All NHS GG&C Clinicians

Citalopram dose reductions

Lundbeck in collaboration with the MHRA have issued a letter warning of new lower dose recommendations for citalopram due to the risk of a dose-dependent QT prolongation. These followed the FDA lead from August and are as follows:

- Citalopram should not be used above 40mg/d in adults (is unlicensed in under 18s)
- Citalopram should not be used above 20mg/d in the elderly (specified as over 65 years of age on Summary of Product Characteristics) and people with reduced hepatic function
- Citalopram is contraindicated in people:
    - with a known QT prolongation or congenital long QT syndrome
    - taking other medicines known to prolong QT interval*
- Citalopram should only be used with caution in people with higher risk of developing Torsades de Pointes e.g. CHF, recent MI, bradyarrhythmias, or hypokalaemia or hypomagnesaemia

* Some drugs associated with QT prolongation (list is not exhaustive) include:

Antibiotics
- Azithromycin
- Clarithromycin
- Erythromycin
- Roxithromycin
- Metronidazole (with alcohol)
- Moxifloxacin

Antifungals
- Fluconazole (in cirrhosis)
- Ketoconazole

Antivirals
- Nelfinavir

Antimalarials
- Chloroquine
- Mefloquine

Anaesthetics
- Halothane

Antiarrhythmics
- Disopyramide
- Procainamide
- Quinidine
- Amiodarone
- Sotalol

Antidepressants
- Amitriptyline
- Clomipramine
- Dosulepin
- Doxepin
- Imipramine
- Lofepramine

Antipsychotics (examples, all have potential)
- Risperidone
- Fluphenazine
- Haloperidol
- Clozapine
- Pimozide
- Chlorpromazine
- Quetiapine

Others
- Methadone

A comprehensive list can be found at www.azcert.org/medical-pros/drug-lists/drug-lists.cfm

The Prescribing Support Team are developing an EMIS search function to help identify affected patients in Primary Care.

It is anticipated that most dose reductions can be safely managed in primary care. If the prescription of a high dose was on the recommendation of mental health services and the general practitioner is uncomfortable with managing the reduction they should telephone the patient's psychiatrist for advice.

To aid decision-making, a flow-chart has also been prepared that may prove helpful (Adapted from guidance issued by Prof. S. Bazire, Chief Pharmacist, Norfolk & Waveney Mental Health NHS Foundation Trust). The flowchart provides advice on dose reduction and further guidance will follow on how to manage contra-indicated combinations within the next month.

Mental Health Services Drugs & Therapeutics Committee
November 2011

For further information please contact Mental Health Medicines Information on 01412116478.

Approved 21/11/11
Review 2 years

Citalopram maximum dose reductions (new guidance from MHRA November 2011)

Adapted from guidance issued by Prof. S. Bazire, Chief Pharmacist, Norfolk & Waveney Mental Health NHS Foundation Trust

MHRA October 2011 dose recommendations for citalopram due to risk of a dose-dependent QT prolongation:
- Maximum dose 40mg/d in adults and 20mg/d in the elderly and people with reduced hepatic function
- C/I with known QT prolongation, congenital long QT syndrome or taking other QT-prolonging medicines
- Caution with higher risk of developing Torsades de Pointes

If citalopram dose currently above new recommendations:
Discuss with service user/patient. Consider continued need for citalopram and alternative therapies; **switch if also taking any other medicines likely to cause QTc prolongation**
Further advice on how to manage patients on contra-indicated combinations will follow

Adult above 40mg/d:
Reduce dose stepwise to 40mg/d
Monitor response for 3 months

Elderly or other risk factors above 20mg/d:
Reduce dose stepwise to 20mg/d
Monitor response for 3 months

Known to need above 40mg/d (adults) or 20mg/d (elderly and reduced hepatic function)
Consider risk:benefit with service user.

Remains stable

Relapses or deteriorates

Switch if possible to different SSRI or other antidepressant
If under 18 refer to CAMHS (unlicensed use).

Relapses or deteriorates refer to specialist services

<u>If all other options exhausted</u> consider maintaining previously effective dose [document unlicensed dose and rationale in notes; evidence of informed consent from service user with capacity].
Reduce and monitor any risk factors. Monitor with regular ECG (e.g. initially, 6-monthly and after any medicine or dose changes) and tell service user to report any abnormal heart rate or rhythm.
If significant QT prolongation detected, must seek specialist advice and/or switch

Escitalopram:
The MHRA letter notes that QT prolongation has been associated "with some other SSRIs including…escitalopram."

Escitalopram is **non-formulary** in NHS GG&C and preferred list options should be used.

Medicine alternatives include:
Sertraline (optimum alternative as similar indications, low interaction propensity, good tolerability, generic, NICE approved)

Fluoxetine (beware of P450 interactions)

There is little comparative data available on QTc prolongation between other antidepressants/doses.
There is no single switch method:
Depending on citalopram dose, urgency, tolerability and other medicines then reduce dose, then stop and switch and titrate according to response is safest.
Abrupt switching is not recommended.
If in doubt, consult Mental Health Medicines Information