



# Lexapro (escitalopram)

Generic name: Escitalopram

Available strengths: 5 mg, 10 mg, 20 mg tablets;

5 mg/5 mL oral solution

Available in generic: No

Drug class: Selective serotonin reuptake inhibitor antidepressant

## General Information

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**Lexapro (escitalopram)** is a purified molecule of the selective serotonin reuptake inhibitor (SSRI) antidepressant Celexa (citalopram). Celexa has two non-superimposable mirror-image forms, which are called *isomers*. Lexapro is the *S*-isomer of citalopram. What is the advantage of Lexapro over citalopram? The presumed mechanism of antidepressant action of citalopram is primarily linked to the *S*-isomer. The other isomer (the *R*-isomer) has little or no antidepressant activity and may only dilute the action of citalopram or contribute to side effects. Therefore, the purified *S*-isomer of citalopram, Lexapro, may provide better antidepressant activity than citalopram and, as reported in clinical trials, produce fewer side effects.

Lexapro is approved by the U.S. Food and Drug Administration (FDA) to treat major depressive disorder and general anxiety disorder. The use of a medication for its approved indications is called its *labeled use*. In clinical practice, however, physicians often prescribe medications for *unlabeled* (“off-label”) uses when published clinical studies, case reports, or their own clinical experience support the efficacy and safety for those treatments. Unlabeled uses of Lexapro include treatment of other psychiatric disorders, including obsessive-compulsive disorder, panic disorder, social anxiety disorder, posttraumatic stress disorder, and premenstrual dysphoric disorder.

Lexapro is a **serotonin**-specific medication that works by blocking the reuptake of the neurotransmitter serotonin back into brain cells, thereby increasing its levels in the brain. Depression and several other mental disorders may be due to abnormally low levels of serotonin. This abnormality may in turn produce changes in certain areas of the brain, resulting in psychiatric symptoms such as depression or anxiety. The presumed action of Lexapro and other SSRIs is to increase serotonin levels, which may help to restore those areas of the brain to normal functioning.

## Dosing Information

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For depression and generalized anxiety disorder, the usual starting dosage of Lexapro is 10 mg once a day in the morning or evening. If improvement is not seen after 3–4 weeks, the dosage may be increased to 20 mg once a day. Generally, for treatment of depression, most people need a dosage of 10–20 mg/day, but some patients with more severe depression may require higher dosages. Treatment of other mental disorders may also require higher dosages than those used for depression. Seniors and people with severe or chronic medical illnesses may require a lower starting dosage of 5 mg/day as well as a lower maintenance dosage of 10 mg/day. For patients who cannot take a tablet, Lexapro also comes in a liquid form.

For most people, it may take as long as 3–4 weeks to experience the optimal effects of the medication. The duration of medication treatment depends on the individual's personal psychiatric history and family history. For instance, the length of medication treatment will be longer for those who have had two or more previous episodes of major depressive disorder. For most people, the medication may be tapered 6 months after their depression responds to treatment. However, a small percentage of patients will continue to have depressive symptoms after their antidepressant is reduced or stopped. These individuals may benefit from continuing to take Lexapro for 1 year or longer.

## Common Side Effects

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The most frequently reported side effects with Lexapro are gastrointestinal disturbance, principally nausea, vomiting, indigestion, diarrhea, or loose stools. Nervousness, jitteriness, and trouble sleeping are other commonly reported side effects. Occasionally, individuals report headaches, sleepiness, and excessive sweating. Lexapro has very little influence on appetite and weight changes, unlike some of the other SSRIs such as Paxil.

Lexapro may induce sexual dysfunction in both men and women receiving the antidepressant. The sexual side effects reported are delayed orgasm in women and retarded ejaculation in men. Some people may experience decreased desire or lack of interest in sexual activity. However, the adverse effects on sexual function with Lexapro are generally less frequent than with Prozac, Paxil, or Zoloft.

Patients should discuss these side effects with their physician, especially if they continue to be bothersome 3–4 weeks after the medication is started. If a rash or any other severe symptoms develop, patients should contact their physician immediately.

## Adverse Reactions and Precautions

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Lexapro may cause drowsiness in some people. Patients should not drive or operate machinery until they are certain that their alertness or coordination is not affected by the medication. Patients with a known allergy to Lexapro or who have experienced a severe reaction after taking it should not take Lexapro.

## Use in Pregnancy and Breastfeeding: Pregnancy Category C

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Lexapro has not been tested in women to determine its safety in pregnancy. The effects of the medication on the developing fetus in pregnant women are unknown. Women who are pregnant or may become pregnant should discuss this with their physician. Some women may experience a recurrence of their depression when they stop their antidepressant. In these circumstances it may be necessary to restart the medication or seek an alternative medication or treatment.

Nursing mothers should not take Lexapro because small amounts will pass into breast milk and be ingested by the baby. If stopping the antidepressant is not an alternative, breastfeeding should not be started or should be discontinued.

## Possible Drug Interactions

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The combined use of Lexapro with certain medications may result in adverse drug interactions because one medication may alter the blood levels of the other. Fortunately, Lexapro has a very low incidence of reported drug interactions than with some of the other SSRIs, such as Prozac, Paxil, or Zoloft. The possible drug interactions with Lexapro are summarized in the table on the next page.

Coumadin (warfarin)	Lexapro may increase Coumadin levels and its anticoagulant effects, resulting in bleeding. This interaction is less likely than with other selective serotonin reuptake inhibitors (SSRIs), but Coumadin therapy should be monitored closely when starting any SSRI.
Erythromycin	Antibiotics in the erythromycin family may increase Lexapro blood levels and increase the potential for adverse side effects.
Tagamet (cimetidine)	Tagamet may increase Lexapro blood levels and increase its potential for adverse side effects.
Antifungal agents such as Nizoral (ketoconazole), Sporanox (itraconazole), and Diflucan (fluconazole)	Antifungals may elevate blood levels of Lexapro and increase its potential for adverse side effects.

Other medications, including herbal supplements (such as St. John's wort), that boost serotonin can result in excessive levels of the neurotransmitter serotonin when combined with Lexapro and produce a toxic syndrome known as **serotonin syndrome**. The early signs of serotonin syndrome are restlessness, confusion, tremors, flushing, and involuntary muscle jerks. If the medications are not stopped, the individual may develop more life-threatening complications resulting in muscle disorders, high fever, respiratory problems, clotting problems, and destruction of red blood cells that can lead to acute renal failure. Hence, patients taking Lexapro should be alert to the possible signs of serotonin syndrome, which require immediate medical attention and discontinuation of the serotonin-boosting medications.

Antidepressants known as **monoamine oxidase inhibitors (MAOIs)** should not be taken together with Lexapro, because the combination may potentially produce a toxic reaction that includes elevated temperature, high blood pressure, and extreme excitation and agitation. Patients should consult their physician or pharmacist before taking any new medications, including over-the-counter medications and herbal supplements, with Lexapro.

Patients taking Lexapro should avoid alcohol or should consume it in moderation because the combination may worsen depression.

## Overdose

Like other SSRIs, Lexapro is much safer in overdose than the older tricyclic antidepressants and some of the newer antidepressants. In reported overdoses with Lexapro, the majority of fatalities were in combination with other medications and/or alcohol. However, fatalities were reported in several cases when Lexapro alone was taken in very high dosages.

Any suspected overdose should be treated as an emergency. The person should be taken to the emergency department for observation and treatment. The prescription bottle of medication (and any other medication suspected in the overdose) should be brought as well, because the information on the prescription label can be helpful to the treating physician in determining the number of pills ingested.

## Special Considerations

Most cases of major depression can be treated successfully, usually with medication, psychotherapy, or both. The combination of psychotherapy and antidepressants is very effective in treating moderate to severe depres-

sion. The medications improve mood, sleep, energy, and appetite while therapy strengthens coping skills, deals with possible underlying issues, and improves thought patterns and behavior.

In general, antidepressants alone help about 60%–70% of those taking them. Although a few individuals may experience some improvement from antidepressants by the end of the first week, most people do not see significant benefits from their antidepressants until after 3–4 weeks, and it can sometimes take as long as 8 weeks for the medication to produce its full effects. Thus it is critical that patients continue to take their antidepressant long enough for the medication to be beneficial and that patients not get discouraged and stop their medication prematurely if they do not feel better immediately.

The controversial issue of suicide and antidepressants has prompted the FDA to ask manufacturers of some antidepressants, particularly the SSRIs, to provide warnings in their package insert that the risk of suicide may be increased in depressed individuals (especially children) the first several weeks after beginning an antidepressant. However, studies have found that when more people in a community are taking antidepressants, the suicide rate is lower. The risk of suicide is inherent in depression and may persist until the individual responds to treatment. Depressed individuals who are at risk for suicide should be closely watched at the outset of therapy, and any signs of suicidal or violent behavior should be immediately reported to the physician or a mental health provider.

- **Warning:** Always let your physician or a family member know if you have suicidal thoughts. Notify your psychiatrist or your family physician whenever your depressive symptoms worsen or whenever you feel unable to control suicidal urges or thoughts.
- Do not discontinue Lexapro abruptly. Your dosage should be gradually tapered before stopping to prevent any discontinuation symptoms.
- If you miss a dose, take it as soon as possible, within 2–3 hours of the scheduled dosing. If it is close to your next scheduled dose, skip the missed dose and continue on your regular dosing schedule, but do not take double doses.
- Lexapro may be taken with or without food.
- Store the medication in its originally labeled, light-resistant container, away from heat and moisture. Heat and moisture may precipitate breakdown of your medication.
- Keep your medication out of reach of children.

*If you have any questions about your medication, consult your physician or pharmacist.*

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