SCHEDULING STATUS S5

PROPRIETARY NAME AND DOSAGE FORM
CITALOPRAM 20 OETHMAAN film-coated tablets

COMPOSITION
Each film-coated tablet contains:
Citalopram hydrobromide equivalent to Citalopram 20 mg
Contains sugar (lactose) 23 mg
Excipients: Glycerol, hypromellose, lactose monohydrate, magnesium stearate, magrogol 6000, maize starch, methylhydroxypropylcellulose, microcrystalline cellulose, povidone K64, sodium starch glycolate (A), talc, and titanium dioxide.

CATEGORY AND CLASS
A 1.2 Psychoanaleptics (antidepressants)

PHARMACOLOGICAL ACTION
Pharmacodynamic Properties
Citalopram is a bicyclic phthallane derivative with antidepressant effect. Its effect is linked to the selective inhibition of specific serotonin (5-HT) reuptake. Citalopram, primarily through its (S)-enantiomer, blocks 5-HT reuptake, leading to potentiation of serotonergic activity in the central nervous system (CNS). Neither citalopram nor its metabolites have an effect on noradrenaline, dopamine and GABA reuptake. Citalopram also has little or no antidopaminergic, antiadrenergic, antiserotonergic, antihistaminergic or anticholenergic properties. In a double blind, placebo controlled ECG study in healthy subjects, the change from baseline in QTc (Fridericia-correction) was 7.5 (90 % CI 5.9-9.1) msec at the 20 mg/day dose and 16.7 (90 % CI 15.0 - 18.4) msec at the 60 mg/day dose.

Pharmacokinetics Properties
Oral bioavailability is about 80 % with maximum plasma levels being reached in 4 hours (range 1 to 6 hours). Volume of distribution is about 14 *ℓ*/kg (range 9 to 17 *ℓ*/kg). Time to reach steady state concentration is 1 to 2 weeks. Protein binding is about 80 %. Elimination half-life is 36 hours (range 28 to 42 hours). Citalopram undergoes hepatic metabolism primarily involving the cytochrome P450 (CYP3A4) and 2C19 (CYP2C19) isoenzymes and to a small extent cytochrome P450 2D6 (CYP2D6) isoenzymes. The metabolites inhibit the reuptake of serotonin, but are less potent than the parent molecule. Citalopram is excreted mainly *via* the liver with the remainder *via* the kidneys (approximately 20 % of which 12 % is unchanged medicine). Longer half-lives and decreased clearance due to a reduced rate of metabolism have been demonstrated in the elderly.

INDICATIONS
CITALOPRAM 20 OETHMAAN is indicated for the treatment of:
• Depression and prevention of relapse.
• Panic disorders with or without agoraphobia.
• Obsessive-compulsive disorder (OCD).

CONTRAINDICATIONS
• Hypersensitivity to citalopram or any of the ingredients in the formulation. (see "**COMPOSITION**").
• Concurrent use with a monoamine oxidase inhibitor (MAOI). At least 14 days should elapse between discontinuing the MAOI and initiating therapy with **CITALOPRAM 20 OETHMAAN**. MAOIs should not be introduced for 7 days after discontinuation of **CITALOPRAM 20 OETHMAAN** (See "**INTERACTIONS**"). Some cases presented with features resembling serotonin syndrome.
• Citalopram is contraindicated in the combination with linezolid unless there are facilities for close observation and monitoring of blood pressure. (See "**INTERACTIONS**").
• Citalopram should not be used concomitantly with pimozide. (See "**INTERACTIONS**").
• Severe renal impairment (creatine clearance less than 20 ml/min).
• Safety and efficacy in pregnancy and lactation has not been established.
• Children under the age of 18 years. (See "**WARNINGS AND SPECIAL PRECAUTIONS**" and "**SIDE EFFECTS**").
• **CITALOPRAM 20 OETHMAAN** is contraindicated in patients with known QT-interval prolongation or congenital long QT syndrome.
• **CITALOPRAM 20 OETHMAAN** is contraindicated together with medicinal products that are known to prolong the QT-interval (See "**INTERACTIONS**").

WARNINGS AND SPECIAL PRECAUTIONS
CITALOPRAM 20 OETHMAAN should be used with caution in:
• Elderly patients – longer half-life and decreased clearance due to a reduced rate of metabolism. A lower dose is recommended in the elderly (See "**DOSAGE AND DIRECTIONS FOR USE**").
• Hepatic impairment – clearance of **CITALOPRAM 20 OETHMAAN** is reduced. Cautious dosage titration and a lower maximum dose are recommended (See "**DOSAGE AND DIRECTIONS FOR USE**").
• Renal impairment – elimination is decreased. If creatine clearance is less than 20 ml/min **CITALOPRAM 20 OETHMAAN** should not be used. (See "**CONTRAINDICATIONS**")
• Seizures or history thereof – there is an increased risk of seizures. **CITALOPRAM 20 OETHMAAN** should be used with caution in patients with controlled epilepsy and avoided in patients who are poorly controlled epileptics. Care is advised in patients receiving electroconvulsive therapy.
• Mania or history of mania – condition may be re-activated. **CITALOPRAM 20 OETHMAAN** should be discontinued if the patient enters the manic phase.

Safety and efficacy in children under 18 years have not been established. (See "**CONTRAINDICATIONS**" and "**WARNINGS AND SPECIAL PRECAUTIONS**").
Patients with major depressive disorder, both adults and children, may experience worsening of their depression and/or the emergence of suicidal ideation and behaviour, whether or not they are taking antidepressant medicines. This risk may persist until significant remission occurs. A causal role, however, for antidepressant medicines in inducing such behaviour has not been established. Patients being treated with **CITALOPRAM 20 OETHMAAN** should, nevertheless, be observed closely for clinical worsening and suicidality, especially at the beginning of a course of therapy, or at any time of dose changes, either increases or decreases.
Because of the possibility of co-morbidity between major depressive disorder and other psychiatric and non-psychiatric disorders, the same precautions observed when treating patients with major depressive disorder should be observed when treating patients with other psychiatric and non-psychiatric disorders.
The following symptoms have been reported in patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and non-psychiatric:anxiety, agitation, panic attacks, insomnia, irritability, hostility aggressiveness, impulsivity, akathisia, hypomania, and mania. Although a causal link between the emergence of suicidal impulses has not been established, consideration should be given to changing the therapeutic regimen, including possibly discontinuing **CITALOPRAM 20 OETHMAAN** in patients for whom such symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms. If the decision is made to discontinue treatment, **CITALOPRAM 20 OETHMAAN** should be tapered (see "**SPECIAL PRECAUTIONS and DOSAGE AND DIRECTIONS FOR USE**").
• **CITALOPRAM 20 OETHMAAN** may cause a reduction in heart rate. Caution is advised in patients with a pre-existing slow heart rate.
• Diabetes mellitus – rare occurrences of hypoglycaemia have been reported.
• **CITALOPRAM 20 OETHMAAN** should not be used with monoamine oxidase inhibitors; other serotonergic medicines; moclobemide; alcohol; warfarin; and cimetidine.
• QR interval prolongation – Citalopram has been found to cause a dose-dependant prolongation of the QT interval. Cases of QT interval prolongation and ventricular dysrhythmia including torsade de pointes have been reported during the post-marketing period, predominantly in patients of female gender with hypokalaemia, or with pre-existing QT prolongatin or other cardiac diseases.
Caution is advised in patients with significant bradycardia; or in patients with recent acute myocardial infarction or uncompensated heart failure.
Electrolyte disturbances such as hypokalaemia and hypomagnesaemia increase the risk for malignant dysrhythmias and should be corrected before treatment with **CITALOPRAM 20 OETHMAAN**.
If patients with stable cardiac disease are treated, an ECG review should be considered before treatment is started.
If signs of cardiac dysrhythmia occur during treatment with **CITALOPRAM 20 OETHMAAN**, the treatment should be withdrawn and an ECG should be performed.

Special Precautions
• *Paradoxical anxiety*
Some patients with panic disorder may experience intensified symptoms at the start of treatment with **CITALOPRAM 20 OETHMAAN**. This is most likely to occur within the first two weeks of starting treatment. A low starting dose may be indicated.
• *Hyponatraemia*
Hyponatraemia, probably due to inappropriate antidiuretic hormone secretion(SIADH), has been reported as an adverse reaction with the use of SSRI's 'such as **CITALOPRAM 20 OETHMAAN**' and generally reverses on discontinuation of therapy. Elderly female patients seem to be at particular high risk.
• *Suicide risk*
Patients should be monitored during early therapy until improvement in depression is observed because suicide is an inherent risk in depressed patients. Depression is associated with an increased risk of suicidal thoughts, self harm and suicide (suicide-related events). The risk persists until significant remission occurs.
As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in early stages of recovery.
Patients with a history of suicide-related events, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment are known to be at greater risk of suicidal thoughts of suicide attempts, and should receive careful monitoring during treatment. A meta-analysis of placebo-controlled clinical trials of antidepressant medicines in adult patients with psychiatric disorders showed an increased risk of suicidal behaviour with antidepressants compared to placebo in patients less than 25 years old (see "**CONTRAINDICATIONS**").
• *Akathisia/psychomotor restlessness*
The use of SSRIs/SNRIs has been associated with the development of akathisia, characterised by a subjectively unpleasant or distressing restlessness and need to move often accompanied by an inability to sit or stand still. This is most likely to occur within the first few weeks of treatment. In patients who develop these symptoms, increasing the dose may be detrimental.
• *ECT (electroconvulsive therapy)*
There is limited clinical experience of concurrent administration of SSRIs and ECT, therefore caution is advisable.
• *MAO-inhibitors*
The combination of **CITALOPRAM 20 OETHMAAN** with MAO-inhibitors is contraindicated due to the risk of onset of a serotonin syndrome (See "**INTERACTIONS**").
• *St. John's Wort*
Undesirable effects my be more common during concomitant use of citalopram and herbal preparations containing St. Johns Wort (Hypericum perforatum). Therefore **CITALOPRAM 20 OETHMAAN** and St. John's Wort preparations should not be taken concomitantly (See "**INTERACTIONS**").
• If therapy with **CITALOPRAM 20 OETHMAAN** is to be discontinued, it is recommended that the dose is decreased gradually in order to prevent the possibility of a withdrawal syndrome. Withdrawal symptoms when treatment is discontinued are common, particularly if discontinuation is abrupt (see "**SIDE EFFECTS**"). In a recurrence prevention clinical trial with citalopram, adverse events after discontinuation of active treatment were seen in 40 % of patients versus 20 % in patients continuing citalopram. The risk of withdrawal symptoms may be dependent on several factors including the duration and dose of therapy and the rate of dose reduction.
Dizziness, sensory disturbances (including paraesthesia), sleep disturbances (including insomnia and intense dreams), agitation or anxiety, nausea and/or vomiting, tremor, confusion, sweating, headache, diarrhoea, palpitations, emotional instability, irritability and visual disturbances are the most commonly reported reactions. Generally these symptoms are mild to moderate; however, in some patients they may be severe in intensity.
• *Psychosis*
Treatment of psychotic patients with depressive episodes may increase psychotic symptoms.
• Avoid alcohol. (See "**INTERACTIONS**")

Effects on the ability to drive and use of machines
CITALOPRAM 20 OETHMAAN may impair performance of skilled tasks. If affected these patients should not operate machinery or drive.

Contains lactose.
Patients with the rare hereditary conditions of galactose intolerance e.g. galactosaemia, Lapp lactase deficiency, glucose-galactose malabsorption or fructose intolerance should not take **CITALOPRAM 20 OETHMAAN.** Lactose may have an effect on the control of your blood sugar if you have diabetes mellitus.

INTERACTIONS
• **Imipramine** – an increase in the concentration of desimipramine (the active metabolite of imipramine) may occur. It appears that **CITALOPRAM 20 OETHMAAN** does not cause a marked increase in plasma levels of some tricyclic antidepressants.
• **Other serotonergic medicines or medicines with serotonergic activity** – increased risk of developing the serotonin syndrome, a rare but potentially fatal hyperserotonergic state.
• **Monoamine oxidase inhibitors** (see "**CONTRAINDICATIONS**").
• **Alcohol** – the effects of alcohol may be increased.
• **Warfarin** – the anticoagulant activity of warfarin may be increased.
• **Cimetidine** – the AUC and the maximum plasma concentration of **CITALOPRAM 20 OETHMAAN** are increased when **CITALOPRAM 20 OETHMAAN** is administered concurrently with cimetidine.

At the pharmacodynamic level, cases of serotonin syndrome with **CITALOPRAM 20 OETHMAAN** and moclobemide and buspirone have been reported.

Contraindicated combinations
• *Monoamine oxidase inhibitors (MAOI)*
The simultaneous use of **CITALOPRAM 20 OETHMAAN** and MAO-inhibitors can result in severe undesirable effects, including the serotonin syndrome (see "**CONTRAINDICATIONS**"). Cases of serious and sometimes fatal reactions have been reported in patients receiving an SSRI such as **CITALOPRAM 20 OETHMAAN** in combination with a monoamine oxidase inhibitor (MAOI), including the irreversible MAOI selegiline and the reversible MAOIs linezolid and moclobemide and in patients who have recently discontinued an SSRI and have been started on a MAOI. Some cases presented with features resembling serotonin syndrome. Symptoms of an active substance interaction with a MAOI include: agitation, tremor, myoclonus, and hyperthermia.
• *Pimozide*
Co-administration of a single dose of pimozide 2 mg to subjects treated with **CITALOPRAM 20 OETHMAAN** 40 mg/day for 11 days caused an increase in AUC and Cmax of pimozide, although not consistently throughout the study. The co-administration of pimozide and citalopram resulted in a mean increase in the QTc interval of approximately 10 msec. Due to the interaction noted at a low dose of pimozide, concomitant administration of **CITALOPRAM 20 OETHMAAN** and pimozide is contraindicated.
• *QT interval prolongation*
Pharmacokinetic and pharmacodynaic studies between citalopram and other medicinal products that prolong the QT interval have not been performed. An additive effect of **CITALOPRAM 20 OETHMAAN** and these medicinal products cannot be excluded. Therefore, co-administration of **CITALOPRAM 20 OETHMAAN** with medicinal products that prolong the QT interval such as class IA and III antidysrhythmics, antipsychotics (e.g. phenothiazine derivatives, pimozide, haloperidol), tricyclic antidepressants, certain antimicrobial agents (e.g. sparfloxacin, moxifloxacin, erythromycin IV, pentamidine, anti-malaria treatment, particularly halofantrine), certain antihistamines (astemizole, mizolastine,) etc., is contraindicated. (See "**CONTRAINDICATIONS**")
Serotonergic medicinal products
Lithium and tryptophan
No pharmacokinetic interactions have been found in clinical studies in which citalopram has been given concomitantly between lithium. However there have been reports of enhanced effects when SSRIs have been given with lithium or tryptophan and therefore the concomitant use of ***CITALOPRAM 20 OETHMAAN*** with these medicinal products should be undertaken with caution. Routine monitoring of lithium levels should be continued as usual.
Co-administration with serotonergic medicinal products (e.g. tramadol, sumatriptan) may lead to enhancement of 5-HT associated effects.
The simultaneous use of ***CITALOPRAM 20 OETHMAAN*** and 5-HT agonists, such as sumatriptan and other triptans, is not recommended (See "**Special precautions**").
St. *John's* Wort
Pharmacodynamic interactions between ***CITALOPRAM 20 OETHMAAN*** and herbal remedy St John's wort (Hypericum perforatum) can occur, resulting in an increase in undesirable effects (See "**Special Precautions**"). Pharmacokinetic interactions have not been investigated.
Haemorrhage
Caution is warranted for patients who are being treated simultaneously with anticoagulants, medicinal products that affect the platelet function, such as non-steroidal anti-inflammatory drugs (NSAIDs), aspirin, dipyridamole, and ticlopidine or other medicines (e.g. atypical antipsychotics, phenothiazines, tricyclic antidepressants) that can increase the risk of haemorrhage (See "**Special Precautions**").
ECT (electroconvulsive therapy)
There are no clinical studies establishing the risks or benefits of the combined use of electroconvulsive therapy (ECT) and citalopram (See "**Special Precautions").**
Alcohol
No pharmacodynamic or pharmacokinetic interactions have been demonstrated between citalopram and alcohol. However, the combination of ***CITALOPRAM 20 OETHMAAN*** and alcohol is not advisable.
Medicinal products lowering the seizure threshold
CITALOPRAM 20 OETHMAAN can lower the seizure threshold. Caution is advised when concomitantly using other medicinal products capable of lowering the seizure threshold (e.g. tricyclics antidepressants, SSRIs, neuroleptics (phenothiazines, thioxanthenes, and butyrophenones), mefloquin, bupropion and tramadol).
Desipramine, imipramine
In a pharmacokinetic study no effect was demonstrated on either citalopram or imipramine levels, although the level of desipramine, the primary metabolite of imipramine was increased. When desipramine is combined with citalopram, an increase of the desipramine plasma concentration has been observed. A reduction of the desipramine dose may be needed.
Neuroleptics
Experience with citalopram has not revealed any clinically relevant interactions with neuroleptics. However, the possibility of a pharmacodynamic interaction cannot be excluded.

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Size - 360x210 mm

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Pharmacokinetic interactions
Biotransformation of citalopram to demethylcitalopram is mediated by CYP2C19 (approx. 38%), CYP3A4 (approx. 31%) and CYP2D6 (approx. 31%) isozymes of the cytochrome P450 system. The fact that citalopram is metabolised by more than one CYP means that inhibition of its biotransformation is less likely as inhibition of one enzyme may be compensated by another.
Food
The absorption and other pharmacokinetic properties of citalopram have not been reported to be affected by food.
Influence of other medicinal products on the pharmacokinetics of citalopram
Co-administration with ketoconazole (potent CYP3A4 inhibitor) did not change the pharmacokinetics of citalopram.
A pharmacokinetic interaction study of lithium and citalopram did not reveal any pharmacokinetic interactions (see also above).
Cimetidine
Cimetidine (potent CYP2D6, 3A4 and 1A2 inhibitor) caused a moderate increase in the average steady state levels of citalopram. Caution is advised when administering **CITALOPRAM 20 OETHMAAN** in combination with cimetidine. Dose adjustment may be warranted. Co-administration of escitalopram (the active enantiomer of citalopram) with omeprazole 30 mg once daily (a CYP2C19 inhibitor) resulted in moderate (approximately 50%) increase in the plasma concentrations of escitalopram. Thus, caution should be exercised when **CITALOPRAM 20 OETHMAAN** is used concomitantly with CYP2C19 inhibitors (e.g. omeprazole, esomeprazole, fluvoxamine, lansoprazole, ticlopidine) or cimetidine. A reduction in the dose of **CITALOPRAM 20 OETHMAAN** may be necessary based on monitoring of undesirable effects during concomitant treatment.
Metoprolol
Escitalopram (the active enantiomer of citalopram) is an inhibitor of the enzyme CYP2D6. Caution is recommended when **CITALOPRAM 20 OETHMAAN** is co-administered with medicinal products that are mainly metabolised by this enzyme, and that have a narrow therapeutic index, e.g. flecainide, propafenone and metoprolol (when used in cardiac failure), or some CNS acting medicinal products that are mainly metabolised by CYP2D6, e.g. antidepressants such as desipramine, clomipramine and nortriptyline or antipsychotics like risperidone, thioridazine and haloperidol.
Dosage adjustment may be warranted. Co-administration with metoprolol resulted in a twofold increase in the plasma levels of metoprolol, but did not statistically significant increase the effect of metoprolol on the blood pressure and cardiac rhythm.
Citalopram and demethylcitalopram are negligible inhibitors of CYP2C9, CYP2E1 and CYP3A4, and only weak inhibitors of CYP1A2, CYP2C19 and CYP2D6
Levomepromazine, digoxin, carbamazepine
No change or only very small changes of no clinical importance were observed when citalopram was given with CYP1A2 substrates (clozapine and theophylline), CYP2C9 substrates (warfarin), CYP2C19 substrates (imipramine and mephenytoin), CYP2D6 substrates (sparteine, imipramine, amitriptyline, risperidone) and CYP3A4 substrates (warfarin, carbamazepine and triazolam).
No pharmacokinetic interaction was observed between citalopram and levomepromazine, or digoxin, (indicating that citalopram neither induces nor inhibits P-glycoprotein).

HUMAN REPRODUCTION
Safety in pregnancy and lactation has not been established.
The following symptoms may occur in the neonates after maternal SRI/**CITALOPRAM 20 OETHMAAN** use in later stages of pregnancy: prolonged respiratory distress, cyanosis, apnoea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycaemia, hypertonia, hypotonia, hyperreflexia, tremor, jitteriness, irritability, lethargy, constant crying, somnolence and difficulty sleeping.
These symptoms could be due to either serotonergic effects or discontinuation symptoms. In a majority of instances, the complications begin immediately or soon (< 24 hours) after delivery.
Epidemiological data have suggested that the use of SSRIs in pregnancy, particular in late pregnancy, may increase the risk of persistent pulmonary hypertension in the newborn (PPHN).
Lactation
Citalopram is excreted into breast milk. It is estimated that the suckling infant will receive about 5% of the weight related maternal daily dose (in mg/kg). No or only minor events have been observed in the infants. However, the existing information is insufficient for assessment of the risk to the child. Caution is recommended.

DOSAGE AND DIRECTIONS FOR USE
Adults
For treatment of major depressive disorders
20 mg a day as a single dose. Dosage may be increased by 20 mg a day at intervals of at least one week to a maximum of 40mg depending on the patient's response
For treatment of Panic Disorder:
10 mg a day as a single dose for the first week then increasing to 20 mg a day. The dose may be increased thereafter as required to a maximum of 40mg a day depending on the patient's response.
For treatment of Obsessive-Compulsive Disorder:
20 mg a day as a single dose. This dose can be increased by 20 mg increments to a maximum of 40 mg a day depending on the patient's response.
Special populations:
Elderly patients (> 65 years of age): The dose should be decreased to half the recommended dose, e.g. 10 to 20 mg daily, the recommended maximum dose is 20 mg daily.
Poor metabolisers of CYP2C19: An initial dose of 10 mg daily for the first two weeks of treatment. The dose may be increased to maximum of 20 mg a day depending on the patient's response.
Reduced hepatic function:
An initial dose of 10 mg a day for the first two weeks of treatment is recommended in patients with mild or moderate hepatic impairment. The dose may be increased to 20 mg depending on the patient's response. Caution and extra dose titration is advised in patients with severely reduced hepatic function.
Reduced renal function: dose adjustment is not necessary in cases of mild or moderate renal impairment (See "**CONTRAINDICATIONS**").
The onset of action is seen within 2 to 4 weeks. Treatment should be continued for an appropriate length of time (up to six months) after recovery in order to prevent relapse. **CITALOPRAM 20 OETHMAAN** should be gradually withdrawn during a couple of weeks when stopping therapy, (See "**WARNINGS AND SPECIAL PRECAUTIONS**" and "**SIDE EFFECTS**").
CITALOPRAM 20 OETHMAAN may be taken with or without food in the morning or evening.

SIDE EFFECTS
Adverse effects observed with **CITALOPRAM 20 OETHMAAN** are most frequent during the first one or two weeks of treatment and usually attenuate subsequently. For the following reactions a dose-response was discovered: Sweating increased, dry mouth, insomnia, somnolence, diarrhoea, nausea and fatigue.

	Frequency	Preferred term
Blood and lymphatic disorders	Not Known	Thrombocytopenia
Immune system disorders	Not Known	Hypersensitivity, anaphylactic reaction, angioedema
Endocrine disorders	Not Known	Inappropriate ADH secretion
Metabolism and nutrition disorders	Frequent	Appetite decreased, weight decreased
	Less Frequent	Increased appetite, weight, increased hyponatraemia
	Not Known	Hypokalaemia
Psychiatric disorders	Frequent	Agitation, libido decreased, anxiety, nervousness, confusional state, abnormal orgasm (female), abnormal dreams
	Less Frequent	Aggression, depersonalization, hallucination, mania
	Not Known	Panic attack, bruxism, restlessness,uicidal ideation, suicidal behaviour[2]
Nervous system disorder	Frequent	Somnolence, insomnia tremor, paraesthesia, dizziness, disturbance in attention
	Less Frequent	Syncope, convulsion grand mal, dyskinesia, taste disturbance
	Not Known	Convulsions, serotonin syndrome, extrapyramidal disorder, akathisia, movement disorder
Eye disorders	Less Frequent	Mydriasis
	Not Known	Visual disturbance
Ear and labyrinth disorders	Frequent	Tinnitus
Cardiac disorders	Less Frequent	Bradycardia, tachycardia
	Not known	QT-prolongation, ventricular dysrhythmia including torsade de pointes[1]
Vascular disorders	Less Frequent	Haemorrhage
	Not known	Orthostatic hypotension
Respiratory, thoracic and mediastinal disorders	Frequent	Yawning
	Not known	Epistaxis
Gastrointestinal disorders	Frequent	Dry mouth, nausea diarrhoea, vomiting, constipation
	Not known	Gastrointestinal haemorrhage (including rectal haemorrhage)
Hepatobiliary disorders	Less Frequent	Hepatitis
	Not known	Liver function test abnormal
Skin and subcutaneous tissue disorders	Frequent	Sweating increased, pruritis
	Less Frequent	Urticaria, alopecia, rash, purpura, photosensitivity reaction
	Not known	Ecchymosis
Musculoskeletal, connective tissue and bone disorders	Frequent	Myalgia, arthralgia
Renal and urinary disorders	Less Frequent	Urinary retention
Reproductive system and breast disorders	Frequent	Impotence, ejaculation disorder, ejaculation failure
	Less Frequent	Female: Menorrhagia
	Not known	Female: Metrorrhagia Male: Priapism, galactorrhoea
General disorders and administration site conditions	Frequent	Fatigue
	Less Frequent	Oedema, pyrexia

[1] Cases of QT-prolongation and ventricular dysrhythmia including torsade de pointes have been reported during the post-marketing period, predominantly in patients of female gender, with hypokalaemia, or with pre-existing QT prolongation or other cardiac diseases.
[2] Cases of suicidal ideation and suicidal behaviours have been reported during citalopram therapy or early after treatment discontinuation (See "**Special Precautions**").

Class effects
Epidemiological studies, mainly conducted in patients 50 years of age and older, show an increased risk of bone fractures in patients receiving SSRIs and TCAs. The mechanism leading to this risk is unknown.
In children reports of hostility, suicidal ideation and self-harm.
Withdrawal symptoms seen on discontinuation of SSRI treatment:
Discontinuation of **CITALOPRAM 20 OETHMAAN** (particularly when abrupt) commonly leads to withdrawal symptoms. Dizziness, sensory disturbances (including paraesthesia), sleep disturbances (including insomnia and intense dreams), agitation or anxiety, nausea and/or vomiting, tremor, confusion, sweating, headache, diarrhoea, palpitations, emotional instability, irritability, and visual disturbances are the most commonly reported reactions. In some patients they may be severe and/or prolonged. It is therefore advised that when **CITALOPRAM 20 OETHMAAN** treatment is no longer required, gradual discontinuation by dose tapering should be carried out (See "**Special Precautions**").

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT (See "**SIDE EFFECTS and WARNINGS AND SPECIAL PRECAUTIONS**")
Toxicity
Comprehensive clinical data on citalopram overdose are limited and many cases involve concomitant overdoses of other drugs/alcohol. Fatal cases of citalopram overdose have been reported with citalopram alone; however, the majority of fatal cases have involved overdose with concomitant medications.
Symptoms
The following symptoms have been seen in reported overdose of citalopram:
Convulsion, tachycardia, somnolence, QT prolongation, coma, vomiting, tremor, hypotension, cardiac arrest, nausea, serotonin syndrome, agitation, bradycardia, dizziness, bundle branch block, QRS prolongation, hypertension, mydriasis, torsade de pointes, stupor, sweating, cyanosis, hyperventilation, and atrial and ventricular arrhythmia.
Treatment
There is no known specific antidote to citalopram. Treatment should be symptomatic and supportive. Activated charcoal, osmotically working laxative (such as sodium sulphate) and stomach evacuation should be considered. If consciousness is impaired the patient should be intubated. ECG and vital signs should be monitored.
ECG monitoring is advisable in case of overdose in patients with congestive heart failure/bradydysrhythmias, in patients using concomitant medications that prolong QT interval, or in patients with altered metabolism, eg. liver impairment.

IDENTIFICATION
White, oblong, biconvex film coated tablets with one side notch and embossment C20

PRESENTATION
Clear PVC/aluminium blister strips containing 10 or 14 tablets each.
3 (10) blister strips to be packed into a carton i.e. 30 tablets per carton or 2 (14's) blister strips to be packed into a carton i.e. 28 tablets per carton.
OR
Clear PVDC coated PVC/aluminium blister strips containing 10 or 14 tablets each.
3 (10) blister strips to be packed into a carton i.e. 30 tablets per carton or 2 (14's) blister strips to be packed into a carton i.e. 28 tablets per carton.

STORAGE INSTRUCTIONS
Store at or below 25 °C.
Do not remove the blister from the carton until required for use.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER
36/1.2/0469

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION
Oethmaan Biosims (Pty) Ltd.
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DATE OF PUBLICATION OF THE PROFESSIONAL INFORMATION
Date of registration: 18 March 2005
Date of last approval by Council: 10 September 2013

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Back

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