

Escitalopram

Lexapro

An SSRI for depression and anxiety. Improvement builds over time; the aim is better function, not feeling numb.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

ONCE DAILY

DO NOT STOP OR CHANGE DOSES ON YOUR OWN

Keep follow-ups, especially early on and after dose changes. Report new or worsening mood symptoms at any age.

What it is used for

Lexapro is approved for depression from age 12 and generalized anxiety disorder from age 7, including adults.

Panic, OCD, social anxiety, PTSD and PMDD are off-label uses with differing evidence. Ask what your prescription is intended to treat.

How it works

Blocks the serotonin transporter, slowing serotonin reuptake between nerve cells. This is thought to contribute to mood and anxiety benefits.

Serotonin signaling changes early, but clinical benefit takes time. The full explanation is still uncertain; the drug is not a direct serotonin-receptor agonist.

What to expect over time

FIRST DAYS

Nausea, headache, jitteriness or sleep changes may come before benefit. Report marked agitation or severe effects; do not simply wait them out.

OVER WEEKS

Mood and anxiety often improve gradually over several weeks. Keep the agreed review date; response does not follow a fixed deadline.

AT REVIEW

Compare sleep, worry, mood and daily function. Review dose, adherence and side effects before changing treatment; higher is not always better.

Taking your medication

Take once daily at a consistent time, morning or evening, with or without food. Food may ease nausea. Follow your prescribed dose and increase schedule.

Ask about timing for insomnia or drowsiness. For liquid, confirm the concentration and measure with an oral syringe or pharmacy device.

Avoid alcohol. Do not drive or do hazardous work until you know its effects, and never while impaired. Ask before adding medicines or supplements.

When to get help

Emergency: seizure, collapse, breathing trouble, major bleeding or immediate self-harm danger. Fever with confusion and muscle stiffness needs urgent care.

Urgent care: fainting, irregular heartbeat, acute eye pain or vision changes, blistering rash, or severe confusion, weakness or unsteadiness.

Call promptly: suicidal thoughts, worsening mood, severe restlessness, unusual high energy or much less need for sleep. Report unusual bruising or bleeding.

Early side effects

Nausea, loose stools, headache, sweating or sleep changes can occur. Food may ease nausea; persistent symptoms or dehydration need review.

Other effects to discuss

Sexual effects, weight change or emotional blunting deserve discussion. Feeling flat may reflect medication effects or remaining depression.

What to keep track of

Review mood, activation, sleep, weight and sexual function; monitor growth in children. Routine blood tests are not needed for every healthy adult. Sodium, ECG and electrolytes depend on symptoms and risks, including age, heart disease, diuretics and interacting medicines.

Before you start

Discuss bipolar disorder, suicidal thoughts, seizures, low sodium, bleeding, eye-angle problems, heart disease, fainting, liver/kidney disease and pregnancy or feeding plans. Report allergies to escitalopram or citalopram. Ten mg/day is recommended for older adults or liver impairment; do not change your own dose. Children's increase intervals differ by indication.

Medicines & interactions

MAOIs, linezolid and methylene blue

Never combine with an antidepressant MAOI; allow at least 14 days between treatments in either direction. Do not start during linezolid or IV methylene blue treatment; urgent use needs a supervised plan.

Other serotonin medicines

Check antidepressants, tramadol, dextromethorphan cough remedies, triptans, lithium, buspirone, stimulants and St. John's wort. Avoid duplicate citalopram treatment. These combinations may cause serotonin syndrome.

Blood thinners and pain relievers

Aspirin, ibuprofen, naproxen and anticoagulants increase bleeding risk. Ask which pain treatment is suitable; do not automatically add a substitute or stomach-protecting medicine.

Heart rhythm and drug levels

Pimozide must not be combined. Review other QT-prolonging medicines, omeprazole, cimetidine and some heart drugs or antidepressants. Higher exposure can increase risks; an ECG or dose adjustment may be needed.

Everyday tips

Use a refill reminder and a steady daily routine. Tell your clinician if doses are hard to remember.

Track a few symptoms and practical goals. Therapy, regular sleep and activity can support recovery.

Discuss sexual or emotional effects. Balance side effects with relapse risk before changing treatment.

Tell each doctor, dentist and pharmacist you take it. Secure your medicine and never share it.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is nearly due; then skip it. Never double. Several missed doses may trigger symptoms; call if unsure how to restart after a longer gap.

Can I stop once I feel better?

Agree on treatment duration and a gradual taper; do not stop abruptly. Withdrawal may include dizziness, nausea, shock-like sensations or anxiety and is not always harmless or brief.

Pregnant or breastfeeding?

Discuss treatment and relapse risks; do not stop on your own. Late exposure may affect newborn breathing or adaptation and postpartum bleeding. If breastfeeding, monitor infant alertness, fussiness, feeding and growth.

What if too much is taken?

Get help immediately. In the US call Poison Help, 1-800-222-1222. Call 911 for collapse, seizure, breathing difficulty, inability to wake or immediate self-harm danger. Elsewhere use local emergency services.

Storage & safety

Keep the original container tightly closed at room temperature, away from excess heat and moisture. Secure it out of sight and reach of children and pets; use pharmacy take-back for unused medicine.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=13bb8267-1cab-43e5-acae-55a4d957630a>
 2. <https://medlineplus.gov/druginfo/meds/a603005.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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