



Safety Matters

Cambridgeshire

Focusing on safety with medicines

Dose-dependant QT interval prolongation associated with citalopram and escitalopram

The MHRA have made **important new recommendations** in the prescribing of citalopram and escitalopram containing products because a dose-dependent increase in the QT interval has been observed with ECG monitoring in patients. Additionally, a review of data from spontaneous reporting has identified cases of QT prolongation and ventricular arrhythmia including Torsade de Pointes. <http://www.mhra.gov.uk/safetyinformation/drugsafetyupdate/CON137769>

The MHRA has issued the following information;
Maximum daily dose schedule is as follows:

	Adults	Adults >65 years	Adults with hepatic impairment
Citalopram	40 mg*	20mg*	20mg*
Escitalopram	20mg	10mg*	10mg

*New (restricted) maximum daily dose.

Prescribers are advised that:

- Patients who currently take doses higher than the new recommended daily maximum should have their treatment reviewed
- Citalopram and Escitalopram are now contraindicated
 - In patients with congenital long QT syndrome or known pre-existing QT interval prolongation
 - In combination with other medicines known to prolong the QT interval
- The balance of benefits and risks of citalopram and Escitalopram should be considered carefully, particularly at higher doses, in patients with pre-existing risk factors for QT interval prolongation - including patients with significant bradycardia; recent acute myocardial infarction; or decompensated heart failure.

Monitoring recommendations

- In patients with cardiac disease, an ECG review should be considered before treatment with citalopram and escitalopram
- Electrolyte disturbances (eg. Hypokalaemia and hypomagnesaemia) should be corrected before treatment with citalopram and escitalopram. Monitoring of serum magnesium is advised, particularly in elderly patients, who may be taking diuretics or proton pump inhibitors
- If cardiovascular symptoms, such as palpitations, vertigo, syncope, or seizures develop during treatment, cardiac evaluation including as ECG should be undertaken to exclude a possible malignant cardiac arrhythmia.
 - If QTc interval is >500 milliseconds, treatment should be withdrawn gradually.
 - If QTc interval duration is between 480 milliseconds and 500 milliseconds, the balance of benefits and risks of continued treatment should be carefully considered, alongside options for dose reduction or gradual withdrawal.

Discussion with the patient's consultant psychiatrist may be necessary if the GP is concerned a patient may be at significant risk of relapse if their dose is reduced in line with the MHRA guidance

Aliskiren

The MHRA and EMEA have issued the following interim advice regarding aliskiren following the immediate termination of the ALTITUDE study. The study was stopped because of preliminary interim analyses showing that study patients were unlikely to benefit from aliskiren. Furthermore, there was a higher incidence of adverse events related to non-fatal stroke, kidney complications, high blood potassium and low blood pressure. Additional analyses from ALTITUDE are on going and updated advice may be issued early in 2012.

<http://www.mhra.gov.uk/dafetyinformation/safetywarningsalertsandrecalls/safetywarningsandmessagesformedicines/CON137929>

Routine (non-urgent) review is recommended for patients taking aliskiren-containing medicines.

- Doctors should not prescribe aliskiren-containing medicines to diabetic patients in combination with ACE inhibitors ARBs. Alternative treatment options should be considered if needed.
- Doctors should review the treatment of patients taking aliskiren at a routine (non-urgent) appointment, and if patients are diabetic and are also taking ACE inhibitors or ARBs, aliskiren should be stopped and alternative treatments considered.
- Patients should not stop any of their treatment before speaking to their doctor, because stopping anti-hypertensive medication without medical supervision can put them at risk. They are advised to discuss their treatment with their doctor at their next scheduled (non-urgent) appointment.
- Patients in clinical trials with aliskiren should contact their study site for guidance on their medication.

Medicines Management now have a dedicated secure e-mail address for queries about requests from hospitals to prescribe items about which you have concerns: c-pct.prescribingpartnership@nhs.net

Using this will help us to ensure that your queries are dealt with more efficiently by our team and enable us to improve feedback and communication around specialist initiated treatments and supporting policies and thresholds for drug treatment.