotype, and no interactions.

A three-way ANOVA demonstrated a main effect of child sex,

F(1,94) = 4.230, p = .042, $\eta_p^2 = .043$, where worse health was



*p <.05. Graph presents estimated marginal means and SEM. Covariates: maternal mood (prenatal and 3-yr)



4. Discussion

- Early changes in serotonin signalling may shape physical health across early childhood, particularly for girls. Genotype appears to be an important vulnerability factor in the impact of prenatal antidepressant exposure.
- These results further our understanding of factors that may be involved in the emergence of sex differences in physical symptoms. There is a need to investigate trajectories of developmental vulnerability for girls and boys from early life.
- Further research is needed to understand how to mitigate these risk factors, e.g., enhanced screening or preventative interventions for girls with prenatal SRI exposure.

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A SRI exposure by child sex interaction was also observed. F(1,94) = 4.710, p = .033, $\eta_p^2 = .048$, where **SRI-exposed girls had** worse health than non-exposed girls.

observed in girls compared to boys.

Children's global physical health at 6 years old

There was a significant interaction between SRI exposure and genotype, F(1,94) = 6.929, p = .010, $\eta_p^2 = .069$. SRI-exposed children with the S or L_G genotype had worse health compared with non-exposed.