

Name(s)

- **Generic:** escitalopram (es sye TAL oh pram) | **Brand:** Lexapro

Therapeutic Category

- Antidepressant | Selective Serotonin Reuptake Inhibitor (SSRI)

Indication(s)

1. **Major depressive disorder (unipolar):** For treating acute unipolar major depressive disorder (MDD) as well as for maintenance therapy.
2. **Generalized anxiety disorder:** For the acute treatment of acute generalized anxiety disorder (GAD)
 - Pediatric indications covered: **Depression, Social Anxiety Disorder**
 - OFF LABEL (Not covered, please refer the most recent guidelines and literature): Binge eating disorder, Body dimorphic disorder, Bulimia nervosa, Obsessive-compulsive disorder (OCD), Panic disorder, Posttraumatic stress disorder (PTSD), Premature ejaculation, Premenstrual dysphoric disorder, Vasomotor symptoms associated w/ menopause

Dosage Form / Strength / Dosing

- **Dosage Form(s) and Strength(s):** Solution, Tablet
 - Solution: 5 mg/ 5 mL
 - Tablet: 5 mg, 10 mg, 20 mg
- **Dosing for Unipolar Major Depressive Disorder:** Adults
 - **Initiate:** 10 mg po qd; based on pt response/tolerability may inc in 10 mg increments after ≥ 1 week to recommended mfg dose of 20 mg po qd. **Note:** Doses of 30 mg po qd have been used in practice showing additional benefits since 2011.
- **Dosing for Depression:** Pediatrics (Data is limited but use in teenagers is common)
 - **Children <12 years:** Limited data available
 - **Children ≥ 12 years:** 10 mg po qd; based on pt may inc after ≥ 3 weeks to max 20 mg po qd.
- **Dosing for Social Anxiety Disorder:** Pediatrics (Data is limited but use in teenagers is common)
 - **Children b/t 10-17 years:** 5 mg po qd for 7 days; then 10 mg/day for 7 days; based on pt may inc in 5 mg increments if needed to max 20 mg/day.
- **Discontinuation of therapy:** Gradually taper the dose to minimize symptoms of withdrawal and to allow for time to access if initial syndromes re-emerge. **Note:** Tapering data is limited but recommended over at least several weeks and up to 4-6 months for pts that have been on long-term therapy.

Mechanism of Action & Pharmacology

- Escitalopram is similar in chemical structure to citalopram being the S-enantiomer of the racemic derivative of citalopram. Escitalopram selectively inhibits serotonin w/ minimal/no effect on norepinephrine or dopamine reuptake. Minimal/no affinity for 5-HT(1-7), alpha-/beta-adrenergic D(1-5), H(1-3), M(1-5) receptors, as well as the benzodiazepine receptors. There is also minimal/no affinity for Na⁺, K⁺, Cl⁻, Ca⁺⁺ ion channels.
- **Metabolism:** Hepatic via CYP2C19, CYP3A4, CYP2D6 | **Excretion:** Urine (8% unchanged); in hepatic impaired dec by 37%; renal impaired dec by 17% | **Onset of Action:** In depressive disorders benefits observed w/in 1-2 weeks



w/ continued improvement through 4-6 weeks | **Time to Peak:** Adolescents 2.9 hours; Adults ~5 hours | **Half-Life Elimination:** Adolescents 19 hours; Adults ~27-32 hours | ~56% plasma bound

Side Effects

- Diarrhea, dizziness, fatigue, xerostomia, drowsiness, headache, insomnia, nausea, ejaculatory/libido disorders

BLACK BOX WARNING: Suicidal thoughts and behaviors – Antidepressants increase the risk of suicidal thoughts/behaviors in pediatric/young adult pts. Monitor patients closely for clinical worsening and for emergence of suicidal thoughts/behaviors. Not approved in pts less than 12 years of age.

Drug Interactions

- Alcohol (ethyl) will enhance adverse/toxic effects of SSRIs.
- Amphetamines enhance serotonergic effects and could result in serotonin syndrome.
- SSRIs enhance antiplatelet effects of Aspirin.
- Other antipsychotics/mood stabilizers may enhance adverse/toxic effects of SSRIs
- CYP2C19 inhibitors, CYP3A4 inducers

Monitoring Parameters

- Suicidal thoughts/behaviors (BBW concern)
- Hyperreflexia, clonus, hyperthermia, diaphoresis, tremor, autonomic instability (Serotonin syndrome s/sx)
- ECG in pts at risk for QT-prolongation (risk factors such as older age, female, bradycardia, hypokalemia)
- Electrolytes (K, Mg)
- Liver/Renal function tests
- **Pregnancy:** Crosses placenta and increases risk of teratogenic effects (cardiovascular defects, respiratory distress, cyanosis, hypoglycemia)

Patient Counseling Information

- Used to treat mood, anxiety
- Common side effects are nausea, dizziness, GI (diarrhea, constipation), insomnia

Reference(s)

- <https://www.drugs.com/ppa/escitalopram.html#moreResources>
- <https://www.drugs.com/sfx/escitalopram-side-effects.html>
- <https://www.drugs.com/tips/escitalopram-patient-tips>

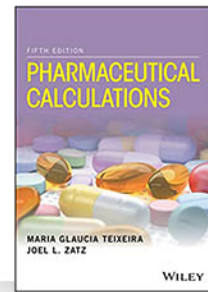


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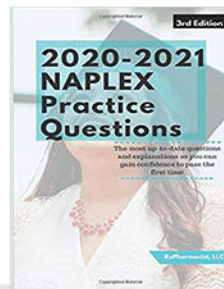
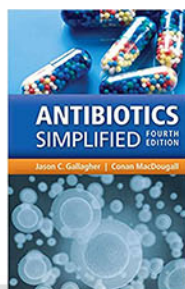
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Supplemental



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