NAME(S): **Generic:** citalopram (sye TAL oh pram) | **Brand:** Celexa

PHARMACOLOGIC & THERAPEUTIC CLASS: Antidepressant | Selective Serotonin Reuptake Inhibitor (SSRI)

DOSAGE FORM & STRENGTH: **Solution**: 10 mg/5 mL | **Tablet**: 10 mg, 20 mg, 40 mg

INDICATION(S) & DOSING(S): **ADULTS**

1. **Major Depressive Disorder:** Tx range 20-40 mg PO qd. Initiate 20 mg PO qd. May dose increase to 40 mg PO qd after one week. Max of 40 mg/day.

- OFF LABEL | **Obsessive Compulsive Disorder:** Tx range 40-60 mg PO qd. Initiate 20 mg PO qd and increase by 20 mg/day every week up to a max of 60 mg/day.

INDICATION(S) & DOSING(S): **PEDIATRICS** (NOT approved for use in pediatrics.)

- OFF LABEL | **Major Depressive Disorder: [7-11 yo]** Tx range 20-40 mg PO qd. Initiate 10 mg PO qd and increase in 5 mg/day increments every 2 weeks. Max 40 mg/day. **[12 yo & older]** Tx range 20-40 mg PO qd. Initiate 20 mg PO qd and increase in 10 mg/day increments every 2 weeks. Max 40 mg/day.
- OFF LABEL | **Generalized Anxiety Disorder: [7-17 yo]** Tx range 10-40 mg PO qd. Initiate 5-10 mg PO qd with dose increases every 2-4 weeks. Max 40 mg/day.
- OFF LABEL | **Obsessive Compulsive Disorder: [7-12 yo]** Tx range 10-60 mg PO qd. Initiate 2.5-10 mg PO qd with a 5 mg/day dose increase every 3 weeks. Max of 60 mg/day. **[13 yo & older]** Tx range b/t 10-20 mg PO qd with a 10 mg/day dose increase every 3 weeks. Max of 60 mg/day.
- OFF LABEL | **Intermittent Explosive Disorder: [7-17 yo]** Tx range of 10-40 mg PO qd. Initiate 10 mg PO qd with 10 mg/day dose increase every week. Max 40 mg/day.

MECHANISM OF ACTION & PHARMACOLOGY

- **MOA:** Selective inhibition of serotonin reuptake in presynaptic neurons. Racemic mixture with inhibition primarily attributed to the S-enantiomer. There is minimal norepinephrine or dopamine effects and little to no affinity for serotonin, dopamine, adrenergic, histamine, GABA, or muscarinic receptors. | **Metabolized** hepatically primarily via CYP3A4 & 2C19 pathways. Metabolites are 8x less potent than citalopram. | **Excreted** in urine. | **Onset of Action** in anxiety disorders is typically seen w/in 2 weeks w/ continued improvements through weeks 4-6. In depression effects seen w/in 1-2 weeks w/ continued improvements through weeks 4-6. | The **Time to Peak** is b/t 1-6 hours with 4 hours being the average. | **Duration of Action** is b/t 1-2 days. | The **Half-Life Elimination** is b/t 24-48 hours and doubled in elderly and hepatically impaired. | 80% **Protein bound.**

SPECIAL POPULATIONS & CONSIDERATIONS

- **Poor CYP2C19 Metabolizers**: Max dose per day is 20 mg (instead of 40 mg) in both Adults and Pediatrics. | **Elderly**: >60 years of age gradually taper when discontinuing. AUC increases by 23%. Half-Life Elimination increases 30%. | **Hepatically Impaired:** Max of 20 mg/day (instead of 40 mg/day). Renal clearance is 37% lower. Half-Life Elimination is doubled. Concentrations in the plasma is increased. | **Renally Impaired:** Clearance is 17% decreased in pts w/ mild-moderate impairment. | **Women:** AUC is some studies have been suggested to be 1.5-2 times greater than in men. | **Contraindications & Cautions:** MAO inhibitor use w/in 14 days, electrolyte

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abnormalities, QT prolongation, CHF, bradycardia, elderly, 3rd trimester of pregnancy, hx of seizures, abrupt w/d, & others. | **Pregnancy**: Caution advised especially in 3rd trimester due to w/d sx and/or serotonin syndrome. | **Lactation**: Consider alternatives. Conflicting human data.

SIDE EFFECTS

- **Common**: Xerostomia, n/v, insomnia, tremor, fatigue, anxiety, agitation, dizziness, & abdominal pain.
- **Serious**: Suicidality, exacerbated depression, QT prolongation, bleeding, priapism, seizures, & glaucoma.

BLACK BOX WARNING: Suicidality – Increased risk for suicide in children, adolescents and young adults with psychiatric disorders and major depression. The risk does decrease in patients >24 years and 65 years and older. Weigh risks vs benefits. Watch for unusual changes in behavior, clinical worsening, and suicidality. Not approved for use in pediatrics.

DRUG INTERACTIONS

- **Considerations for DI:** CYP2C19 substrate, CYP3A4 substrate, CYP2D6 inhibitor, antiplatelet effects, CNS depression, hyponatremia, lowered seizure threshold, prolongs QT interval, & serotonergic effects.
- **Contraindicated & drug to avoid:** dronedarone, methylene blue injection, pimozide, azithromycin, chloroquine, apixaban, aspirin, bumetanide, bupropion, torsemide, & many more.

MONITORING PARAMETERS

- S/sx of suicidality/change of behavior/clinical worsening (esp initiation & dose changes); K, Mg, ECG (if QT prolongation risk), & weight (in pediatrics).

PATIENT COUNSELING INFORMATION

- Citalopram is most commonly used to treat **depression**.
- Taken **w/ or w/o food** generally once **daily** in the **morning or evening**.
- Important to **keep taking the medication even if feeling well**.

REFERENCE(S) & RESOURCE(S)

1. https://online.epocrates.com/drugs/49510/citalopram/Monograph
2. https://www.drugs.com/ppa/citalopram.html
3. https://www.webmd.com/drugs/2/drug-1701/citalopram-oral/details
4. https://www.apa.org/depression-guideline/guideline.pdf
5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5310101/?report=printable
6. https://www.samhsa.gov/find-help/national-helpline

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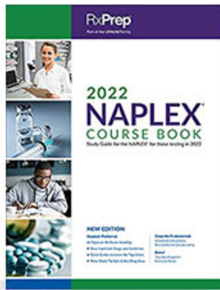
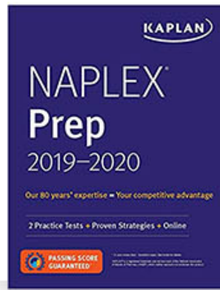
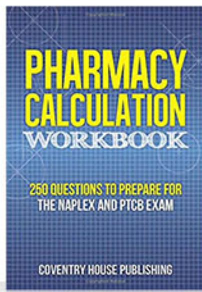
PREPARE FOR SUCCESS!

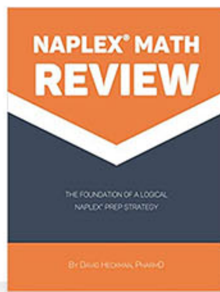
Comprehensive (NAPLEX)

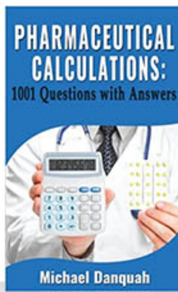


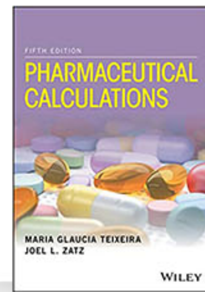


Calculations (NAPLEX)

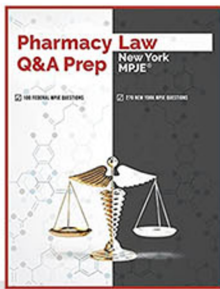


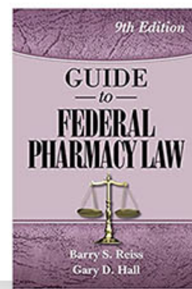




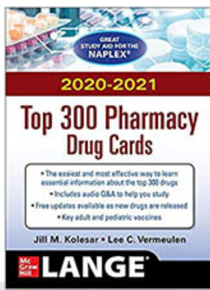


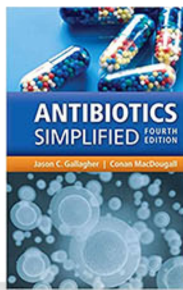
Pharmacy Law (MPJE)

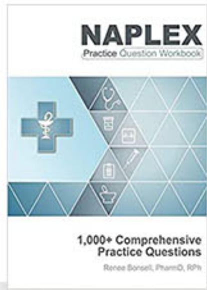


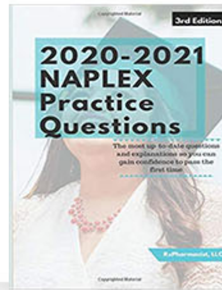


Supplemental









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Monday at 7 am EST
(6 am CST, 4 am PST)

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So you landed that perfect job offer or got the perfect match for your PGY1 and now the ***ONLY*** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to ***pass the first time!***

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX

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