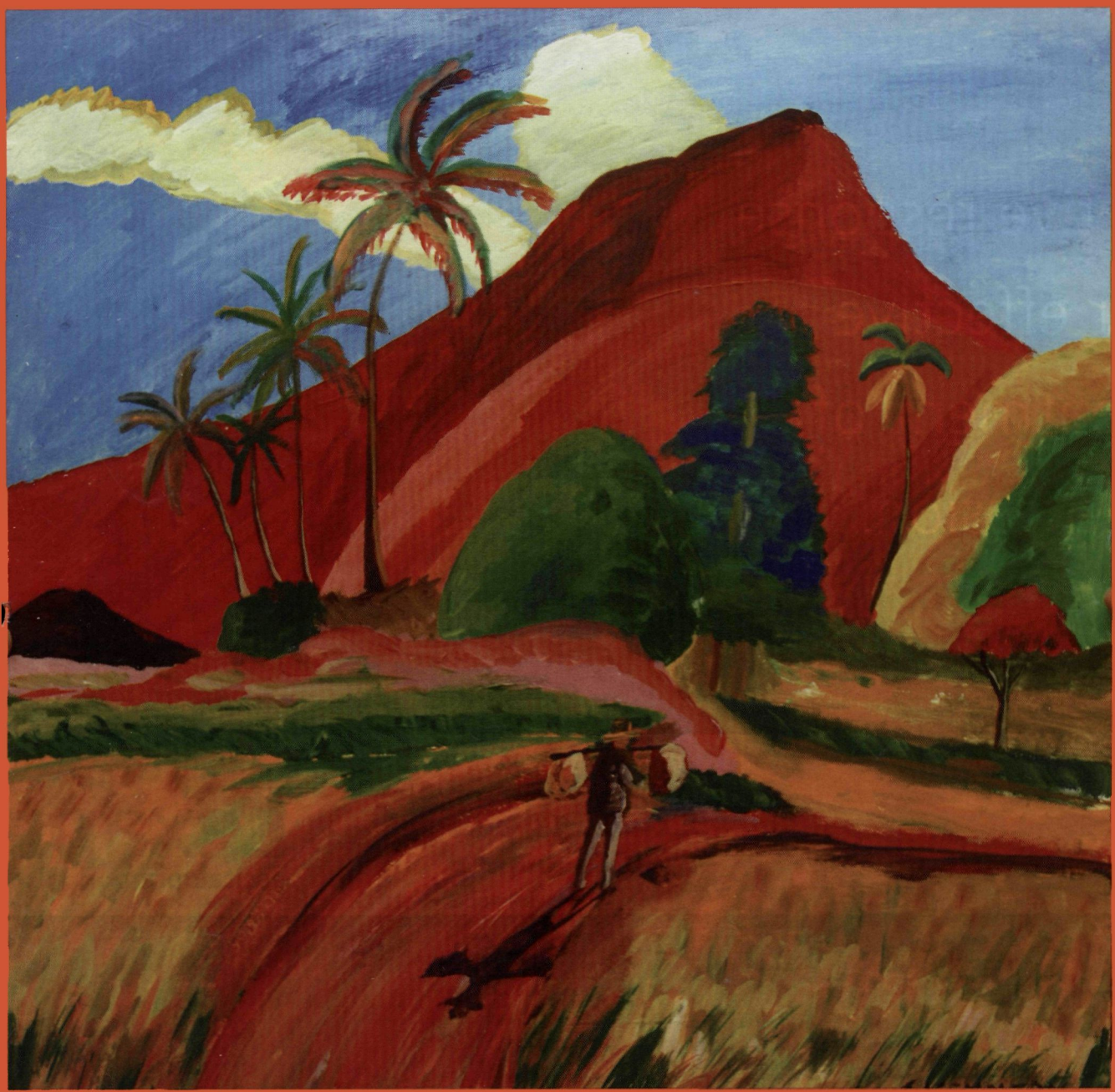
IRISH JOURNAL OF
PSYCHOLOGICAL MEDICINE
VOL 24 NO 2 JUNE 2007
ISSN 0790-9667



'Untitled' by JK. Acrylics on board (24" x 24")

Lundbeck

Lexapro®
escitalopram

Abbreviated Prescribing Information: Please refer to the Summary of Product Characteristics before prescribing. **Presentation:** Lexapro™ tablets 5 mg, 10 mg, 15 mg and 20 mg containing escitalopram (as oxalate). **Indications:** Treatment of major depressive episodes. Panic disorder with or without agoraphobia. Social Anxiety Disorder. Generalised Anxiety Disorder. Obsessive Compulsive Disorder. **Dosage: Treating depression: Adults:** Usual dosage is 10 mg once daily. The dose may be increased to a maximum of 20 mg/day. **Panic Disorder with or without agoraphobia:** An initial dose of 5 mg/day is recommended for the first week before increasing the dose to 10 mg/day. The dose may be further increased, up to a maximum of 20 mg/day. **Social Anxiety Disorder:** Usual dosage is 10 mg once daily. The dose may subsequently be decreased to 5 mg or increased to a maximum of 20 mg/day. **Generalised Anxiety Disorder:** Initial dosage is 10 mg once daily. The dose may subsequently be increased to a maximum of 20 mg/day. **Obsessive Compulsive Disorder:** Initial dosage is 10 mg once daily. The dose may be increased to a maximum of 20 mg daily. **Elderly (>65 yrs):** Initial treatment with half the usually recommended dose and a lower maximum dose should be considered. The efficacy of Lexapro in social anxiety disorder has not been studied in elderly patients. **Children and adolescents (<18 years):** Not recommended. **Reduced hepatic/renal function:** In reduced hepatic function an initial dose of 5 mg/day for the first two weeks of treatment is recommended, the dose may be increased to 10 mg. Caution is advised in patients with severely reduced hepatic function. Dosage adjustment is not necessary in patients with mild or moderate renal impairment. Caution is advised in patients with severely reduced renal function (CLcr<30 ml/min). **Contraindications:** Hypersensitivity to escitalopram or excipients. Concomitant treatment with a nonselective, irreversible monoamine oxidase inhibitor (MAOI). Escitalopram may be started 14 days after discontinuing treatment with an irreversible MAOI and at least one day after discontinuing treatment with a reversible MAOI (RIMA). At least 7 days should elapse after discontinuing escitalopram treatment before starting a non-selective MAOI. **Pregnancy and Lactation:** Lexapro should not be used during pregnancy unless clearly necessary. Neonates should be observed if maternal use of Lexapro continues into the later stages of pregnancy, particularly the third trimester. Abrupt discontinuation should be avoided during pregnancy. Serotonergic or discontinuation symptoms may occur in the neonate after maternal SSRI/SNRI use in later stages of pregnancy. **Precautions:** No direct impairment of psychomotor function. Patients should be cautioned about the risk to their ability to drive a car or operate machinery. No pharmacokinetic or pharmacodynamic interactions are expected with concomitant alcohol intake, however the combination is not advised. Combination with the reversible MAOI-A (RIMA) moclobemide or serotonergic compounds is not recommended. Insulin and/or oral hypoglycaemic dosage may need to be readjusted in diabetics. Hyponatraemia has been observed with SSRI use. Caution is advised in patients with a history of mania/hypomania and coadministration of ECT. Caution is recommended in patients taking medicines that will affect clotting of blood, platelet function or patients with bleeding disorders. Patients with epilepsy, especially unstable epilepsy, should be carefully monitored. Stop treatment if patient develops serotonin syndrome. Use at a low starting dose for panic disorders. Do not stop treatment abruptly. Gradual discontinuation by dose tapering is advised. As with all SSRIs it is advisable to closely monitor patients for suicide and self-harm risk in the first few weeks of treatment. Caution is advised in patients with coronary heart disease. Use of SSRIs/SNRIs has been associated with the development of akathisia, increasing the dose in these patients may be detrimental. **Drug Interactions:** MAOIs (see Contraindications/ Precautions), advise caution in use with selegiline (MAOI-B), lithium, tryptophan, serotonergic medicinal product or with products capable of lowering the seizure threshold. Avoid concomitant use with St. John's Wort (Hypericum perforatum). In known poor metabolisers, with respect to CYP2C19, an initial 5 mg/day dose should be used, which can be increased to 10 mg after assessment. Caution is advised with co-administration of drugs metabolised by enzymes CYP2C19 and CYP2D6. Co-administration with CYP2C19 inhibitors and high doses of cimetidine may require reduction of the escitalopram dose. **Adverse Events:** Adverse reactions are most frequent during the first or second week of treatment and usually decrease in intensity and frequency with continued treatment. Very Common (≥1/10) & common (≥1/100 to <1/10) adverse drug reactions are listed below. **Very Common:** Nausea; **Common:** Decreased & increased appetite, Anxiety, restlessness, abnormal dreams, libido decreased, female anorgasmia, insomnia, somnolence, dizziness, paraesthesia, tremor, sinusitis, yawning, diarrhoea, constipation, vomiting, dry mouth, sweating increased, arthralgia, myalgia, ejaculation disorder, impotence, fatigue, pyrexia, weight increased. **Overdosage:** Clinical data on escitalopram overdose is limited and many cases involve concomitant overdoses with other drugs. Doses between 400-800 mg of escitalopram alone have been taken without any severe symptoms. Symptoms seen in reported overdose of escitalopram mainly relate to the central nervous system, the gastrointestinal system, the cardiovascular system and electrolyte/fluid balance conditions. There is no specific antidote. Treatment is symptomatic and supportive with monitoring of cardiac and vital signs. Gastric lavage and the use of activated charcoal should be considered. **Legal Category:** POM. **Product Licence holder:** H. Lundbeck A/S, Ottiliavej 9, DK-2500, Copenhagen – Valby, Denmark. PA Numbers: 5 mg PA805/2/1; 10 mg PA805/2/2; 15 mg PA805/2/3; 20 mg PA805/2/4. Further information is available upon request from Lundbeck (Ireland) Ltd., 7 Riverwalk, Citywest Business Campus, Citywest, Dublin 24. 'Lexapro' is a trademark ™ 2002 Lundbeck Ltd. Date of preparation: February 2007.

References: 1. Gorman J, et al. CNS Spectrums 2002; 7 (Suppl 1): 40-44 **2.** Goodman et al (2005), Journal of Affective Disorders 87,161-167 **3.** Lader et al., Depression and Anxiety 19 :241-248 (2004) **4.**. Stahl S, et al. J Clin Psychiatry 2003, 64:1322-1327. **5.** Stein et al Poster Presented at the 159th Annual Meeting of the American Psychiatric association, 20-25 May 2006, Toronto, Canada 6. Lexapro (Escitalopram) Summary of Product Characteristics **7.** Wade A, et al.(2006), Curr Med Res Opinion; 22(11)2101-2110

LX1/4/07

Submissions & correspondence to:
The Editor,
Irish Journal of Psychological Medicine,
25 Adelaide Street, Dun Laoghaire,
Co Dublin, Ireland.
Telephone: 00-353-1-2803967
Fax: 00-353-1-2807076
Email: psychological@medmedia.ie
Website: www.ijpm.org

Publisher
MedMedia Ltd, medmedia publications
25 Adelaide Street,
Dun Laoghaire, Co Dublin, Ireland.
www.medmedia.ie

Printing: W&G Baird Ltd

Subscriptions
Rates per volume of four issues (Mar, Jun, Sept, Dec): €155
Incl. airmail postage internationally.

Subscription enquiries, orders and cheques made payable to:
MedMedia Ltd,
25 Adelaide St, Dun Laoghaire,
Co Dublin, Ireland
Tel: + 353 1 280 3967
Email: psychological@medmedia.ie
www.medmedia.ie

Circulation
2,200 to 54 countries. The Journal participates in the World Health Organisation project to improve distribution of scientific materials on mental health. Publication does not imply endorsement.

IRISH JOURNAL OF PSYCHOLOGICAL MEDICINE

VOL 24 NO 2 JUNE 2007 ISSN 0790-9667

Indexed and abstracted by BIOLOGICAL ABSTRACTS (BIOSIS Previews); CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE/INIST: PASCAL; EXCERPTA MEDICA/EMBASE; INSTITUTE FOR SCIENTIFIC INFORMATION: CURRENT CONTENTS/ Social & Behavioural Sciences (Social Science CITATION INDEX, Research Alert); PSYCHOLOGICAL ABSTRACTS (PsycINFO/PsycLIT); Cumulative Index to Nursing & Allied Health Literature, Current AIDS Literature (CAB Abstracts), International Pharmaceutical Abstracts, Linguistics & Language Behaviour Abstracts, Nutrition Abstracts and Reviews, (CAB Abstracts), Referativnyi Zhurnal, Social Planning/Policy & Development Abstracts, Social Work Research & Abstracts, Sociological Abstracts.

Microfilm, microfiche & article copies from **University Microfilms International**, 300 North Zeeb Rd., Ann Arbor, MI 48106, USA. Journal included in the **Adonis** service, whereby article copies can be printed out from compact disks (CD-ROM) on demand; explanatory leaflet available from ADONIS BV, PO Box 639, 1000 AV Amsterdam, The Netherlands. Journal listed in **Ulrich's** International Periodicals Directory (**Bowker** International Serials Database), **EBSCO's** Selected Periodicals for the Medical and Health Sciences, & EBSCO's Librarians' Handbook.

https://doi.org/10.1017/S0790966700010181 Published online by Cambridge University Press

https://doi.org/10.1017/S0790966700010181 Published online by Cambridge University Press