# Citalopram & Escitalopram - maximum dose reductions

In Dec. 2011, the MHRA issued the following advice due to the risk of dose-dependent QT prolongation with citalopram & escitalopram:
- **Citalopram** - maximum dose 40 mg/day in adults, and 20 mg/day in adults over 65 years and adults with hepatic impairment
- **Escitalopram** – max. dose 20 mg/day in adults, and 10 mg/day in adults over 65 years and adults with hepatic impairment
- Both drugs contra-indicated in patients with known QT prolongation, congenital long QT syndrome or taking other QT-prolonging medicines
- Both drugs cautioned in patients with risk factors for QT prolongation, e.g. recent MI, particularly at higher doses.

**If citalopram/escitalopram dose currently above maximum recommended**:
Discuss with service user/patient. Consider continued need for citalopram/escitalopram and alternative therapies; **switch if also taking other medicines likely to cause QTc prolongation**
*(NB citalopram has few interactions and so has been a drug of choice where interactions are likely).*

**Adult**, **citalopram above 40 mg/day**:
Reduce dose stepwise to 40 mg/day
Monitor for 3 months

**Over 65 years or other risk factors, above citalopram 20 mg/day or escitalopram 10 mg/day**:
Reduce dose stepwise to citalopram 20 mg/day or escitalopram 10 mg/day. Monitor for 3 months

**Known to need above maximum dose**
(adults, over 65 years and reduced hepatic function) e.g. for OCD, PTSD

Consider risk:benefit with service user. Switch if possible
If under 18 refer to CAMHS (unlicensed use).

**Remains stable**

**Relapses or deteriorates**

<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**

**Switch** to different SSRI or antidepressant
Consider other therapies

Medicine alternatives include:

**Sertraline** (optimum alternative as similar indications, low interaction propensity, good tolerability, generic, NICE approved)

**Fluoxetine** (beware of P450 interactions)

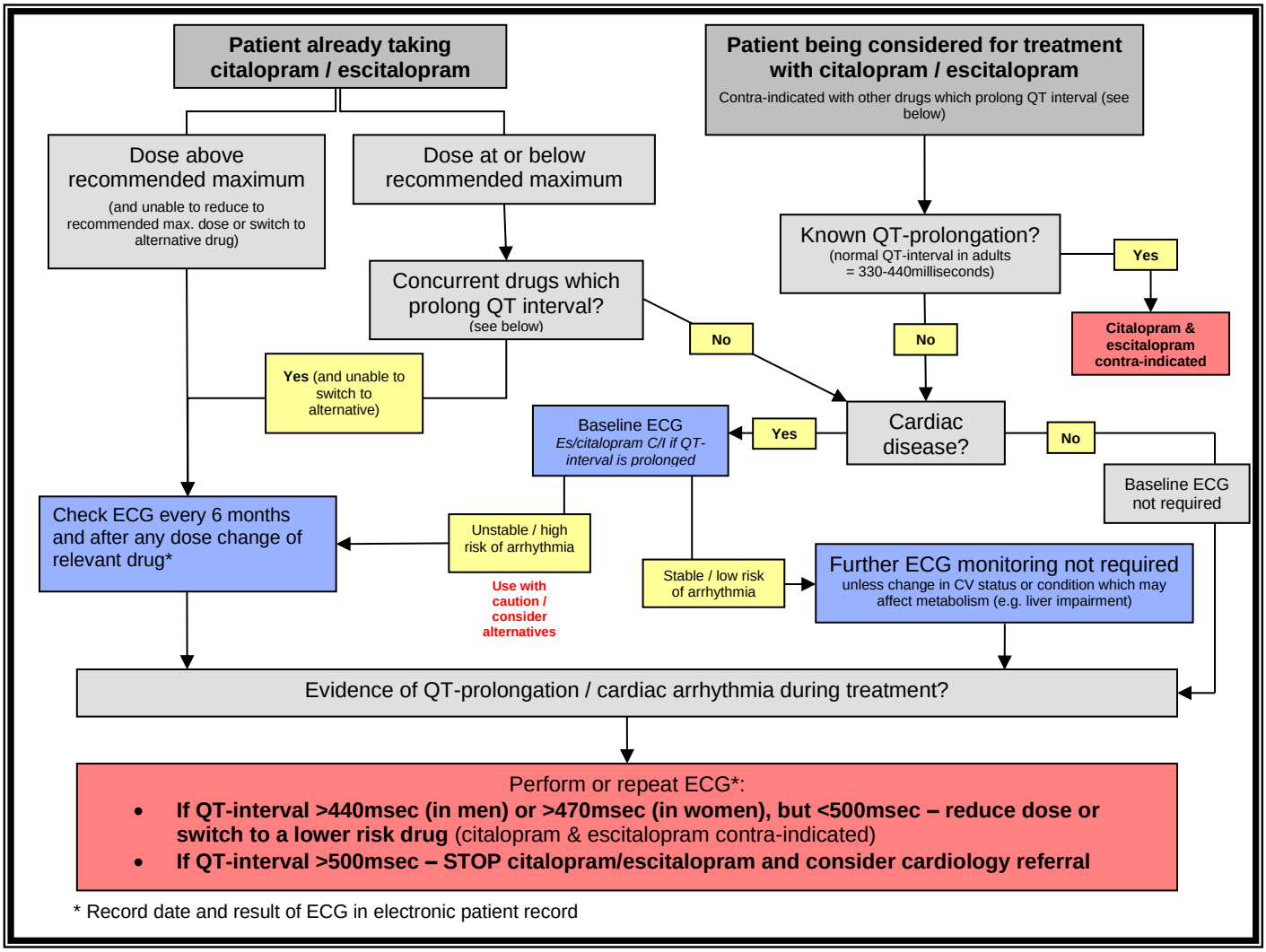
**Mirtazapine** (licensed for depression only)

There is no 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 “drop, stop and switch” is safest.
Abrupt switching is not recommended.
If switching be aware of serotonin syndrome and citalopram discontinuation symptoms.
If in doubt, consult Medicines Information (tewv.medicinesinformation@nhs.net).



Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

# Citalopram & Escitalopram – to ECG or not to ECG?




## Physical health drugs known to prolong QT interval (high risk)

https://www.crediblemeds.org

**Antiarrhythmics:**
- *Amiodarone*
- *Disopyramide*
- *Dronedarone*
- Flecainide
- Procainamide
- Quinidine
- Sotalol

**Antibiotics:**
- Azithromycin
- Ciprofloxacin
- Clarithromycin
- Erythromycin (*IV*)
- Levofloxacin
- *Moxifloxacin*

**Anti-emetics:**
- Droperidol
- Ondansetron

**Antifungals:**
- Fluconazole
- Ketoconazole
- *Pentamidine*

**Others:**
- Anagrelide
- *Chloroquine*
- Cilostazol
- Domperidone
- *Mizolastine*
- *Quinine*
- Vandetanib

## Risk of QT-prolongation associated with psychotropic drugs

*(Maudsley Guidelines, 14th edition)*

**Antidepressants:**

Known effect:
- Trazodone
- *Tricyclic antidepressants*

Effect at high doses / in overdose:
- Bupropion
- Lofepramine
- Moclobemide
- Venlafaxine

Isolated cases:
- Agomelatine
- Duloxetine

No effect:
- MAOIs (may shorten)
- Mirtazapine
- Reboxetine
- SSRIs (other than es/citalopram) *
- Vortioxetine

** some caution advised in product information; sertraline: small effect (<10ms) at 400mg/day (above maximum recommended dose)*

---

**Others with known effect:**
- Donepezil
- Lithium
- Methadone

**Antipsychotics:**

High effect:
- *Pimozide*
- Any drug or combination used above max. recommended dose (HDAT)

Moderate effect:
- Amisulpride
- *Chlorpromazine*
- *Haloperidol*
- *Levomepromazine*
- Quetiapine

Low effect:
- Aripiprazole
- Asenapine
- Clozapine
- Flupentixol
- *Fluphenazine*
- *Perphenazine*
- *Prochlorperazine*
- Olanzapine
- Paliperidone
- Risperidone
- Sulpiride

No effect:
- Cariprazine
- Lurasidone

Unknown effect:
- Loxapine
- *Trifluoperazine*
- Zuclopenthixol

*(concurrent use of drugs in italics is contra-indicated in the product information for citalopram & escitalopram)*

| | | | |
|---|---|---|---|
| Title | Citalopram / Escitalopram – dose reduction & ECG algorithm | | |
| Approved by | Drug & Therapeutics Committee | Date of Approval | 25 March 2021 |
| Protocol Number | PHARM-0043-v5.1 | Date of Review | 16 February 2025 (date re-extended) |