Breaking news extra

Southern Health NHS
NHS Foundation Trust

Escitalopram and citalopram association with QT prolongation Prescribing advice.

The recent alert concerning citalopram and QT prolongation has now been extended to include escitalopram. The updated advice from the MHRA is now:

- Citalopram should not be used above 40mg/day in adults (is unlicensed in under 18s)
- Citalopram should not be used above 20mg/day in the elderly and people with reduced hepatic function
- Escitalopram should not be used above 10mg/day in the elderly (>65 years) or those with reduced hepatic function (in adults the maximum daily dose remains 20mg/day).
- Citalopram and escitalopram are now contraindicated in people:
  - with a known QT prolongation or congenital long QT syndrome
  - taking other medicines known to prolong QT interval (see below)*
- Citalopram and escitalopram should only be used, with caution, in people with a higher risk of developing Torsades de Pointes e.g. CHF, recent MI, bradyarrhythmias, hypokalaemia or hypomagnesaemia

Some drugs associated with QT prolongation (list not exhaustive)*:
(adapted from Taylor D. The Maudsley Prescribing Guidelines 10th Ed. Informa Healthcare, London 2010)

Antibiotics
- Clarithromycin
- Co-timoxazole
- Erythromycin
- Moxifloxacin

Antifungals
- Fluconazole

Antimalarials
- Chloroquine
- Mefloquine

Antiarrhythmics
- Amiodarone
- Disopyramide
- Procainamide
- Quinidine
- Sotalol

Antidepressants
- All TCAs e.g.
- Amitriptyline
- Clomipramine
- Dosulepin
- Imipramine
- Lofepramine
- Bupropion (low risk)
- Moclobemide (low risk)
- Trazodone (low risk)
- Venlafaxine (low risk)

Antipsychotics
(all typicals and atypicals have the potential)
- Chlorpromazine
- Clozapine (low risk)
- Haloperidol
- Pimozide
- Quetiapine

Other - physical health medicines
- Amantadine
- Cyclosporin
- Diphenhydramine (found in some OTC products)
- Domperidone
- Hydroxyzine
- Nicardipine
- Tamoxifen

Other - psychiatric medicines
- Lithium (low risk)
- Methadone

Prescribers are reminded that escitalopram remains a third line choice only in SHFT.

Alternative antidepressants
Antidepressants not associated with a prolonged QT interval include sertraline, fluoxetine (first line choices) or mirtazapine (second line choice). See the trusts guideline for the management of depression for further advice (CP33).

Actions
- All teams should now review those prescribed above 40mg/day of citalopram (above 20mg/day in the elderly or those with an impaired liver function) or above 10mg/day of escitalopram if elderly or have hepatic impairment. If above the new recommendations consider reducing the dose or switching to an alternative antidepressant.
- Prescribing above the new dose recommendations is now unlicensed. If a high dose is essential for the patient, fully document the rationale, discuss with the patient and carer and complete baseline and 6 monthly ECGs.
- Follow the same actions if citalopram or escitalopram (at any dose) is prescribed with medication that may cause QT prolongation (as above)*
- See the Royal College of Psychiatrists report (CR142) for advice on prescribing licensed medicines for unlicensed applications in psychiatric practice. http://www.rcpsych.ac.uk

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