



Providing support for quality in prescribing

ESCITALOPRAM – NO BETTER THAN OTHER SSRI ANTIDEPRESSANTS?

WHAT IS THE PROBLEM?

- In the year to December 2010 the East Midlands spent £5.4m on SSRI antidepressants. Of this, escitalopram accounted for just under 5% of the number of prescriptions but over 30% of the total cost.
- If half the spend on the lower strengths (5mg and 10mg) of escitalopram tablets had been on another SSRI costing around £2 per month, an additional £370,000 would have been available to spend on other treatments.

WHAT IS THE EVIDENCE?

- Citalopram is a mixture of two enantiomers (enantiomer = molecular mirror image); escitalopram is the s-enantiomer. A 20mg dose of citalopram therefore contains 10mg of escitalopram.
- A recent Cochrane review compared escitalopram with citalopram, by pooling results from published trials lasting between 6 and 24 weeks and found escitalopram more effective. However, most of the trials lasted only 6-8 weeks. The longest trial in the review that lasted 24 weeks found no difference between the two drugs, suggesting any advantage of escitalopram is short-term.
- The effectiveness of escitalopram in major depression is similar to other SSRI
 antidepressants according to the review. In a total of seven trials comparing
 escitalopram with fluoxetine, paroxetine or sertraline, the rates of withdrawal
 from treatment due to lack of efficacy or unacceptable side effects were similar
 with all four agents.
- The Cochrane review also compared escitalopram with two newer antidepressants, duloxetine and venlafaxine and found all three to be similarly effective in major depression.
- There are fewer trials that support the use of antidepressants in mild-moderate or intermittent depression than in major depression. NICE does not recommend the routine use of antidepressants in mild depression.



Costs for 28 days supply. Taken from Drug Tariff April 2011 Doses are based on licensed starting doses in depression.

KEY MESSAGES

- Escitalopram is broadly comparable in efficacy with other SSRI antidepressants such as citalopram and sertraline, also with the newer agents duloxetine and venlafaxine.
- Differences between SSRIs in terms of discontinuation rates for lack of efficacy or side effects are relatively small
- In view of the substantial difference in cost between escitalopram and other SSRI antidepressants, citalopram or sertraline should be regarded as preferred first line agents. Fluoxetine is an alternative but is subject to more drug interactions than the other agents.
- Patients taking higher doses of escitalopram (20mg and above) for treatment-resistant major depression should continue on this treatment.