

Breastfeeding and Medication



Citalopram and breastfeeding

Citalopram is compatible with use during breastfeeding from studies and low relative infant dose. Be aware of the risk of colic, decreased feeding and irritability. It is the drug of choice if it has been effective for the mother in the past for similar symptoms.

Citalopram is widely used by breastfeeding mothers.

It has a lower plasma protein binding than sertraline - less than 80% and the metabolite enters breastmilk in low levels. The manufacturer anecdotally reported cases of excessive somnolence, decreased feeding and weight loss in breastfed infants (Hale). However, more recent research suggests that symptoms are minimal and may not be associated with the use of this drug in lactation

There is one report of an infant exhibiting 'uneasy' sleep patterns on a maternal dose of 40 mg per day (Schmidt *et al.* 2000) that resolved when the mother's dose was reduced and partial substitution with artificial formula undertaken.

Spigsett *et al.* (1997) studied two patients and estimated the absolute dose to the infant during steady-state conditions would be 0.7–5.9% of the weight-adjusted maternal dose.

Berle's study (2004) of 25 women taking SSRI antidepressants (nine taking citalopram) reported that no adverse effects on the babies were noted. The infant serum levels of citalopram were undetectable in four infants and low in the remaining six.

Lee *et al.* (2004) conducted a prospective, observational study of 31 mothers suffering from depression and taking citalopram with 12 mothers with depression but not taking citalopram and 31 healthy control women and babies. Mothers were taking up to 60 mg citalopram daily. There were numerically more reports of adverse events in the trial group 3 per 31 (depressed and taking citalopram group) compared with 1 per 31 (control group) and 0 per 12 (depressed but not taking

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citalopram group) but this was not a statistically significant difference. Infants of the mothers in the group exposed to citalopram reported colic, decreased feeding and irritability.

Heikkinen *et al.* (2002) studied 11 mother and baby pairs with matched controls, for up to 2 months after delivery. The neurodevelopment of the children was monitored for up to 1 year. The levels in infant plasma were very low or undetectable. The delivery outcomes and development were normal. Relative infant dose quoted as 3.6% (Hale).

References

- Berle JØ, Steen VM, Aamo TO, Breilid H, Zahlens K, Spigset O, Breastfeeding during maternal anti-depressant treatment with serotonin reuptake inhibitors: infant exposure, clinical symptoms, and cytochrome P450 genotypes, *J Clin Psychiatry*, 2004;65:122834.
- Heikkinen T, Ekblad U, Kero P, Ekblad S, Laine K, Citalopram in pregnancy and lactation, *Clin Pharmacol Ther*, 2002;72: 184–91
- Lee A, Woo J, Ito S, Frequency of infant adverse events that are associated with citalopram use during breastfeeding, *Am J Obstet Gynecol*, 2004;190(1):21821.
- Schmidt K, Oleson OV, Jensen PN, Citalopram and breastfeeding: serum concentration and side effects in the infant, *Biol Psychiatry*, 2000;47:1645.
- Spigset O, Carieborg L, Ohman R, Norstrom A, Excretion of citalopram in breastmilk, *Br J Clin Pharmacol*, 1997;44(3):2958.

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