

Secular Trends in the Treatment of Hyperemesis Gravidarum

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Introduction:

After the removal of Bendectin from the United States market in 1983, fear of litigation, combined with a legitimate awareness that there was insufficient evidence regarding safety and efficacy of anti-emetic treatments during pregnancy, resulted in wide variation in the use of both pharmacological and other modalities to treat hyperemesis gravidarum (HG).

Objective:

The aim of this study is to describe general trends in the treatment of HG over the past 20 years.

Methods:

Women with HG who had pregnancies of at least 27 weeks duration occurring between 1985-2004 provided data regarding their treatment on an HG website administered by the nonprofit Hyperemesis Education and Research (HER) Foundation during the calendar years 2003-2005.

Pregnancies were analyzed independently, and for examination of trends, data were grouped in 5-year intervals.

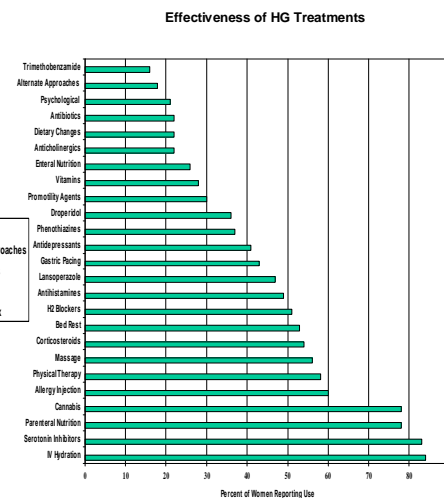
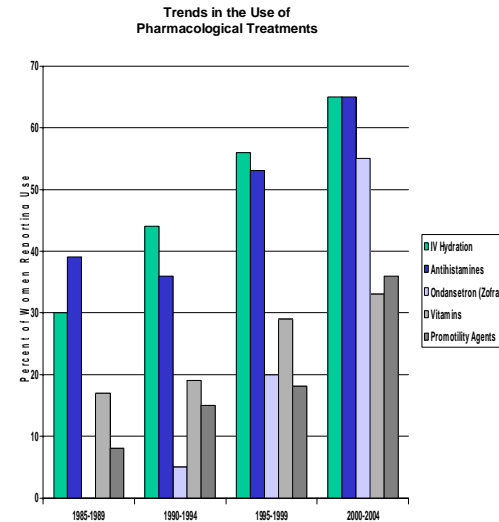
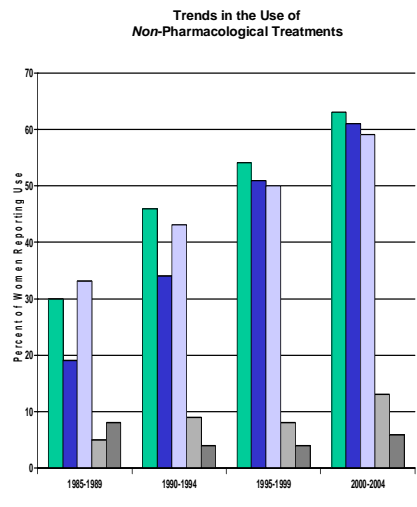
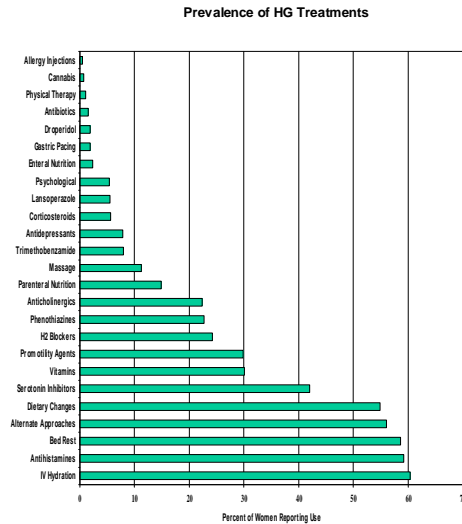
Alternative approaches consist of acupuncture, herbal medicine, homeopathy, seabands, and chiropractic.

Results:

The usage and effectiveness of over 20 treatment options were reported by 765 women for 1,193 pregnancies.

Women reported from 26 countries, with 80% reporting from the United States.

- United States N=952 (79.8%)
- United Kingdom N=81 (6.8%)
- Australia/New Zealand N=80 (6.7%)
- Canada N=40 (3.3%)
- Other N=40 (3.3%)



Results (continued):

- The frequency of the HG treatments varied across the countries of residence.
- Women who resided in Canada reported the highest usage of antihistamines, including Diclectin, and the lowest usage of intra venous (IV) hydration, promotility agents, and phenothiazines.
- The use of parenteral nutrition increased from 2% in 1985-1989 to 14% in 2000-2004, while the use of enteral nutrition remained the same around 2-3% since their first use in 1990.

Summary:

- Over the entire 20 year period, IV therapy and antihistamines were the most commonly used treatment modalities. The use of ondansetron has increased dramatically since its introduction in 1990, and is now the single most commonly used agent.
- Despite the fact that enteral nutrition is safer than parenteral nutrition, its use has not increased over time.
- Women who used IV hydration, serotonin inhibitors, or parenteral nutrition reported the highest rates of effectiveness of any of the specific treatments, with 84%, 83%, and 79% reporting that these treatments, respectively, may have contributed to decreased nausea and vomiting.

Conclusions:

- Over the last 20 years, multiple treatments have been used for women with HG, and an increasing proportion of women appear to be treated with some of the reportedly more effective modalities, such as IV hydration and ondansetron.
- Impediments to use of enteral feeding deserve further investigation.