Updated September 2026

Escitalopram

Brand names - Lexapro *Oral adult dosing for anxiety and depression*

Escitalopram is a selective sero-tonin reuptake inhibitor (SSRI). Its therapeutic mechanism is thought to be related to increas-ing serotonergic activity in the CNS via inhibiting reuptake of serotonin.
This sheet offers guidance and safety information for prescrib-ing to adult GAD or MDD.

Adult indications	Generalized Anxiety Disorder and/or Major Depressive Disorder
Initial Dose	10mg once daily
Titration Timeline	May increase to 20 mg after at least 1 week based on response and tolerability
Max Dose	20mg/day

Prescribing Pearls

- Administer once daily, morning or evening, with or without food.
- Consider a lower starting dose of 5 mg daily in patients with increased sensitivity to medications, hepatic impairment, older age, or tolerability concerns.
- **Older adults & patients with hepatic impairment.** Max dose 10mg/day.
- **Assess for a history of mania/hypomania** and other bipolar-spectrum risk factors. Antidepressants may precipitate a manic, mixed, or hypomanic episode.
- Common side effects include nausea, insomnia or somnolence, fatigue, increased sweating, and sexual dysfunction.
- Transient anxiety may occur early in treatment in some patients; distinguish this from worsening of the underlying anxiety disorder or emerging mania.
- Avoid escitalopram in patients who have taken an MAOI within the past 14 days. Wait at least 14 days after stopping escitalopram before starting an MAOI. Review other serotonergic rx and monitor for serotonin syndrome.
- Avoid abrupt discontinuation when possible. Gradually taper and monitor for discontinuation symptoms such as dizziness, irritability, anxiety, sensory disturbances, headache, insomnia, or mood change.

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Safety

- **Pregnancy.** Use individualized risk-benefit assessment. Based on available data, there is **not** enough information to establish if escitalopram increases risk of major birth defects or miscarriage. **Untreated MDD and GAD carry maternal and perinatal risks.**
  - Late-pregnancy SSRI exposure may be associated with poor neonatal adaptation, including respiratory distress, feeding difficulty, temperature instability, abnormal muscle tone, tremor, jitteriness, irritability, and other symptoms. Some infants may require respiratory support, tube feeding, or prolonged hospitalization. SSRI exposure later in pregnancy has also been associated with persistent pulmonary hypertension of the newborn.
  - SSRI exposure, particularly near delivery, has also been associated with a modest increase in postpartum hemorrhage risk.
- **Lactation.** Escitalopram and its metabolite are present in human milk. Available data indicate low milk exposure at maternal doses up to 20 mg/day. Breastfeeding can often continue when escitalopram is clinically indicated. Monitor the infant for excess sedation, restlessness or agitation, poor feeding, and poor weight gain.
- Monitor for worsening symptoms, unusual behavioral changes, and suicidal thoughts, particularly in young adults and around treatment changes.
- **Bleeding risk.** SSRIs may increase bleeding risk, particularly with NSAIDs, aspirin, antiplatelet therapy, or anticoagulants.
- May cause hyponatremia, particularly in older adults, patients taking diuretics, or volume-depleted patients.
- **QT risk.** Use additional caution in patients with clinically important QT-prolongation risk, electrolyte abnormalities, significant cardiac disease, or other QT-prolonging medications. Exceeding the recommended 20-mg/day maximum is not recommended.

Disclaimer

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