# **ESCITALOPRAM (Lexapro) Fact Sheet [G]**

#### **Bottom Line:**

Escitalopram is a good first-line SSRI option. It has the tolerability and minimal drug interaction potential of citalopram with less QT prolongation risk.

#### **FDA Indications:**

Major depression (12+ years); generalized anxiety disorder (7+ years).

## **Off-Label Uses:**

OCD; PTSD; social anxiety disorder; panic disorder; PMDD.

## **Dosage Forms:**

- Tablets (G): 5 mg, 10 mg (scored), 20 mg (scored).
- Oral solution (G): 5 mg/5 mL.

## **Dosage Guidance:**

- Adults: Start 5-10 mg QD; may ↑ by increments of 5-10 mg/day weekly to target dose of 10 mg QD or max 20 mg
- Ages 6–9 (off-label): Start 2.5 mg QD, increase by 5 mg/day increments weekly; max 20 mg/day.
- Ages 12–17: Start 5 mg QD, increase by 5–10 mg/day increments weekly; max 20 mg/day.
- Dose timing: Usually well tolerated in the morning.

**Monitoring:** Sodium in patients at risk.

## Cost: \$

## **Side Effects:**

- Most common: Nausea, sweating, insomnia, somnolence, sexual side effects, headache.
- Serious but rare: Hyponatremia, mainly in the elderly; gastrointestinal bleeding, especially when combined with NSAIDs such as ibuprofen.
- Pregnancy/breastfeeding: Considered relatively safe.

## Mechanism, Pharmacokinetics, and Drug Interactions:

- Serotonin reuptake inhibitor.
- Metabolized primarily through CYP2C19 and 3A4; t ½: 27–32 hours.
- Avoid use with MAOIs (two-week washout); avoid other serotonergic agents (serotonin syndrome).

## **Clinical Pearls:**

- Escitalopram (which is purified from the racemic mixture, citalopram) is considered the "purest" SSRI and has few, if any, drug-drug interactions.
- Similar to citalopram, escitalopram demonstrates dose-related QTc prolongation, but to a lesser extent (6.6 msec with 20 mg escitalopram vs 12.6 msec with equivalent 40 mg citalopram). Generally, this amount of prolongation is not clinically significant in patients who don't have additional risk factors.

## **Fun Fact:**

A systematic review and network meta-analysis compared the safety and efficacy of nearly two dozen antidepressants and found escitalopram and sertraline were the most effective (Cipriani A et al, Lancet 2018;391(10128):1357–1366).

