CITALOPRAM

General Information: Citalopram is a serotonin-specific drug used to treat depression. Though “off-label” and not approved by the FDA, it is also used to treat anxiety disorders and other psychological conditions. Citalopram is not habit-forming.

Guidelines for Use: Citalopram is available in 10, 20 mg. and 40 mg. tablets, which can be broken in half to adjust the dosage. A liquid form is also available. The usual starting dose is 10-20 mg. per day, taken at bedtime or in the morning, whichever you prefer or your clinician directs. The dosage may be increased at 1-2 week intervals if needed to control symptoms. It may be taken with food to reduce nausea. Some people begin to notice improvement in symptoms in 1-2 weeks, but it may take 4-6 weeks before the maximum benefit is reached. If you forget to take the medication but remember within 8 hours or so, go ahead and take it when you remember. If it is close to your next dose, skip the missed dose; do not take double doses. Store the drug in a dry, tightly-closed, light-resistant container out of the reach of children.

Side Effects of Citalopram:

Note: Most side effects taper off during treatment as you become used to the drug. Citalopram rarely causes weight gain.

Common side effects (10% or more of users experience; notify your clinician if severe):

--nausea
--dry mouth
--sleepiness
--headache
--sexual dysfunction: May not go away; discuss with your clinician.

Less common side effects (less than 10% of users experience; notify if severe):

--insomnia
--sweating
--tremor
--diarrhea
--vivid dreaming
--skin rash: STOP THE DRUG AND CALL YOUR CLINICIAN.

*Call your clinician right away if you have worsening depression, thoughts of suicide, or sudden or severe changes in mood or behavior such as feeling anxious, agitated, panicky, irritable, hostile, aggressive, or severely restless, especially at the beginning of treatment or after a change in dosage of your medication.*

Any antidepressant, including citalopram, may cause activation into a state of mania or mild mania (“hypomania”) in vulnerable individuals, usually but not always those who have bipolar disorder. Such a state is characterized by increased energy and hyperactivity, decreased need for sleep, marked euphoria or irritability, impulsiveness and an increase in pleasure-seeking. CALL YOUR CLINICIAN AS SOON AS POSSIBLE IF YOU DEVELOP THESE SYMPTOMS.
**Precautions:** Do not take this drug if you have ever had an allergic reaction to citalopram. Inform your clinician if you have any known drug allergies; if you have epilepsy, kidney or liver disease; if you are taking any other drug (prescription or non-prescription), vitamin, supplement or herb; if you will be undergoing anesthesia or surgery while taking this drug. **Inform your clinician if you are or might be pregnant.** Exposure to this drug in the uterus is unlikely to increase risk of fetal malformations, but some newborns exposed to this type of drug after 20 weeks of gestation suffer from respiratory and other difficulties that range from mild to severe. You and your clinician will need to weigh the benefits against the risks to mother and baby. It has not been tested in children and is not recommended for use by children. Metabolism of the drug may be slowed in the elderly, so lower doses may be needed.

**This drug may cause drowsiness.** If so, avoid driving or operating machinery until you are sure your alertness and coordination are not affected.

Citalopram may cause discontinuation symptoms in some people if it is stopped abruptly, particularly after long-term use. These symptoms include headache, nausea, dizziness, vertigo, and muscle aches – a flu-like feeling. It should be tapered down gradually.

To date, overdoses of citalopram alone have rarely been fatal. However, immediate emergency medical care should be sought in cases of overdose. Symptoms of overdose include dizziness, sweating, nausea, vomiting, tremor, drowsiness, and rapid heart rate.

**Interactions:**

**Alcohol:** Although the manufacturer of citalopram does not recommend the use of alcohol when on this drug, it appears that light social drinking is acceptable. The effects of alcohol may be enhanced. Alcohol use may contribute to depression, so is not recommended for people experiencing depression.

**Food:** Avoid grapefruit juice; it interferes with a liver enzyme that metabolizes the drug.

**Other drugs:** A POTENTIALLY TOXIC REACTION COULD OCCUR IF CITALOPRAM IS TAKEN WITH MAO INHIBITORS (NARDIL, PARNATE); THESE DRUGS MUST BE STOPPED AT LEAST 2 WEEKS BEFORE CITALOPRAM IS STARTED AND VICE VERSA. Care should be taken when this drug is used in combination with any of the following drugs: ketoconazole (Nizoral), itraconazole (Sporanox), fluconazole (Diflucan), erythromycin, metoprolol (Lopressor), tricyclic antidepressants (Elavil, Topranil, Pamelor, others). Other drugs may also be problematic; discuss with your clinician. **DO NOT USE THIS DRUG IN COMBINATION WITH ST. JOHN’S WORT.**

**Long-term Use:** It is usually recommended that you remain on the therapeutic dose of an antidepressant medication for 6-12 months after depression has responded to treatment. As far as is known, citalopram is safe for long-term use. Some people with severe or chronic depression may stay on citalopram for extended periods.