escitalopram (ess-i-tal-o-pram)

Classifications
- Psychiatric: Depression

Therapeutic: Selective serotonin reuptake inhibitors (SSRIs)

Pregnancy Category C

Indications
- Major depressive disorder: Generalized anxiety disorder (GAD)
- Unlabeled Use: Panic disorder, obsessive-compulsive disorder (OCD), social anxiety disorder, post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), premenstrual dysphoric disorder (PMDD)

Contraindications/Precautions
- Contraindicated in: Patients with a history of MAO inhibitor use within 14 days, pregnancy category C
- Use Cautiously in: Hypersensitivity, concurrent pimozide, concurrent use of MAO inhibitors or MAO-like drugs (linezolid or methylene blue), hepatic impairment

Actions
- Selectively inhibits the reuptake of serotonin in the CNS
- Therapeutic Effects: Antidepressant action

Pharmacologic:
- Classified as a: Selective serotonin reuptake inhibitors (SSRIs)

Absorption:
- 80% absorbed following oral administration

Distribution:
- Mostly metabolized by the liver (primarily CYP3A4 and CYP2C19 isoenzymes)
- 7% excreted unchanged by kidneys

Metabolism and Excretion:
- Mostly metabolized by the liver
- Enters breast milk

Half-life:
- Unknown

Therapeutic Effects:
- Antidepressant action

Contraindications/Precautions
- Contraindicated in: Hypersensitivity, Concurrent pimozide, Concurrent use of MAO inhibitors or MAO-like drugs (linezolid or methylene blue)
- Use Cautiously in: Concurrent use with pimozide, hepatic impairment, seizures, Patients at risk for suicide, History of mania (may activate mania/hypomania), History of suicide attempt/ideation especially during early treatment or dose adjustment, safety not established in children, elderly, Geri

Adverse Reactions/Side Effects
- CNS: NEUROLEPTIC MALIGNANT SYNDROME, SUICIDAL THOUGHTS, insomnia
- Derm: ANGIOEDEMA, ANGIONEURAL HEMORRHAGE
- GU: anorgasmia, dysmenorrhea
- Endo: LACTATION: May cause adverse effects in infant
- GI: Diarrhea, nausea
- Metab: HYponatremIA
- NW永不: Indigestion

Interactions
- Drug-Drug: May cause serious, potentially fatal reactions when used with MAO inhibitors, allow at least 14 days between escitalopram and MAO inhibitors.
- Concurrent use with MAO-inhibitor like drugs, such as linezolid or methyl-ene blue may: ↑ risk of serotonin syndrome; concurrent use contraindicated; do not start therapy in patients receiving linezolid or methylene blue; if linezolid or methylene blue used to be started in patient receiving escitalopram, immediately discontinue escitalopram and monitor for signs/symptoms of serotonin syndrome for 2 wk or until 24 hr after last dose of linezolid or methylene blue, whichever comes first; may resume escitalopram therapy 24 hr after last dose of linezolid or methylene blue
- Concurrent use with pimozide may result in prolongation of the QTc interval and is contraindicated. Use cautiously with other centrally acting drugs (including alcohol, antihistamines, opioid analgesics, and sedative/hypnotics; concurrent use with alcohol is not recommended). Drugs that affect serotonergic neurotransmitter systems, including tricyclic antidepressants, SNRIs, Sertraline, buspirone, tramadol and trazadone: ↑ risk of serotonin syndrome. Caution may: ↑ levels. Serotonergic effects may be ↓ by lithium (concurrent use should be carefully monitored). Citalopram may: ↑ levels. MAO inhibitors or MAO-like drugs (linezolid or methylene blue) may: ↑ levels of escitalopram; concurrent use should be avoided due to unpredictable effects on serotonergic neurotransmitter systems. Risk of bleeding with aspirin, NSAIDs, clopi-dogrel, or warfarin
- Drug-Natural Products: "risk of serotonin syndrome with St. John’s wort and SAMe

Dose
- Adults: 10 mg/d PO or start therapy in patients receiving escitalopram, immediately discontinue escitalopram and monitor for signs/symptoms of serotonin syndrome for 2 wk or until 24 hr after last dose of linezolid or methylene blue, whichever comes first; may resume escitalopram therapy 24 hr after last dose of linezolid or methylene blue

Drug Distribution
- Distribution: Unknown

Drugs Discontinued
- Discontinued due to lack of efficacy or adverse effects

Off-label Use
- Indicated most frequent. Strikethrough
Route/Dosage

PO (Adults): Depression and GAD — 10 mg once daily, may be ↑ to 20 mg once daily after 1 wk.

Hepatic Impairment

PO (Adults): 10 mg once daily.

PO (Geriatric Patients): 10 mg once daily.

PO (Children ≥ 12 yr): Depression — 10 mg once daily, may be ↑ to 20 mg once daily after 1 wk.

NURSING IMPLICATIONS

Assessment

● Monitor mood changes and level of anxiety during therapy.

● Assess for suicidal tendencies, especially during early therapy. Restrict amount of drug available to patient. Risk may be increased in children, adolescents, and adults ≥ 14 yr. After starting therapy, children, adolescents, and young adults should be seen by health care professional at least weekly for 4 wk, every 3 wk for next 4 wk, and on advice of health care professional thereafter.

● Assess for sexual dysfunction (erection, ejaculation, decreased libido).

● Assess for serotonin syndrome (mental changes [agitation, hallucinations, coma], autonomic instability [tachycardia, labile BP, hyperthermia], neuromuscular aberrations [hyperreflexia, incoordination], and/or GI symptoms [nausea, vomiting, diarrhea]), especially in patients taking other serotonergic drugs (SSRIs, SNRIs, triptans).

Potential Nursing Diagnoses

Ineffective coping (Indications)

Risk for injury (Side Effects)

Sexual dysfunction (Side Effects)

Implementation

● Do not confuse Lexapro with Lexapro (loxapine).

● Do not administer escitalopram and citalopram concomitantly. Taper to avoid potential idiosyncratic reactions. Reduce dose by 50% for 3 days, then again by 50% for 3 days, then discontinue.

PO: Administer as a single dose in the morning or evening without regard to meals.

Patient/Family Teaching

● Instruct patient to take escitalopram as directed. Take missed doses on the same day as soon as remembered and consult health care professional. Resume regular dosing schedule next day. Do not double doses. Do not stop abruptly; should be discontinued gradually. Instruct patient to read Medication Guide before starting and with each refill because of changes.

● Male patients: Cautions: patients to avoid driving or other activities requiring alertness until response to medication is known.

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

● Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult health care professional before taking any other Rx, OTC, or herbal products, especially alcohol or other CNS depressants.

● Instruct female patients to notify health care professional if pregnancy is planned or suspected or if they plan to breast feed. If used during pregnancy, should be tapered during 3rd trimester to avoid neonatal serotonin syndrome.

● Emphasize 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. Full antidepressant effects occur in 4–6 wk.

● Decrease in anxiety.

Why was this drug prescribed for your patient?

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