Prescribing Guidance for Citalopram and Escitalopram

HERPC
Hull and East Riding Prescribing Committee

Summary of Safety Alert (December 2011) – http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON137769
Citalopram and escitalopram are associated with dose-dependent QT interval prolongation and should not be used in those with: congenital long QT syndrome; known pre-existing QT interval prolongation; or in combination with other medicines that prolong the QT interval. ECG measurements should be considered for patients with cardiac disease, and electrolyte disturbances should be corrected before starting treatment.
For citalopram, new restrictions on the maximum daily doses now apply: 40 mg for adults; 20 mg for patients older than 65 years; and 20 mg for those with hepatic impairment.
For escitalopram, the maximum daily dose for patients older than 65 years is now reduced to 10 mg/day; other doses remain unchanged.

Recommended actions for prescribers

If dose is above maximum recommended dose or patient is taking other medications likely to prolong QTc:
1. Discuss with service user/patient.
2. Consider continued need for citalopram and/or alternative therapies

Taking ANY other medicines likely to cause QTc prolongation

1-Consider switching relevant medication to alternative with no effect on QTc prolongation or stop.

2-Switch citalopram or escitalopram to alternative antidepressant if switching or stopping the other relevant medication is not viable

Adult citalopram dose above 40mg daily:

Elderly (or other risk factors) citalopram dose above 20mg daily:

Elderly and escitalopram dose above 10mg daily:

- Reduce dose stepwise to 40mg citalopram daily for adults
- Reduce dose stepwise to citalopram 20mg daily or escitalopram 10mg daily for elderly (or other risk factors -for citalopram only-)

Monitor for 3 months

Remains stable ☺- No further action required

Relapses or deteriorates

(see next page)

Need for more than citalopram 40mg daily (adults), 20mg daily (elderly and reduced hepatic function) e.g. for OCD, PTSD

Consider risk/benefit with service user. Switch if possible
If under 18 refer to CAMHS (unlicensed use).

1. **Switch** to different SSRI or alternative class of antidepressant
2. Consider other therapies

If all other options exhausted:

1. Consider maintaining previously effective dose or combination of medication – seek specialist advice if required.
2. Document unlicensed dose or use, with reason and discussion with patient/service user in Medical Notes.
3. Reduce and monitor any risk factors. Regularly monitor ECG and BCP: e.g. initially, 6-monthly and after any medicine or dose change, inform service user to report any abnormal heart rate or rhythm.
4. **If significant QT prolongation detected (> 500 milliseconds), seek specialist advice and/or switch**

N.B. Current prescriber is responsible for monitoring, including performing or arranging for ECG.

→ No specific switch method is recommended for antidepressants:
Depending on citalopram dose, urgency, tolerability and other medicines then "drop, stop and switch" is safest.
Abrupt switching is not recommended.
If switching, be aware of serotonin syndrome and discontinuation syndrome

Alternative antidepressants include:

1. **Sertraline** (optimum alternative as similar indications, low interaction propensity, well tolerated)
2. Fluoxetine (causes P450 interactions)
3. Mirtazapine (indicated for depression only).

Note: There is no comparative data available on QTc prolongation for other antidepressants/doses.
As Sertraline and Fluoxetine belong to the same class of antidepressants as citalopram and escitalopram (SSRI's), it is possible that these recommendations may change. If this occurs further advice will be circulated.

Antipsychotics and QTc Prolongation

All antipsychotics have the potential to cause QTc prolongation. Patients should have an ECG and BCP undertaken when:
- Medication(s) reach steady-state levels.
- Adding drugs that increase the risk of QTc interval prolongation.
- Adjusting dosage.
- The maximum approved dosage has been reached or exceeded.

The most recent review article published on this subject can be obtained from the following link: http://tinyurl.com/btojo9s

Details of contraindications, cautions, drug interactions and adverse effects listed above are not exhaustive. For further information always check with BNF www.bnf.org.uk or SPC (www.medicines.org.uk).

For further advice, consult your Medicines Management Team or Pharmacy Department.

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