# citalopram hydrobromide

Celexa

**Pharmacologic class:** Selective serotonin reuptake inhibitor

Therapeutic class: Antidepressant Pregnancy risk category C

#### Action

Unclear; thought to potentiate serotonergic activity in CNS by inhibiting neuronal uptake of serotonin

# Availability

Oral solution: 10 mg/5 ml Tablets: 10 mg, 20 mg, 40 mg

# // Indications and dosages

> Depression (often used in conjunction with psychotherapy)

Adults: Initially, 20 mg P.O. once daily; may increase by 20 mg/day at weekly intervals, up to 60 mg/day. Usual dosage is 40 mg/day.

# Dosage adjustment

- Hepatic impairment
- Elderly patients

## Off-label uses

- Alcoholism
- Panic disorder
- Premenstrual dysphoria
- Social phobia

## Contraindications

- Hypersensitivity to drug
- Monoamine oxidase (MAO) inhibitor use within 14 days

#### Administration

■ Don't give within 14 days of MAO inhibitor use; life-threatening interactions may occur.

Route	Onset	Peak	Duration
P.O.	1-4 wk	Unknown	Unknown

#### Adverse reactions

CNS: apathy, confusion, drowsiness, insomnia, migraine, weakness, agitation, amnesia, anxiety, dizziness, fatigue, impaired concentration, deepening of depression, tremor, paresthesia, suicide attempt

CV: orthostatic hypotension, tachycar-

**EENT:** abnormal visual accommodation

GI: nausea, vomiting, diarrhea, abdominal pain, dyspepsia, flatulence, increased saliva, altered taste, dry mouth, anorexia

**GU:** polyuria, amenorrhea, dysmenorrhea, ejaculatory delay, impotence, decreased libido

Musculoskeletal: joint pain, myalgia Respiratory: cough

**Skin:** rash, pruritus, diaphoresis, photosensitivity

Other: fever, yawning, increased appetite, weight changes

#### Interactions

**Drug-drug.** *Carbamazepine*: decreased citalopram blood level

Centrally acting drugs (such as antihistamines, opioids, sedative-hypnotics): additive CNS effects

5-hydroxytryptamine<sub>1</sub> receptor agonists (such as sumatriptan, zolmitriptan): increased risk of adverse reactions

Erythromycin, itraconazole, ketoconazole, omeprazole: increased citalopram blood level

Lithium: potentiation of serotonergic effects

MAO inhibitors: life-threatening reactions

*Tricyclic antidepressants (TCAs):* altered TCA pharmacokinetics

**Drug-herb.** *St. John's wort, S-adenosyl-methionine (SAM-e):* increased risk of serotonergic reactions, including serotonin syndrome

**Drug-behaviors.** *Alcohol use:* additive CNS depression

Sun exposure: photosensitivity

#### Precautions

Use cautiously in:

- severe renal impairment, hepatic impairment, conditions likely to cause altered metabolism or hemodynamic responses
- · history of mania or seizure disorder
- elderly patients
- · pregnant patients
- children (safety not established).

### Patient monitoring

- If patient is receiving lithium concurrently, watch closely for potentiation of serotonergic effects.
- Assess for signs and symptoms of drug efficacy.

# Patient teaching

- Instruct patient to take drug with full glass of water at same time every day.
- Advise patient to avoid alcohol during therapy.
- Instruct patient to move slowly when sitting up or standing to avoid dizziness or light-headedness caused by sudden blood pressure decrease.
- Tell patient it may take several weeks before he starts to feel better.
- Advise patient to immediately report suicidal thoughts or extreme depression.
- Inform patient that he may experience inadequate filling of penile erectile tissue; advise him to consult prescriber if he experiences adverse sexual effects.