



Poison HOTLINE

1-800-222-1222

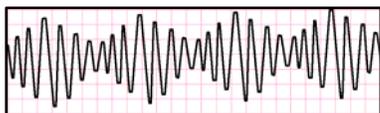
February 2015



Did you know

Many medicines can cause prolonged QT / QTc intervals.

When the QT interval is >600 msec or the QTc is >450 msec, the patient is at risk for developing Torsades de Pointes (TdP). French for "Twisting of the Points," TdP's QRS complex appears to be rotating around the horizontal electrical axis. TdP can spontaneously revert to sinus rhythm in some patients or it can degenerate to V-Tach or V-Fib. Symptoms from TdP include palpitations, dizziness, syncope and sudden death.



Example of Torsades de Pointes

Citalopram (Celexa[®]) & Escitalopram (Lexapro[®])

Citalopram is currently the most highly selective and potent selective serotonin reuptake inhibitor (SSRI) available in the U.S. Celexa[®] is a 1:1 mixture of the active form (S-citalopram / escitalopram) and inactive form (R-citalopram) of citalopram. Lexapro[®] contains only the active form of citalopram, escitalopram. Thus, 20 mg of Celexa is equal to 10 mg of Lexapro.

SSRIs are used to treat major depressive disorders, obsessive-compulsive disorder, panic disorder, premenstrual dysphoric syndrome, anxiety disorder and post-traumatic stress disorder. SSRIs selectively block the reuptake of serotonin at the nerve junctions in the brain.

Many of the toxic effects are a result of the increase in serotonin leading to serotonin syndrome. Serotonin syndrome may develop at therapeutic doses, following an overdose or after mixing multiple serotonergic drugs. These drugs include monoamine oxidase inhibitors, stimulants (i.e. amphetamines, cocaine, etc.), serotonin agonists or other SSRIs. Serotonin syndrome is characterized by confusion, agitation, myoclonus, hyperreflexia, diaphoresis, shivering, tremor, diarrhea, incoordination, and fever.

Other toxic effects of citalopram and escitalopram overdoses include seizures and EKG changes, such as QRS widening and QTc prolongation. Seizures have been reported following ingestions of more than 600 mg of citalopram (equal to 300 mg of escitalopram). Wide complex tachyarrhythmias, torsade de pointes, and cardiac arrest have occurred after a massive citalopram overdose, sometimes occurring many hours post-ingestion.

No specific antidotes are available for citalopram or escitalopram overdoses. Treatment is symptomatic and supportive care. Cardiac monitoring is recommended following overdose due to the potential for QRS widening and QTc prolongation. Since cardiac effects can be delayed, cardiac monitoring is required for 8-11 hours if more than 600 mg citalopram or more than 300 mg escitalopram was ingested. Cardiac monitoring is required for 13 hours if more than 1000 mg citalopram or more than 500 mg escitalopram was ingested.

For treatment advice concerning citalopram or escitalopram, contact the IPCC at 1-800-222-1222.

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