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SAFER USE OF HIGH RISK MEDICINES

Waitemata District Health Board
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CITALOPRAM AND ESCITALOPRAM - SAME BUT DIFFERENT

- TAKE CARE WITH ESCITALOPRAM – DOSES ARE HALF THAT OF CITALOPRAM
- SCREEN FOR RISK FACTORS OF QT PROLONGATION
- ASK ABOUT ADVERSE EFFECTS
- MONITOR FOR HYPONATRAEMIA

Citalopram and escitalopram are both useful SSRIs (Selective Serotonin Reuptake Inhibitors) for the treatment of adult depression.

TAKE CARE WITH ESCITALOPRAM – DOSES ARE HALF THAT OF CITALOPRAM

The optimal dose for the treatment of moderate depression is:
citalopram 20mg daily OR escitalopram 10mg daily
It is important to be aware of the dose difference; confusion could lead to escitalopram overdosing.
Some patients may eventually require up to citalopram 40mg or escitalopram 20 mg. There is no clinical benefit of using higher doses than this, but a greater risk of adverse effects; informed consent and regular (6 monthly) ECGs are also required.
For older adults, and people with mild to moderate hepatic impairment, the *maximum* dose should not exceed citalopram 20mg or escitalopram 10mg.

Recommended daily doses of citalopram and escitalopram

Patients	Citalopram		Escitalopram	
	Starting dose	Maximum dose	Starting dose	Maximum dose
Adult 18-65 years without risk factors	20mg	40mg	10mg	20mg
Adult >65 years or impaired hepatic function	10mg	20mg	5mg	10mg
Taking omeprazole*	20mg	20mg	5mg	10mg

Note: It may be helpful to start with half the recommended starting dose for the first week if there are concerns about initial adverse effects.

***Omeprazole** increases plasma levels of citalopram and escitalopram, increasing the risk of QT prolongation and hyponatraemia.

Allow 2-4 weeks at each dose level to assess efficacy before *increasing* or *decreasing* the dose. Withdrawal effects can occur if doses are *reduced* abruptly. These include anxiety, confusion, insomnia, headache, gastrointestinal upset and visual disturbances. They generally occur within the first few days of dose changes and resolve within 2 weeks.

SCREEN FOR RISK FACTORS OF QT PROLONGATION

Citalopram and escitalopram are associated with a *dose dependent* increase in QT interval prolongation, which could potentially lead to Torsade de Pointes. These medicines are contraindicated if patients have congenital long QT syndrome, or if they are taking other medicines associated with QT prolongation.

Other risk factors for QT prolongation include female gender, older age, underlying heart disease, hypokalaemia and hypomagnesia, renal impairment (CrCl <20ml/min), hepatic disease, starvation or obesity.

If patients have multiple risk factors, ECG monitoring is required prior to initiating therapy. If symptoms indicative of arrhythmia (dizziness, palpitation, syncope or seizures) occur during therapy, organise an ECG and check electrolytes.

ASK ABOUT ADVERSE EFFECTS

Discuss potential adverse effects with the patient and their family prior to initiating therapy. Inform them that nausea, anxiety, insomnia, agitation, hypomania, worsening of depression and suicidal ideation could occur in the first few days or weeks. Dose-related adverse effects include fatigue, impotence, increased sweating, somnolence, and insomnia, so use the lowest effective dose possible.

All antidepressants are associated with suicidality, which could be due to an increase in anxiety, restlessness or agitation in the first few days of treatment. Close contact during the first week is important to establish if there are any changes in behaviour or suicidal ideation.

SSRIs all have the potential to increase the risk of bruising, epistaxis, vaginal and gastrointestinal bleeding. Take special care if also taking aspirin, NSAIDs, warfarin and other anticoagulants, or if patients have a past history of bleeding.

Sexual dysfunction in men and women is associated with depression and with SSRIs. Decreased libido and delayed orgasm are most commonly reported. Discuss these issues openly; a dose reduction or an alternative antidepressant may be required.

➥ continued

CITALOPRAM AND ESCITALOPRAM

Note: SSRIs can be useful for premature ejaculation, but they can affect sperm quality. This is an unregistered indication so make sure that the patient is aware of this.

Patients taking serotonergic medicines, such as SSRIs are at risk of serotonin syndrome. This rare, but potentially life-threatening condition can develop from high doses of a single serotonergic medicine, or if a combination of them are used together. Examples include **antidepressants**, **lithium**, **St John's wort, sumatriptan**, **tramadol** and **pethidine**.

Note: In cases of severe depression, psychiatrists may use higher than recommended doses of SSRIs or combinations of serotonergic medicines.

MONITOR FOR HYPONATRAEMIA

Hyponatraemia is a rare adverse reaction associated with all SSRIs. Other risk factors include female gender, older age, low body weight, cirrhosis, reduced renal function, or concurrent use of other hyponatraemic medicines (eg diuretics, omeprazole)

Hyponatraemia is most likely to occur during the first 4 weeks of treatment. Symptoms include dizziness, nausea, lethargy, confusion, cramps and seizures.

For high-risk patients check baseline sodium and correct if necessary. Check again after the first 2 weeks, and 3 months of treatment. It is advisable to re-check after a dose increases or if other hyponatraemic medicines are prescribed.

ACKNOWLEDGEMENTS

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KEY REFERENCES

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CLICK HERE FOR FURTHER INFORMATION ON CITALOPRAM & ESCITALOPRAM AND A FULL REFERENCE LIST

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