

Escitalopram Hbr Cas No. : 128196-01-0

Antidepressant medications are used to treat a variety of conditions, including depression and other mental/mood disorders. These medications can help prevent suicidal thoughts/attempts and provide other important benefits. However, studies have shown that a small number of people (especially people younger than 25) who take antidepressants for any condition may experience worsening depression, other mental/mood symptoms, or suicidal thoughts/attempts.

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Escitalopram Hbr

CAS No. : 128196-01-0

**Molecular Structure Escitalopram,**

1-(3-Dimethylaminopropyl)-1-(4-fluorophenyl)-1,
3-dihydroisobenzofuran-5-carbonitrile,

CAS NO 128196-01-0

Molecular Formula C₂₀H₂₁FN₂O

Molecular Weight 324.39

Systematic (IUPAC) name

(S)-1-[3-(dimethylamino)propyl]-1-(4-fluorophenyl)-1,
3-dihydroisobenzofuran-5-carbonitrile

ATC code N06AB10

PubChem 146570

DrugBank APRD00683

ChemSpider 129277

Chemical data

Formula C₂₀H₂₁FN₂O

Mol. mass 324.392 g/mol

(414.40 as oxalate)

SMILES eMolecules & PubChem

DOSAGE

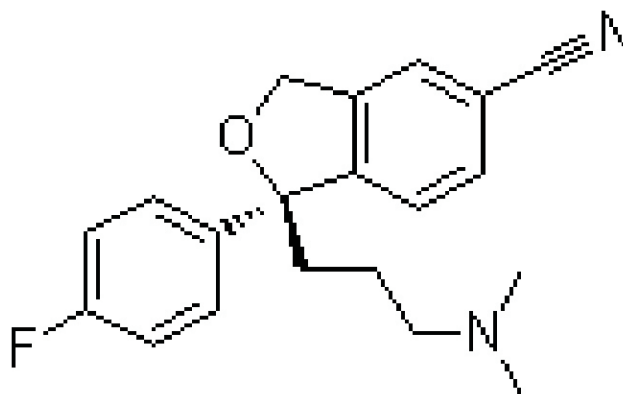
The usual starting dose of escitalopram is 10 mg once daily in the morning or evening. The dose may be increased to 20 mg once daily after 1 week. Benefit may not be seen until treatment has been given for up to 4 weeks. A daily dose of 20 mg may not be anymore effective than 10 mg daily for treatment of depression. Escitalopram can be taken with or without food.

SIDE EFFECTS

The most common side effects associated with escitalopram are agitation or restlessness, blurred vision, diarrhea, difficulty sleeping, drowsiness, dry mouth, fever, frequent urination, headache, indigestion, nausea, increased or decreased appetite, increased sweating, sexual difficulties (decreased sexual ability or desire, ejaculatory delay), taste alterations, tremor (shaking), weight changes. Although changes in sexual desire, sexual performance, and sexual satisfaction often occur as a result of depression itself, they also may be a consequence of the drugs used to treat depression. In particular, about one in 11 men given escitalopram report difficulties ejaculating.

Some patients experience withdrawal reactions upon stopping SSRI therapy. Symptoms may include dizziness, tingling, tiredness, vivid dreams, irritability, or poor mood. In order to avoid these symptoms, the dose of SSRI can be slowly reduced instead of abruptly stopped.

Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with depression and other psychiatric disorders. Anyone considering the use of escitalopram or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared with placebo in adults beyond 24 years of age.





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CAS NO- 59729-33-8

There was a reduction in risk of suicidality with antidepressants compared with placebo in adults 65 years of age and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients who are started on therapy with antidepressants should be closely observed for clinical worsening, suicidality, or unusual changes in behavior.

PRECAUTIONS

Tell your doctor your medical history, especially of: liver problems, kidney problems, seizures, heart problems, other mental/mood disorders (e.g., bipolar disorder), thyroid problems, mineral (electrolyte) problems (e.g., hyponatremia, SIADH), any allergies. This drug may make you dizzy or drowsy; use caution engaging in activities requiring alertness such as driving or using machinery. Limit alcoholic beverages. Though uncommon, depression can lead to thoughts or attempts of suicide. Tell your doctor immediately if you have any suicidal thoughts, worsening depression, or any other mental/mood changes (including new or worsening anxiety, agitation, panic attacks, trouble sleeping, irritability, hostile/angry feelings, impulsive actions, severe restlessness, rapid speech). Keep all medical appointments so your healthcare professional can monitor your progress closely and adjust/change your medication if needed. Caution is advised when using this drug in the elderly because they may be more sensitive to the effects of the drug. This medication should be used only when clearly needed during pregnancy. Discuss the risks and benefits with your doctor. If this medication is used during the last 3 months of pregnancy, infrequently your newborn may develop symptoms including feeding or breathing difficulties, seizures, muscle stiffness, jitteriness, or constant crying. However, do not stop taking this medication unless your doctor directs you to do so. Report any such symptoms to your doctor promptly. This drug passes into breast milk. Because of the potential risk to the infant, breast-feeding while using this drug is not recommended. Consult your doctor before breast-feeding.

INTERACTION

Taking certain medications with this product could result in serious (rarely fatal) drug interactions. Avoid taking MAO inhibitors (e.g., furazolidone, isocarboxazid, linezolid, moclobemide, phenelzine, procarbazine, rasagiline, selegiline, tranylcypromine) with escitalopram for 2 weeks before treatment, during treatment, or for 2 weeks after your last dose of escitalopram.

This drug should not be used with the following medications because very serious interactions may occur: pimoziide, tryptophan, weight loss drugs (e.g., sibutramine, phentermine).

If you are currently using any of these medications, tell your doctor or pharmacist before starting escitalopram.

Before using this medication, tell your doctor or pharmacist of all prescription and nonprescription/herbal products you may use, especially of: desipramine, metoprolol, "water pills" (diuretics such as furosemide), drugs that can cause bleeding/bruising (e.g., aspirin, antiplatelet drugs such as clopidogrel, NSAIDs such as ibuprofen, "blood thinners" such as heparin/warfarin).

Aspirin can increase the risk of bleeding when used with this medication (see above). If your doctor has directed you to take low-dose aspirin for heart attack or stroke prevention (usually at dosages of 81-325 milligrams a day), you should continue taking it unless your doctor instructs you otherwise. Discuss the risks and benefits with your doctor.

Also tell your doctor if you take any other drugs that increase serotonin, such as buspirone, dextromethorphan, lithium, meperidine, propoxyphene, phentermine, other SSRIs (e.g., paroxetine), SNRIs (e.g., duloxetine), tryptophan, St. John's wort, drugs used to treat migraines such as "triptans" and dihydroergotamine, street drugs such as MDMA/"ecstasy," amphetamine. (See also Side Effects section.)



Tell your doctor or pharmacist if you also take drugs that cause drowsiness, such as certain antihistamines (e.g., diphenhydramine), anti-seizure drugs (e.g., carbamazepine), medicine for sleep or anxiety (e.g., lorazepam, zolpidem), muscle relaxants, narcotic pain relievers (e.g., codeine), psychiatric medicines (e.g., chlorpromazine, quetiapine, nortriptyline, trazodone). Check the labels on all your medicines (e.g., cough-and-cold products) because they may contain ingredients that cause drowsiness.

DRUG DESCRIPTION

Escitalopram is the pure

enantiomer of racemic citalopram and is a selective serotonin reuptake inhibitor (SSRI). Escitalopram is used in the treatment of depression and anxiety.

According to a meta-analysis of 12 new-generation antidepressants, escitalopram and sertraline are the best in terms of efficacy and acceptability in the acute-phase treatment of adults with unipolar major depression. Reboxetine was significantly worse

Escitalopram is an oral drug that is used for treating depression and generalized anxiety disorder. Chemically, escitalopram is similar to citalopram. Both are in the class of drugs called selective serotonin reuptake inhibitors (SSRIs), a class that also includes fluoxetine, paroxetine and sertraline. SSRIs work by affecting neurotransmitters in the brain, the chemical messengers that nerves use to communicate with one another. Neurotransmitters are made and released by nerves and then travel to other nearby nerves where they attach to receptors on the nerves. Some neurotransmitters that are released do not bind to receptors and are taken up by the nerves that produced them. This is referred to as "reuptake." Many experts believe that an imbalance of neurotransmitters is the cause of depression. Escitalopram prevents the reuptake of one neurotransmitter, serotonin, by nerves, an action which results in more serotonin in the brain to attach to receptors

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The Controlled Substances Act (CSA) was enacted into law by the Congress of the United States as Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970.[1] The CSA is the federal U.S. drug policy under which the manufacture, importation, possession, use and distribution of certain substances is regulated. The Act also served as the national implementing legislation for the Single Convention on Narcotic Drugs

This document plus the full buyer/ prescribing information, prepared for health professionals can be found at:

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91 022 30601000.

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