

## Celexa (citalopram)

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### **FDA ALERT [07/2006] Potentially Life-Threatening Serotonin Syndrome When Used with Triptan Medicines**

A life-threatening condition called serotonin syndrome can happen when medicines called selective serotonin reuptake inhibitors (SSRIs), such as Celexa®, and medicines used to treat migraine headaches known as “triptans” (e.g. sumatriptan/ Imitrex®) are used together. Signs and symptoms of serotonin syndrome may include: restlessness, hallucinations, loss of coordination, fast heart beat, increased body temperature, fast changes in blood pressure, overactive reflexes, diarrhea, nausea, vomiting and coma.

Serotonin syndrome may be more likely to occur when starting or increasing the dose of an SSRI or a triptan. Before you take Celexa® and a triptan together, talk to your healthcare professional. If you must take these medicines together, be aware of the possibility of serotonin syndrome, and get medical care right away if you think serotonin syndrome is happening to you.

*This information reflects the FDA’s current analysis of data available to FDA concerning this drug*

### **FDA ALERT [07/2006] – Infant Persistent Pulmonary Hypertension**

The results of a study that looked at the use of antidepressant medicines during pregnancy in mothers of babies born with a serious condition called persistent pulmonary hypertension of the newborn (PPHN) was recently published in a medical journal. Babies born with PPHN have abnormal blood flow through the heart and lungs and do not get enough oxygen to their bodies. Babies with PPHN can be very sick and may die.

The study results showed that babies born to mothers who took selective serotonin reuptake inhibitors (SSRIs), the family of medicines Celexa® belongs to, 20 weeks or later in their pregnancies had a higher chance (were 6 times as likely) to have PPHN than babies born to mothers who did not take antidepressants during pregnancy (6-12 per 1000 births versus 1-2 per 1000 births).

The FDA plans to further look at the role of SSRIs in babies with PPHN. Talk to your doctor if you are taking Celexa® and are pregnant or are planning to have a baby. You and your doctor will need to talk about the best way to treat your depression during pregnancy.

*This information reflects the FDA's current analysis of data available to FDA concerning this drug*

### **FDA ALERT [09/2007] - Suicidality and Antidepressant Drugs**

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of Celexa or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. Celexa is not approved for use in pediatric patients.

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### **Brand/Generic Names**

- Brand name: Celexa®

Tablets: 10mg, 20mg, and 40mg

Liquid: 2mg per ml

- Generic name: Citalopram

### **What is Celexa® and what does it treat?**

Citalopram is an antidepressant medication that works in the brain and is also known as a Selective Serotonin Reuptake Inhibitor (SSRI). It is approved for the treatment of Major Depressive Disorder (MDD) and Generalized Anxiety Disorder (GAD). MDD occurs when a person experiences several of the following symptoms concurrently, for at least two weeks: "low" or depressed mood (for example, sad, empty, tearful); decreased interest in most or all activities; changes in appetite (usually decreased); changes in sleep (usually poor sleep); loss of energy; feeling worthless/ guilty/ hopeless/ helpless;

psychomotor agitation or retardation (i.e. thoughts/movements speeding up or slowing down); difficulty concentrating, and thoughts of death (suicidal thinking).

GAD occurs when a person experiences excessive anxiety or worry for at least six months along with restlessness, fatigue, difficulty concentrating, irritability, muscle tension or sleep disturbance.

### **What is the most important information I should know about Celexa®?**

After starting citalopram, symptoms gradually decrease over a period of weeks. Sleep and other physical symptoms may improve before there is noticeable improvement in mood or interest in activities. Once symptoms are under control, MDD usually requires long-term treatment to help prevent the return of depressive symptoms. Only your healthcare provider can determine the length of citalopram treatment that is right for you.

Do not stop taking citalopram or change your dose without talking to with your healthcare provider first.

Stopping citalopram abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, dizziness, vomiting, nightmares, headache and paresthesias (prickling, tingling sensation on the skin).

Because depression is also a part of Bipolar illness, people who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, or involvement in activities with a large risk for bad consequences (for example, excessive buying sprees).

### **Are there specific concerns about Celexa® and pregnancy?**

If you are planning on becoming pregnant, notify your healthcare provider so that he/she can best manage your medications. People living with MDD who wish to become pregnant face important decisions, each with risks and benefits as it relates to how the illness, medications and the risks to the fetus may interact. This is a complex decision as untreated MDD has risks to the fetus as well as the mother. There are many dimensions to these choices, so be sure to confer with your doctor and caregivers.

For mothers who have taken SSRIs during their pregnancy, there appears to be less than a 1% chance of infants developing persistent pulmonary hypertension. This is a potentially fatal condition that is associated with use of the antidepressant in the second half of pregnancy. However, women who discontinued antidepressant therapy were five times more likely to have a depression relapse than those who continued their antidepressant. Untreated depression or depression relapse may have negative consequences for both the fetus and the mother. If you are pregnant, please discuss the risks and benefits of antidepressant use with your healthcare provider.

Regarding breast-feeding, caution is advised since citalopram does pass into breast milk.

### **What should I discuss with my healthcare provider before taking Celexa®?**

- The most bothersome symptoms of your condition
- If you have thoughts of suicide
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- Any medical problems that you may have
- All other medications you are currently taking and any medication allergies you have
- If you are pregnant, plan to become pregnant, or are breast-feeding
- If you drink alcohol or use drugs

### **How should I take Celexa®?**

Citalopram is usually taken once daily with or without food. It may be taken in the morning with food to minimize upset stomach and insomnia.

While the dose usually ranges from 10 mg to 60 mg, your healthcare provider will determine the dose that is right for you based upon your response.

### **What happens if I miss a dose of Celexa®?**

If you miss a dose of citalopram, take it as soon as you remember unless it is close to when your next dose is due. If you missed a dose of medication and it is close to the time of your next dose, skip the missed dose and take your next dose at the regularly scheduled time. Do not double your next dose or take more than your prescribed dose.

### **What should I avoid while taking Celexa®?**

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications because the beneficial effects of the medication may be decreased and adverse effects may be increased (e.g. sedation).

### **What happens if I overdose with Celexa®?**

If an overdose occurs, whether intentional or accidental, immediate medical attention may be necessary. Call your doctor or emergency medical service (911). You may also contact the poison control center (1-800-222-1222).

### **What are the possible side effects of Celexa®?**

Side effects with citalopram are generally mild and are similar to those reported with other SSRI antidepressants. The most commonly reported side effects are increased sweating, sleepiness, insomnia, nausea, diarrhea, tremor, dry mouth, loss of strength,

headache, weight loss or gain, dizziness, and restlessness. If you experience side effects after starting citalopram they will often improve over the first week or two as you continue to take the medication. Sexual side effects such as problems with ejaculation may also occur, and often do not diminish over time.

### **Are there any risks for taking Celexa® for long periods of time?**

To date, there are no known problems associated with long term use of citalopram. It is a safe and effective medication when used as directed.

### **What other drugs may interact with Celexa®?**

Citalopram should not be taken with or within two weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®) and selegeline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when citalopram is used with other medications that increase serotonin such as other antidepressants, migraine medications called “triptans” (e.g. Imitrex®) and the analgesic tramadol (Ultram®).

Always let your doctor know what other prescription, over-the-counter, and herbal medications you are taking.

### **How long does it take for Celexa® to work?**

While depressed mood and lack of interest in activities may need up to 4-6 weeks to improve, disturbances in sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working.

*Updated by Lisa M. Mican, Pharm.D., BCPP  
(March 2007)*



*NAMI wishes to thank the College of Psychiatric and Neurological Pharmacists for producing this fact sheet.*

**For more information please contact the pharmaceutical company listed below.**

Forest Pharmaceuticals, Inc.	13600 Shoreline Drive  St. Louis, MO 63045	800-678-1605	<a href="http://www.forestpharm.com">www.forestpharm.com</a>
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**Free or low-cost medications provided by pharmaceutical companies**

Some pharmaceutical companies offer medication assistance programs to low-income individuals and families. These programs typically require a doctor's consent and proof of financial status. They may also require that you have either no health insurance, or no prescription drug benefit through your health insurance. Please contact the pharmaceutical company directly for specific eligibility requirements and application information.

**Celexa Rx Assistance Program: 1-800-851-0758**