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ESCITALOPRAM INDUCED BRADYCARDIA, HYPOTONIA AND SYNCOPE

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Objectives: Escitalopram is considered to be more effective than citalopram and to have less side effects. Previous studies have found that common cardiac manifestations of escitalopram overdose are QT prolongation and bradycardia. Some case reports inform about bradycardia without ECG abnormalities with therapeutic doses of escitalopram.

Methods: We report of a 29-year-old female patient diagnosed with major depression, hospitalized for 2 weeks. She had no history of any treatment with antidepressive drugs. After administration of 5 mg/day escitalopram the patient's blood pressure and pulse rate were mildly reduced and we observed presyncopal episodes daily. After 1 week of treatment the dose of escitalopram was raised to 10 mg/day and she complained about dizziness. In this case we found that presyncopal episodes lasted longer and both hypotension and bradycardia increased. These symptoms disappeared within 24 hours after escitalopram treatment was discontinued. Results from routine laboratory tests, ECG, EEG, brain CT were normal. No other pharmacologic causes were supposed to induce the above mentioned vegetativ symptoms.

Conclusion: Bradycardia and hypotonia have been previously reported with citalopram, but there are only a few case reports about these side effects induced by a therapeutic dose of escitalopram. Both central and - by directly inhibiting the entry of Ca into vascular smooth muscles resulting in vasodilatation - periferial effects of escitalopram are supposed to be responsible for these rare phenomena. This case report supports the importance of monitoring heart rate and blood pressure when escitalopram treatment is introduced, especially in cases of previously untreated depressive patients.