citalopram (si-tal-oh-pram)

Classification
Therapeutic: antidepressants
Pharmacologic: selective serotonin reuptake inhibitors (SSRIs)

Pregnancy Category C

Indications

Action
Selectively inhibits the reuptake of serotonin in the CNS. Therapeutic Effects: Antidepressant action.

Pharmacokinetics
Absorption: 80% absorbed after oral administration. Distribution: Enters breast milk. Metabolism and Excretion: Mostly metabolized by the liver (10% by CYP3A4 and 2C19 enzymes); excreted unchanged in urine. Half-life: 35 hr.

TIME/ACTION PROFILE (antidepressant effect)
ROUTE ONSET PEAK DURATION
PO 1–4 wk unknown unknown

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Concurrent use of MAO inhibitors or MAO-like drugs (linezolid or methylene blue); Concurrent use of pimozide; Congenital long QT syndrome, bradycardia, hypokalemia, hypomagnesemia, recent myocardial infarction, decompensated heart failure (Q risk of QT interval prolongation); Concurrent use of QT interval prolonging drugs.

Use Cautiously in: History of mania; History of suicide attempt/ideation (Q risk during early therapy and during dose adjustment); History of seizure disorder; Illnesses or conditions that are likely to result in altered metabolism or hemodynamic responses; Severe renal or hepatic impairment (maximum dose of 20 mg/day in patients with hepatic impairment); Poor metabolizers of CYP2C19 (Q risk of QT interval prolongation) (maximum dose of 20 mg/day); Concurrent use of CYP2C19 inhibitors (Q risk of QT interval prolongation) (maximum dose of 20 mg/day). CYP 2C19 inhibitors may result in increased serum citalopram levels requiring prolonged hospitalization, resuscitation, and nutritional support. Contraindicated in breast milk and may result in lethargy with feeding in infants, rough, stiff movements.

Pharmacologic Effects
CNS: NEUROLEPTIC MALIGNANT SYNDROME, SUICIDAL THOUGHTS, apathy, confusion, depression, dysequilibrium, abnormal accommodation, agitation, anxiety, amnesia, changes in libido, dizziness, drowsiness, fatigue, headache, impaired concentration, insomnia, weakness, insomnia, weakness, impotence, nausea, vomiting, impaired memory, impaired concentration.

CV: QT interval prolongation, Torsade de Pointes, postural hypotension.

GI: Abdominal pain, anorexia, diarrhea, dry mouth, dyspepsia, flatulence, increased saliva, nausea, vomiting.

GU: Amenorrhea, dysmenorrhea, ejaculatory delay, erectile dysfunction.

Derm: Photosensitivity, pruritus, rash.

Metab: Weight loss, weight gain.

F and E: Hyponatremia.

Interactions
Drug-Drug: May cause serious, potentially fatal reactions when used with MAO inhibitors or MAO-like drugs, such as fenclozid or methylene blue. Concurrent use contraindicated; allow at least 14 days between citalopram and MAO inhibitors. Concurrent use with MAO-inhibitor like drugs, such as fenclozid or methylene blue may Q risk of serotonin syndrome; concurrent use contraindicated; do not start therapy in patients recently exposed to fenclozid or methylene blue. Fenclozid or methylene blue must be started in a patient recovering citalopram, immediately discontinue citalopram and monitor for signs/symptoms of serotonin syndrome for 2 wk or until 24 hr after last dose of fenclozid or methylene blue, whichever comes first. May resume citalopram therapy 24 hr after last dose of fenclozid or methylene blue. Concurrent use with pimozide may result in QT interval prolongation, hypotension, resuscitation and nutritional support. Use Cautiously in patients receiving clomipramine, immediately discontinue citalopram and monitor for signs/symptoms of serotonin syndrome for 24 hr after last dose of fenclozid or methylene blue, whichever comes first. May resume citalopram therapy 24 hr after last dose of fenclozid or methylene blue. Concurrent use with linezolid. Concurrent use of PSYCHOTROPIC DRUGS may result in QT interval prolongation, hypotension, resuscitation and nutritional support.

Use Caution: Concurrent use with other drugs that affect metabolism or hemodynamic responses (Q risk of serotonin syndrome).

Adverse Reactions/Side Effects
CNS: NEUROLEPTIC MALIGNANT SYNDROME, SUICIDAL THOUGHTS, apathy, confusion, depression, dysequilibrium, abnormal accommodation, agitation, anxiety, amnesia, changes in libido, dizziness, drowsiness, fatigue, headache, impaired concentration, insomnia, weakness, impotence, nausea, vomiting.

EENT: abnormal accommodation.

Resp: cough.

CV: QT interval prolongation, Torsade de Pointes, postural hypotension, tachycardia.

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

GU: amenorrhea, dysmenorrhea, ejaculatory delay, erectile dysfunction.

Derm: photosensitivity, pruritus, rash.

Metab: weight loss, weight gain.

F and E: hyponatremia.

MS: arthralgia, myalgia.

Neuro: tremor, paresthesia.

Misc: serotonin syndrome, fever, yawning.

Other: weight gain, increased appetite, weight loss, diaphoresis, flushing, sweating, pruritus, rash, poliosis, photosensitivity, pruritus, rash, poliosis, photosensitivity, pruritus, rash.
Citalopram 

Assess for serotonin syndrome (mental changes [agitation, hallucinations, coma]; autonomic instability [tachycardia, labile BP, hypothermia]; neuromuscular aberrations [hyperreflexia, incoordination]; and/or GI symptoms [nausea, vomiting, diarrhea]), especially during early therapy or dose changes. Notify health care professional prior to starting therapy and with each refill in case of changes.

Potential Nursing Diagnoses

- Ineffective coping (Indications)
- Risk for injury (Side Effects)
- Sexual dysfunction (Side Effects)

Implementation

- Do not confuse with Celebrex (celecoxib), Cerebyx (fosphenytoin), or Zyprexa (olanzapine).
- PO: Administer as a single dose in the morning or evening without regard to food.
- Instruct patient to take citalopram as directed. Take missed doses as soon as remembered unless almost time for next dose; do not double doses. Do not stop abruptly; may cause anxiety, irritability, high or low mood, feeling restless or depressed, thinking and behavior changes. Advise patient to read the Medication Guide prior to starting therapy and with each refill in case of changes.
- May cause dizziness, drowsiness, impaired concentration, and blurred vision. Caution patient to avoid driving and other activities requiring alertness until response to the drug is known.
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- Caution patient to report any change in sleep habits, headache, sweating, nausea, dizziness, electric shock-like sensations, shakiness, and confusion. Advise patient to read the Medication Guide prior to starting therapy and with each refill in case of changes.
- Caution patient to adjust positions slowly to minimize dizziness.
- Advise patient, family, and caregivers to look for suicidality, especially during early therapy or dose changes. Notify health care professional immediately if thoughts about suicide or dying, attempts to commit sui- 

NURSING IMPLICATIONS

Assessment

- Monitor mood changes during therapy.
- Assess for sexual dysfunction (erectile dysfunction; decreased libido).
- Monitor for suicidal tendencies, especially during early therapy and dose changes. Notify health care professional at least weekly for 4 wk, every 3 wk for the next 4 wk, and on advice of health care professional thereafter.
- Assess for sexual dysfunction (erectile dysfunction; decreased libido).
- Assess for serotonin syndrome (mental changes [agitation, hallucinations, coma]; autonomic instability [tachycardia, labile BP, hypothermia]; neuromuscular aberrations [hyperreflexia, incoordination]; and/or GI symptoms [nausea, vomiting, diarrhea]), especially in patients taking other serotonergic drugs (SSRIs, SNRIs, triptanes).

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citalopram

SIDE EFFECTS

Rash, new or worse depression or anxiety, agitation or restlessness, panic attacks, insomnia, new or worse irritability, aggressiveness, acting on dangerous impulses, mania, or other changes in mood or behavior or if symptoms of serotonin syndrome occur.

- Advise patient to usesunscreen and wear protective clothing to prevent photosensitivity reactions.
- Instruct patient that frequent mouth rinses, good oral hygiene, and sugarless gum or candy may minimize dry mouth. If dry mouth persists for more than 2 wk, consult health care professional regarding use of saliva substitute.
- Instruct female patients to inform health care professional if pregnancy is planned or suspected, or if they plan to breast feed. If used during pregnancy should be tapered during third trimester to avoid neonatal serotonin syndrome.

Emphasize the importance of follow-up exams to monitor progress.

Evaluation/Desired Outcomes

- Increased sense of well-being.
- Renewed interest in surroundings. May require 1–4 wk of therapy to obtain antidepressant effects.

Why was this drug prescribed for your patient?