CITALOPRAM AND PANIC DISORDER

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Some recent data suggested an anti-panic effect of Selective Serotonin Reuptake Inhibitors (SSRIs) drugs (Liebowitz and Barlow, 1995). Of these drugs, citalopram is the most selective on serotonin system (Hyttel, 1982). Preliminary studies reported a good improvement of panic symptomatology after 8 weeks of treatment with citalopram and in a long-term maintenance treatment, the improvement was maintained during a follow-up of 15 months (Humble and Wistedt, 1992). Here we report results of 1-month treatment with citalopram in 5 patients with Panic Disorder (3 women and 2 men, aged 40.6 ± 14.1 years, age of onset 32.6 ± 10.6 years). Diagnoses were made according to DSM IV criteria. Daily doses of citalopram varied from 20 to 40 mg/day. In order to assess panic symptoms severity, we administered the Panic-Associated Symptoms Scale (PASS) (Deltito et al., 1991) before and after treatment. At the end of this period 4 patients showed a decrease of more than 50% of the pre-treatment scores on the PASS, reduced from 14.3 ± 2.2 to 3.5 ± 2.5, while 1 panic patient showed PASS score reduced from a score of 11 to 9. Among those with at least 50% of decrease on PASS scores, two also had alcohol abuse, the first of whom had been previously treated with clomipramine (50 mg) but discontinued for the presence of disturbing palpitations, while the second had been treated with bromazepam (9 mg/die) without improvement. Of the other two patients with at least 50% of decrease on PASS cores, one had been previously treated with fluoxetine (40 mg/day), stopped after 2 weeks because of an urticarioid reaction; the other had been previously treated with fluvoxamine (50 mg/day) and then paroxetine (20 mg/day), both interrupted for nausea and dizziness. The fifth patient of our sample who reported only a slight decrease of PASS scores, had been previously treated with imipramine (200 mg) and lorazepam (1.5 mg) without improvement, then with sertraline (50 mg) stopped after 3 weeks because of an excessive increase of anxiety and insomnia. In our sample, citalopram was well tolerated and only one patient complained of sexual dysfunction at the dose of 30 mg/die. These findings suggest that citalopram is well tolerated and might have anti-panic properties. Then citalopram could be useful both in panic patients who reported intolerance to other SSRIs and in panic patients with alcohol abuse. These results confirmed a good efficacy of citalopram treatment in alcohol abusers, generally considered to exhibit a low compliance (Sullivan et al., 1989). Controlled trials are warranted to confirm our findings.

REFERENCES

Deltito J, Allerup P, Maier W, Albus M, Nitzinger D, Rasmussen S, Bech P (1991) The Panic-Associated Symptom Scale: Measuring the severity of panic disorder. Acta Psychiatr Scand 83:20–26.

Humble M, Wistedt B (1992) Serotonin, panic disorder and agoraphobia: Short-term and long term efficacy of citalopram in panic disorder. Int Clin Psychopharmacol 6:21–39.

Hyttel J (1982) Citaopram: Pharmacological profile of a specific serotonin uptake inhibitor with antidepressant activity. Prog Neuropsychopharmacol Biol Psychiatry 6:277–295.

Liebowitz MR, Barlow DH (1995) Panic Disorder: The latest on the diagnosis and the treatment. J Pract Psychiatry Behav Health 1:10–19.

Sullivan JT, Naranjo CA, Sellers EM (1989) Compliance among heavy alcohol users in clinical drug trials. J Substance Abuse 1:183–194.

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