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CITALOPRAM

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Drug action

For all SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS

Selectively inhibit the re-uptake of serotonin (5-hydroxytryptamine, 5-HT).

Indications and dose

Depressive illness

By mouth using tablets

For Adult
20 mg once daily, increased in steps of 20 mg daily if required, dose to be increased at intervals of 3–4 weeks; maximum 40 mg per day.

For Elderly
10–20 mg once daily; maximum 20 mg per day.

By mouth using oral drops

For Adult
16 mg once daily, increased in steps of 16 mg daily if required, dose to be increased at intervals of 3–4 weeks; maximum 32 mg per day.

For Elderly
8–16 mg daily; maximum 16 mg per day.

Panic disorder

By mouth using tablets

For Adult
Initially 10 mg daily, increased in steps of 10 mg daily if required, dose to be increased gradually; usual dose 20–30 mg daily; maximum 40 mg per day.

For Elderly
Initially 10 mg daily, increased in steps of 10 mg daily if required, dose to be increased gradually; maximum 20 mg per day.

By mouth using oral drops

For Adult
Initially 8 mg once daily, increased in steps of 8 mg if required, dose to be increased gradually; usual dose 16–24 mg daily; maximum 32 mg per day.

For Elderly
Initially 8 mg once daily, increased in steps of 8 mg if required, dose to be increased gradually; maximum 16 mg per day.

Dose equivalence and conversion

4 oral drops (8 mg) is equivalent in therapeutic effect to 10 mg tablet.

Important safety information

For all SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS

MHRA/CHM advice: SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery (January 2021)

SSRIs are known to increase the risk of bleeding due to their effect on platelet function. An EU review of observational data found a slightly increased risk of postpartum haemorrhage associated with the use of SSRIs during the month before delivery. This risk may be significant in patients with other risk factors for bleeding disorders.

Healthcare professionals should continue to consider the benefits and risks of antidepressant therapy (particularly in the later stages of pregnancy), and the risks of untreated depression, during pregnancy. Anticoagulant medication in women at high risk of thrombotic events should not be stopped, however, prescribers should be aware of the risk identified.

Contra-indications

For all SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS

Poorly controlled epilepsy; SSRIs should not be used if the patient enters a manic phase

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QT-interval prolongation

Cautions

For all SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS

Cardiac disease; concurrent electroconvulsive therapy; diabetes mellitus; epilepsy (discontinue if convulsions develop); history of bleeding disorders (especially gastro-intestinal bleeding); history of mania; susceptibility to angle-closure glaucoma

Cautions, further information

Elderly

Prescription potentially inappropriate (STOPP criteria) with current or recent significant hyponatraemia i.e. serum sodium less than 130 mmol/L (risk of exacerbating or precipitating hyponatraemia).

See also Prescribing in the elderly (/guidance/prescribing-in-the-elderly.html).

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Susceptibility to QT-interval prolongation

Interactions

Individual interactants:

- Citalopram (/interaction/citalopram-2.html)

Side-effects

For all SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS

Common or very common

Anxiety; appetite abnormal; arrhythmias; arthralgia; asthenia; concentration impaired; confusion; constipation; depersonalisation; diarrhoea; dizziness; drowsiness; dry mouth; fever; gastrointestinal discomfort; haemorrhage; headache; hyperhidrosis; malaise; memory loss; menstrual cycle irregularities; myalgia; mydriasis; nausea (dose-related); palpitations; paraesthesia; QT interval prolongation; sexual dysfunction; skin reactions; sleep disorders; taste altered; tinnitus; tremor; urinary disorders; visual impairment; vomiting; weight changes; yawning

Uncommon

Alopecia; angioedema; behaviour abnormal; hallucination; mania; movement disorders; photosensitivity reaction; postural hypotension; seizure; suicidal behaviours; syncope

Rare or very rare

Galactorrhoea; hepatitis; hyperprolactinaemia; hyponatraemia; serotonin syndrome; severe cutaneous adverse reactions (SCARs); SIADH; thrombocytopenia

Frequency not known

Withdrawal syndrome

Side-effects, further information

Symptoms of sexual dysfunction may persist after treatment has stopped.

Overdose

Symptoms of poisoning by selective serotonin re-uptake inhibitors include nausea, vomiting, agitation, tremor, nystagmus, drowsiness, and sinus tachycardia; convulsions may occur. Rarely, severe poisoning results in the serotonin syndrome, with marked neuropsychiatric effects, neuromuscular hyperactivity, and autonomic instability; hyperthermia, rhabdomyolysis, renal failure, and coagulopathies may develop.

For details on the management of poisoning, see Selective serotonin re-uptake inhibitors, under Emergency treatment of poisoning (/treatment-summary/poisoning-emergency-treatment.html).

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Common or very common

Acute angle closure glaucoma; apathy; flatulence; hypersalivation; migraine; rhinitis

Uncommon

Oedema

Rare or very rare

Cough; generalised tonic-clonic seizure

Frequency not known

Hypokalaemia

Pregnancy

For all SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS

Manufacturers advise avoid during pregnancy unless the potential benefit outweighs the risk. There is a small increased risk of congenital heart defects when taken during early pregnancy. If used during the third trimester there is a risk of neonatal withdrawal symptoms, and persistent pulmonary hypertension in the newborn has been reported.

Breast feeding

Present in milk—use with caution.

Hepatic impairment

For all SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS

In general, manufacturers advise caution (prolonged half-life).

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Dose adjustments

For *tablets* manufacturer advises initial dose of 10 mg daily for the first two weeks in mild to moderate impairment—dose may be increased to max. 20 mg daily; use with extra caution and careful dose titration in severe impairment.

For *oral drops* manufacturer advises initial dose of 8 mg daily for the first two weeks in mild to moderate impairment—dose may be increased to max. 16 mg daily; use with extra caution and careful dose titration in severe impairment.

Renal impairment

Use with caution; no information available for creatinine clearance less than 20 mL/minute. See Prescribing in renal impairment (/guidance/prescribing-in-renal-impairment.html).

Treatment cessation

For all SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS

Gastro-intestinal disturbances, headache, anxiety, dizziness, paraesthesia, electric shock sensation in the head, neck, and spine, tinnitus, sleep disturbances, fatigue, influenza-like symptoms, and sweating are the most common features of abrupt withdrawal of an SSRI or marked reduction of the dose; palpitation and visual disturbances can occur less commonly. The dose should be tapered over at least a few weeks to avoid these effects. For some patients, it may be necessary to withdraw treatment over a longer period; consider obtaining specialist advice if symptoms persist.

Withdrawal effects may occur within 5 days of stopping treatment with antidepressant drugs; they are usually mild and self-limiting, but in some cases may be severe. The risk of withdrawal symptoms is increased if the antidepressant is stopped suddenly after regular administration for 8 weeks or more.

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The dose should preferably be reduced gradually over about 4 weeks, or longer if withdrawal symptoms emerge (6 months in patients who have been on long-term maintenance treatment).

Directions for administration

Manufacturer advises *Cipramil*® oral drops should be mixed with water, orange juice, or apple juice before taking.

Patient and carer advice

For all SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS

Driving and skilled tasks

May also impair performance of skilled tasks (e.g. driving, operating machinery).

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Counselling on administration of oral drops is advised.

Driving and skilled tasks

Patients should be advised of the effects of citalopram on driving and skilled tasks.

Medicinal forms

There can be variation in the licensing of different medicines containing the same drug.

Tablet, Oral drops (../medicinal-forms/citalopram.html)

Related Treatment Summaries

- Premature ejaculation (../treatment-summary/premature-ejaculation.html)

Other drugs in the class selective serotonin re-uptake inhibitors

- DAPOXETINE (/drug/dapoxetine.html)
- ESCITALOPRAM (/drug/escitalopram.html)
- FLUOXETINE (/drug/fluoxetine.html)
- FLUVOXAMINE MALEATE (/drug/fluvoxamine-maleate.html)
- PAROXETINE (/drug/paroxetine.html)
- SERTRALINE (/drug/sertraline.html)