

# NPO Weekly Pharmacy Newsletter

---

October 19, 2011

## **Citalopram**

FDA now says citalopram doses should not exceed 40 mg/day for anyone--or 20 mg/day for most patients over age 60.

Higher doses of citalopram (*Celexa*, etc) increase the risk of QT prolongation and torsades.

If these lower doses aren't adequate, consider switching to another antidepressant. Sertraline, paroxetine, and fluoxetine seem less likely to cause QT prolongation. It is better not to exceed 20 mg/day of escitalopram (*Lexapro*). Usual doses aren't associated with significant QT prolongation, but the risk increases with higher doses.

## **Folic Acid and Depression**

There's a link between folate deficiency and depression, possibly because folates are needed to make serotonin, norepinephrine, and dopamine. SOME evidence also suggests that adding folate can increase antidepressant efficacy. *Deplin* claims to be more effective than folic acid because it's already in the active form. But there's no proof that *Deplin* is more effective--and it costs more.

Generic folic acid might be worth a try before going to other meds like antipsychotics, buspirone, thyroid, lithium, etc.

I recommend at least 500 mcg/day of folic acid for augmentation. Caution to keep doses under 800 mcg/day in the elderly due to concerns about cancer with higher folate doses in the elderly.

.

## **Azithromycin/COPD**

Some patients have been given chronic azithromycin to prevent recurrent COPD exacerbations.

Adding azithromycin 250 mg/day to standard COPD therapy reduces the risk of acute exacerbations but may worsen hearing. There will be one less exacerbation for every 3 COPD patients on oxygen or with prior exacerbations that take azithromycin for one year but one in 20 patients will experience slight hearing loss. Azithromycin is being used for its anti-inflammatory and immunomodulatory effects, not its antibacterial effects. But one of the risks is bacterial resistance.

If patients on chronic azithromycin need antibiotics for a future exacerbation, it is best to avoid macrolides. Instead, use a quinolone, cephalosporin, or amoxicillin/clavulanate