PRESSIDANT

Instructions for medical use
medicine

Trade name: Pressidant.
International nonproprietary name: Escitalopram.
Dosage form: Tablets for oral administration.
Composition: *Each tablet contains:*
active substance - escitalopram oxalate 12.845 mg (equivalent to escitalopram 10 mg, respectively);
excipients: microcrystalline cellulose, croscarmellose sodium, hydroxypropylcellulose, talc, magnesium stearate;
film shell composition: hydroxypropyl methylcellulose, microcrystalline cellulose, polyoxyl (40) stearate , titanium dioxide.
Pharmacotherapeutic group: Antidepressants. Selective serotonin reuptake inhibitor.
ATX code: N06AB10.
Pharmacological properties:
Pharmacodynamics:
Pressidant is an antidepressant, a selective serotonin reuptake inhibitor (SSRI). Inhibition of serotonin reuptake leads to an increase in the concentration of this neurotransmitter in the synaptic cleft, enhancing and prolonging its effect on postsynaptic receptor sites.
Escitalopram has no or very weak ability to bind to a number of receptors, including: serotonin 5-HT1A, 5-HT2 receptors, dopamine D1 and D2 receptors, α1, α2, β adrenergic receptors, histamine H1, muscarinic cholinergic, benzodiazepine and opiate receptors .
Pharmacokinetics:
Absorption is independent of food intake. Bioavailability escitalopram is about 80%. The average time to reach maximum plasma concentration (Tmax) is 4 hours after repeated use. The binding of escitalopram and its main metabolites to plasma proteins is below 80%. Escitalopram metabolized in the liver to demethylated and didemethylated metabolites. They are both pharmacologically active.
The main substance and its metabolites are partially isolated in the form of glucuronides.
After repeated use, the average concentration of demethyl - and didemethyl - metabolites is usually 28-31% and less than 5%, respectively, of the concentration of escitalopram.
Biotransformation escitalopram 's demethylated metabolite occurs primarily via cytochrome P4502C19. There may be some involvement of the P4503A4 and P4502D6 isoenzymes. In individuals with weak P4502C19 activity, the concentration of escitalopram is twice as high as in cases with high activity of this isoenzyme.
No significant changes in drug concentration were found in cases with weak activity of the P4502D6 isoenzyme.
The half-life (T½) after repeated use is approximately 30 hours. Oral clearance is approximately 0.6 l/min. The main metabolites of escitalopram have a longer half-life. Escitalopram and its main metabolites are excreted by the liver (metabolic pathway) and kidneys. Most of it is excreted as metabolites in the urine.
The kinetics of escitalopram is linear. Steady-state concentration (Css) is reached after approximately 1 week. Average Css 50 nmol /l (from 20 to 125 nmol /l) is achieved with a daily dose of 10 mg.
In the elderly (over 65 years of age), escitalopram is eliminated more slowly than in younger patients. The amount of the substance in the systemic circulation, calculated using the pharmacokinetic indicator “area under the curve” (AUC), is 50% greater in the elderly than in young healthy volunteers.
Indications for use:
- depressive episodes of any severity;
- panic disorder with /without agoraphobia;
- social anxiety disorder (social phobia);
- generalized anxiety disorder.

Method of administration and dosage: Pressidant is prescribed orally once a day, regardless of food intake.
Depressive episodes: Usually prescribed 10 mg once daily. Depending on the patient’s individual response, the dose can be increased to a maximum of 20 mg/ day.
The antidepressant effect usually develops 2-4 weeks after the start of treatment. After the symptoms of depression disappear, therapy must be continued for at least another 6 months to consolidate the effect.
Panic disorder with /without agoraphobia: During the first week of treatment, a dose of 5 mg/day is recommended, which is then increased to 10 mg/ day. Depending on the patient’s individual response, the dose can be increased to a maximum of 20 mg/ day. The maximum therapeutic effect is achieved approximately 3 months after the start of treatment. Therapy lasts several months.
Social anxiety disorder (social phobia): Usually prescribed 10 mg once daily. Relief of symptoms usually develops 2-4 weeks after the start of treatment. Depending on the patient's individual response, the dose may subsequently be reduced to 5 mg/ day. or increased to a maximum of 20 mg/ day. Since social anxiety disorder is a chronic disease, the minimum recommended duration of treatment is 12 weeks. To prevent relapse of the disease, the drug may be prescribed for 6 months or longer, depending on the individual patient's response. The therapeutic benefit of treatment should be checked regularly.
Generalized anxiety disorder: The recommended starting dose is 10 mg once daily. Depending on the patient’s individual response, the dose can be increased to a maximum of 20 mg/ day. Long-term administration of the drug (6 months or longer) at a dose of 20 mg/ day is allowed.
Elderly patients (over 65 years of age: It is recommended to use half the usually recommended dose (i.e., only 5 mg/ day) and a lower maximum dose (10 mg/ day).
Reduced renal function: For mild to moderate renal failure, no dosage adjustment is required. Patients with severe renal failure (CLCR below 30 ml/min) should prescribe Pressidant with caution.

Reduced liver function: For mild to moderate liver failure, the recommended initial dose during the first two weeks of treatment is 5 mg/ day. Depending on the patient's individual response, the dose may be increased to 10 mg/ day. In cases of severe liver failure, care must be taken during titration.
Reduced activity of cytochrome P4502C19: For patients with weak activity of the P4502C19 isoenzyme, the recommended initial dose during the first two weeks of treatment is 5 mg/ day. Depending on the patient's individual response, the dose may be increased to 10 mg/ day.
Discontinuation of treatment: When discontinuing treatment with Pressidant, the dose should be gradually reduced over 1-2 weeks in order to avoid withdrawal symptoms.
Side effects:
Side effects most often occur in the first or second week of treatment and then usually become less intense and occur less frequently as therapy is continued.
Very common (≥1/10):
- nausea, vomiting;
Often (≥1/100, <1/10):
- decreased libido, anorgasmia (in women);
- insomnia or drowsiness, dizziness, tremor, agitation, anxiety, paresthesia;
- sinusitis, yawning;
- diarrhea, constipation, vomiting, dry mouth;
- increased sweating;
- impotence, ejaculation disorders;
- loss of appetite, anorexia;
- arthralgia, myalgia;
- weakness, hyperthermia.
Uncommon (≥1/1000, ≤1/100):
- taste disturbances and sleep disturbances;
- weight loss;
- fainting;
- confusion, panic attacks, increased irritability;
- visual disturbances, mydriasis, ringing in the ears;
- tachycardia;
- skin rash, itching, alopecia;
- metrorrhagia, menorrhagia (among women);
- swelling.
Rarely (≥1/10,000, ≤1/1000):
- hallucinations, depersonalization, aggression;
- bradycardia;
- serotonin syndrome (a life-threatening condition manifested by a complex of motor, autonomic and mental disorders: myoclonus, diarrhea, confusion, hypomania, agitation, incoordination, fever, changes in blood pressure, tremor, nausea and vomiting);
- anaphylactic reactions.
Frequency unknown:
- hyponatremia;
- insufficient secretion of antidiuretic hormone (ADH);
- mania, bruxism;
- seizures, movement disorders, psychomotor agitation;
- orthostatic hypotension;
- changes in laboratory parameters of liver function, hepatitis;
- thrombocytopenia;
- suicidal behavior, suicidal thoughts;
- prolongation of the QT interval on the ECG (arrhythmia, including torsade de pointes);
- urinary retention;
- ecchymosis , angioedema, nosebleeds;
- galactorrhea , priapism in men.
In addition, after prolonged use, abrupt cessation of Pressidant therapy in some patients it may lead to a withdrawal reaction. If you abruptly stop taking escitalopram, undesirable reactions may occur, such as dizziness, headaches, a sensation of electric shock, paresthesia, sleep disturbances, irritability, anxiety, tremors, emotional instability, visual disturbances, sweating, nausea, vomiting, diarrhea, the severity of which is insignificant, and the duration is limited. To avoid withdrawal reactions, gradual withdrawal of the drug over 1-2 weeks or months is recommended, depending on the patient's condition.

Contraindications:
- hypersensitivity to escitalopram or other components of the drug;
- simultaneous use with monoamine oxidase inhibitors (MAO);
- patients with known episodes of prolongation of the QT interval or with congenital long interval syndrome;
- patients taking drugs that prolong the QT interval;
- patients taking pimozide;
- pregnancy and lactation;
- children under 18 years of age.
Drug interactions:
Contraindicated combinations of drugs:
MAO inhibitors

Serious adverse reactions may occur when taking Pressidant and MAO inhibitors simultaneously, as well as when starting to take MAO inhibitors in patients who have recently stopped taking Pressidant. In such cases, serotonin syndrome may develop.
Irreversible non-selective MAO inhibitor
Escitalopram is contraindicated in combination with a non-selective irreversible MAO inhibitor. Escitalopram can be prescribed 14 days after stopping treatment with irreversible MAO. At least 7 days must pass after stopping treatment with escitalopram before starting the use of a non-selective irreversible MAO inhibitor.
Reversible selective MAO inhibitor (moclobemide)
Due to the risk of developing serotonin syndrome, the combination of escitalopram with an MAO inhibitor such as moclobemide is contraindicated. If the combination is absolutely necessary, treatment is started at the minimum recommended dose with careful clinical monitoring.
Reversible non-selective MAO inhibitor (linezolid)
The antibiotic linezolid, a reversible non-selective MAO inhibitor, is not recommended for use in patients receiving treatment with escitalopram. If the combination is absolutely necessary, treatment is started at the minimum recommended dose with careful clinical monitoring.
Irreversible selective MAO-B inhibitor (selegiline)
Due to the risk of serotonin syndrome, caution is required when escitalopram is used concomitantly with selegiline (an irreversible MAO-B inhibitor). For simultaneous use with racemic citalopram , doses of seleginine up to 10 mg/ day are safe.
QT prolongation
Pharmacokinetic and pharmacodynamic studies of escitalopram in combination with other drugs that prolong the QT interval have not been conducted. A common effect between escitalopram and these drugs cannot be ruled out . The simultaneous use of escitalopram with drugs that prolong the QT interval, such as class IA and III antiarrhythmic drugs, antipsychotic drugs (phenothiazine derivatives, pimozide, haloperidol), tricyclic antidepressants, some antimicrobial drugs (sparfloxacin , moxifloxacin , erythromycin IV, pentamidine, halofantrine), certain antihistamines (astemizole , mizolastine).
Combinations of drugs requiring caution:
Drugs that cause hypokalemia / hypomagnesemia:
Concomitant use with drugs that cause hypokalemia / hypomagnesemia should be justified as these conditions increase the risk of malignant arrhythmias.
Serotonergic medications:
Concomitant use with serotonergic medications (eg, tramadol , sumatriptan and other triptans) may lead to the development of serotonin syndrome.
Medications that lower the seizure threshold:
Pressidant can reduce the threshold of convulsive readiness. Caution is required when prescribing other medications simultaneously with Pressidant that lower the seizure threshold (tricyclic antidepressants, SSRIs, antipsychotics - phenothiazines, thioxanthenes and butyrophenones - mefloquine and tramadol).
Lithium, tryptophan:
Since there have been cases of increased effects when Pressidant was co-administered with lithium or tryptophan, caution is recommended when prescribing these drugs simultaneously.
St. John's wort:
Simultaneous administration of Pressidant and preparations containing St. John's wort (Hypericum perforatum), may lead to an increase in side effects.
Anticoagulants and agents affecting blood clotting:
Bleeding disorders may occur when escitalopram is co-administered with oral anticoagulants and drugs that affect blood clotting (for example, atypical antipsychotics and phenothiazines, most tricyclic antidepressants, acetylsalicylic acid and non-steroidal anti-inflammatory drugs, ticlopidine and dipyridamole). In such cases, careful monitoring of blood clotting is necessary when starting or ending therapy with escitalopram.
Alcohol :
Escitalopram does not interact pharmacodynamically or pharmacokinetically with alcohol. However, as with other psychotropic drugs, the simultaneous use of escitalopram and alcohol is not recommended.
Effect of other drugs on pharmacokinetics escitalopram:
Concomitant use of escitalopram and omeprazole 30 mg once daily (cytochrome P4502C19 inhibitor) leads to a moderate (approximately 50%) increase in escitalopram plasma concentrations.
Co-administration of escitalopram and cimetidine at a dose of 400 mg twice daily (an inhibitor of cytochromes P4502D6, P4503A4 and P4501A2) leads to an increase (approximately 70%) in the concentration of escitalopram in the blood plasma.
Therefore, escitalopram should be administered with caution concomitantly with cytochrome P4502C19 inhibitors (for example, omeprazole, esomeprozole, fluvoxamine, lansoprazole, ticlopidine) and cimetidine. When taking escitalopram and the above drugs simultaneously, a dose reduction of escitalopram may be necessary based on monitoring for side effects.
Effect of escitalopram on the pharmacokinetics of other drugs:
Escitalopram is an inhibitor of the P4502D6 isoenzyme. Caution should be exercised when co-prescribing escitalopram and medications metabolized by this isoenzyme and having a low therapeutic index, for example, flecainide, propafenone and metoprolol (in cases of use for heart failure) or medications primarily metabolized via P4502D6 and acting on the central nervous system, for example, the antidepressants desipramine, clomipramine, nortriptyline, or the antipsychotics risperidone, thioridazine, haloperidol. In these cases, dose adjustment may be necessary.
The simultaneous administration of escitalopram and desipramine or metoprolol leads to a twofold increase in the concentration of the latter two drugs.
Escitalopram may slightly inhibit the P4502C19 isoenzyme. Therefore, caution is recommended when using escitalopram concomitantly with medications metabolized by P4502C19.
Special instructions:
Akathisia /psychomotor agitation

SSRI use is associated with the development of akathisia, a condition characterized by an unpleasant, debilitating feeling of restlessness and the need to move, often accompanied by an inability to sit or stand in one place. This situation is most likely to occur during the first few weeks of treatment. Increasing the dose may harm patients who develop such symptoms.
Cardiac ischemia
Due to limited clinical experience, caution should be exercised in patients with coronary artery disease.
QT prolongation
Escitalopram has been found to cause a dose-dependent prolongation of the QT interval. During the post-marketing period, cases of QT prolongation and ventricular arrhythmias, including torsade de pointes, have been reported, predominantly in female patients with hypokalemia or pre-existing QT prolongation or other cardiac disease.
It is recommended to use with caution in patients with significant bradycardia or recent acute myocardial infarction or uncompensated heart failure.
Electrolyte abnormalities such as hypokalemia and hypomagnesemia increase the risk of malignant arrhythmias and should be corrected before treatment with escitalopram.
When treating patients with stable cardiac disease, the ECG should be reviewed prior to treatment.
If signs of cardiac arrhythmia occur during treatment with escitalopram, treatment should be discontinued and an ECG should be performed.
Angle-closure glaucoma
SSRIs, including escitalopram, can affect the size of the pupil of the eye, which can cause the pupil to dilate. The effect of mydriasis causes a narrowing of the angle of vision, which is the result of an increase in intraocular pressure and the development of closed-angle glaucoma, especially in patients with a predisposition to this disease. Therefore, escitalopram should be used with caution in patients with closed-angle glaucoma or a history of closed-angle glaucoma.
When using drugs belonging to the therapeutic group SSRI (selective serotonin reuptake inhibitor) including escitalopram, the following should be considered:
Paradoxical anxiety
Some patients with panic disorder may experience increased anxiety when starting SSRI treatment. This paradoxical reaction usually disappears within the first two weeks of treatment. To reduce the likelihood of an anxiogenic effect, it is recommended to use low initial doses.
Seizures
The drug should be discontinued if seizures develop. Use in patients with unstable epilepsy is not recommended; Controlled seizures require careful monitoring. If the frequency of seizures increases, SSRIs, including escitalopram, should be discontinued.
Mania
Escitalopram should be used with caution in patients with a history of mania/ hypomania. If a manic state develops, escitalopram should be discontinued.
Diabetes
In patients with diabetes mellitus, treatment with escitalopram may change blood glucose levels. Therefore, dose adjustments of insulin and/or oral hypoglycemic agents may be necessary.
Suicidal thoughts
The risk of committing suicide is inherent in depression and may persist until the condition significantly improves, either spontaneously or as a result of therapy. Careful monitoring of patients being treated with antidepressants is necessary, especially at the beginning of treatment, due to the possibility of clinical deterioration and/or the emergence of suicidal manifestations (thoughts and behavior). This precaution should also be observed when treating other mental disorders due to the possibility of concurrent depressive episodes.
Hyponatremia
Hyponatremia, possibly associated with impaired secretion of antidiuretic hormone (ADH), occurs rarely when taking escitalopram and usually disappears when therapy is discontinued. Caution should be exercised when prescribing escitalopram and other SSRIs to persons at risk of developing hyponatremia: the elderly, patients with cirrhosis, and those taking drugs that can cause hyponatremia.
Hemorrhage
When taking escitalopram, skin hemorrhages (ecchymosis and purpura) may develop. Escitalopram should be used with caution in patients with a tendency to bleed, as well as those taking oral anticoagulants and medications that affect blood clotting.
Electroconvulsive therapy (ECT)
Since clinical experience with the simultaneous use of escitalopram and ECT is limited, caution should be exercised in such cases.
The combination of escitalopram and MAO type A inhibitors is not recommended due to the risk of developing serotonin syndrome.
Serotonin syndrome
In rare cases, patients taking escitalopram and other SSRIs concomitantly with serotonergic drugs may develop serotonin syndrome. Escitalopram should be used with caution concomitantly with drugs that have serotonergic effects.
A combination of symptoms such as agitation, tremor, myoclonus, hyperthermia may indicate the development of serotonin syndrome. If this occurs, concomitant treatment with SSRIs and serotonergic drugs should be discontinued immediately and symptomatic treatment initiated.

Features of the effect of the drug on the ability to drive a vehicle or potentially dangerous mechanisms:
Considering the side effects of the drug, it is not recommended to drive a car or operate machinery during treatment.

Overdose
Symptoms: dizziness, tremor, agitation, drowsiness, confusion, seizures, tachycardia, ECG changes (changes in STT, widening of the QRS complex, prolongation of the QT interval), arrhythmias, respiratory depression, vomiting, rhabdomyolysis, metabolic acidosis, hypokalemia.

Treatment: symptomatic (supportive measures, gastric lavage, adequate oxygenation). Monitoring the function of the cardiovascular and respiratory systems.

Release form and packaging

Tablets, film-coated, 10 mg No 28.

14 tablets per blister. 2 blisters along with instructions for use in a cardboard box.

Storage conditions

Store at a temperature not exceeding 25 °C.

Keep out of the reach of children.

Shelf life

2 years.

Do not use after expiration date.

Conditions for dispensing from pharmacies

By doctor's prescription.

Made for:
MAXX PHARM LTD.
London, Great Britain