



Lexapro Side Effects

Generic name: *escitalopram*

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Note: This document contains side effect information about escitalopram. Some of the dosage forms listed on this page may not apply to the brand name Lexapro.

Some side effects of Lexapro may not be reported. Always consult your doctor or healthcare specialist for medical advice. You may also report side effects to the [FDA](#).

For the Consumer

Applies to escitalopram: oral solution, oral tablet

Get emergency medical help if you have any of these signs of an allergic reaction while taking escitalopram (the active ingredient contained in Lexapro) skin rash or hives; difficulty breathing; swelling of your face, lips, tongue, or throat.

Report any new or worsening symptoms to your doctor, such as: mood or behavior changes, anxiety, panic attacks, trouble sleeping, or if you feel impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive (mentally or physically), more depressed, or have thoughts about suicide or hurting yourself.

Call your doctor at once if you have a serious side effect such as:

- very stiff (rigid) muscles, high fever, sweating, fast or uneven heartbeats, tremors, feeling like you might pass out;
- nausea, vomiting, diarrhea, loss of appetite, feeling unsteady, loss of coordination; or
- headache, trouble concentrating, memory problems, weakness, confusion, hallucinations, fainting, seizure, shallow breathing or breathing that stops.

Less serious side effects of escitalopram may include:

- drowsiness, dizziness;
- sleep problems (insomnia);
- mild nausea, gas, heartburn, upset stomach, constipation;
- weight changes;
- decreased sex drive, [impotence](#), or difficulty having an orgasm; or
- dry mouth, yawning, ringing in your ears.

This is not a [complete](#) list of side effects and others may occur. Call your doctor for medical advice about side effects.

For Healthcare Professionals

Applies to escitalopram: oral solution, oral tablet

Nervous system

Nearly all selective serotonin reuptake inhibitors, mixed serotonin/norepinephrine reuptake inhibitors, and tricyclic antidepressants cause sleep abnormalities to some extent. These antidepressants have marked dose-dependent effects on rapid eye movement (REM) sleep, causing reductions in the overall amount of REM sleep over the night and delays the first entry into REM sleep (increased REM sleep onset latency (ROL)), both in healthy subjects and depressed patients. The antidepressants that increase serotonin function appear to have the greatest effect on REM sleep. The reduction in REM sleep is greatest early in treatment, but gradually returns towards baseline during long-term therapy; however, ROL remains long. Following discontinuation of therapy the amount of REM sleep tends to rebound. Some of these drugs (i.e., bupropion, mirtazapine, nefazodone, trazodone, trimipramine) appear to have a modest or minimal effect on REM sleep.

At least one case of escitalopram-induced paroxysmal dystonia has been reported in the literature. A 44-year-old woman developed paroxysmal cervical-cranial dystonia after receiving several days of treatment with escitalopram (the active ingredient contained in Lexapro). The paroxysmal movement disorders were characterized by cervical and oral contracture with sustained and painful laterocollis and twisting tongue movements. The episodes occurred several times a day lasting for several minutes and would resolve spontaneously. The day after escitalopram was discontinued, the paroxysmal symptoms resolved without recurrence.

Nervous system side effects have been reported. In two fixed dose trials, dry mouth was reported at 4% with a dose of 10 mg/day and 9% with a dose of 20 mg/day. In those same two fixed dose trials, somnolence was reported at 4% with a dose of 10 mg/day and 9% with a dose of 20 mg/day. Additionally, dizziness was reported at 4% with a dose of 10 mg/day and 7% with a dose of 20 mg/day. Furthermore, increased sweating was reported at 3% with a dose of 10 mg/day and 8% with a dose of 20 mg/day. Paresthesia, light-headed feeling, migraine, tremor, sleep abnormalities, and vertigo have been reported frequently. Shaking, disequilibrium, tics, restless legs, carpal tunnel syndrome, twitching, faintness, hyperreflexia, muscle, involuntary muscle contractions, and increased muscle tone have been reported infrequently. Dystonia, extrapyramidal disorders, grand mal seizures, and seizures have been reported; however, a causal relationship with escitalopram has not been determined.

Nervous system side effects reported during 6 months of continuous therapy (10 to 20 mg daily) have included headache (25%), insomnia (15%), and somnolence (11%).

Gastrointestinal

Gastrointestinal side effects including nausea (15%) and abdominal pain (2%) have been reported. In two fixed dose trials, diarrhea was reported at 6% with a dose of 10 mg/day and 14% with a dose of 20 mg/day. In those same two fixed dose trials, constipation was reported at 3% with a dose of 10 mg/day and 6% with a dose of 20 mg/day. Furthermore, indigestion was reported at 2% with a dose of 10 mg/day and 6% with a dose of 20 mg/day. Vomiting, flatulence, heartburn, toothache, gastroenteritis, abdominal cramping, and gastroesophageal reflux have been reported frequently. Bloating, increased stool frequency, abdominal discomfort, dyspepsia, belching, gagging, gastritis, and hemorrhoids have been reported infrequently. Gastrointestinal hemorrhage and rectal hemorrhage have been reported; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined.

Gastrointestinal side effects reported during 6 months of continuous therapy (10 to 20 mg daily) have included nausea (15%), diarrhea (11%), and dry mouth (11%).

General

General side effects including influenza-like symptoms (5%) and fatigue (5%) have been reported. In two fixed dose trials, insomnia was reported at 7% with a dose of 10 mg/day and 14% with a dose of 20 mg/day. In those same two fixed dose trials, fatigue was reported at 2% with a dose of 10 mg/day and 6% with a dose of 20 mg/day. Allergy, limb pain,

increased or decreased weight, hot flushes, fever, and chest pain have been reported frequently. Edema of the extremities, bruise, nosebleed, chills, malaise, syncope, chest tightness, leg pain, edema, and asthenia have been reported infrequently.

Psychiatric

Psychiatric side effects including insomnia (9%), somnolence (6%), decreased appetite (3%), and decreased libido (3%) have been reported. Abnormal dreaming, yawning, increased appetite, lethargy, irritability, and impaired concentration have been reported frequently. Agitation, jitteriness, apathy, panic reaction, aggravated restlessness, nervousness, forgetfulness, attempted suicide, aggravated depression, feeling unreal, excitability, emotional lability, abnormal crying, depression, anxiety attack, depersonalization, suicidal tendency, bruxism, confusion, carbohydrate craving, amnesia, nervous tremulousness, and auditory hallucinations have been reported infrequently. Aggression, acute psychosis, and visual hallucinations have been reported; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined.

Respiratory

Respiratory side effects including rhinitis (5%) and sinusitis (3%) have been reported. Bronchitis, sinus congestion, coughing, sinus headache, and nasal congestion have been reported frequently. Asthma, shortness of breath, laryngitis, pneumonia, and tracheitis have been reported infrequently. Pulmonary embolism has been reported; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined.

Respiratory side effects reported during 6 months of continuous therapy (10 to 20 mg daily) have included upper respiratory tract infection (15%) and rhinitis (10%).

Genitourinary

Genitourinary side effects including urinary tract infection and urinary frequency have been reported frequently. Kidney stones, dysuria, and urinary urgency have been reported infrequently. In male patients ejaculatory disorder (primarily ejaculatory delay) (9%), decreased libido (4%), and impotence (3%) have been reported. Priapism has been reported with the use of all selective serotonin reuptake inhibitors. Genitourinary side effects in female patients have included decreased libido (2%) and anorgasmia (2%). Menstrual disorder, menorrhagia, spotting between menses, and pelvic inflammation has been reported infrequently.

Genitourinary side effects reported during 6 months of continuous therapy have included ejaculation disorder (16%) and decreased libido (10%).

Cardiovascular

Cardiovascular side effects including palpitation and hypertension have been reported frequently. Bradycardia, tachycardia, ECG abnormalities, flushing, and varicose veins have been reported infrequently. Angioedema, cardiac failure, deep vein thrombosis phlebitis thrombosis, atrial fibrillation, hypotension, myocardial infarction, orthostatic hypotension, QT prolongation, torsades de pointes, and ventricular tachycardia have been reported; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined.

Hypersensitivity

Hypersensitivity side effects including anaphylaxis have been reported infrequently.

Hematologic

Hematologic side effects including anemia and hematoma have been reported infrequently. Thrombocytopenia has been reported; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined. Escitalopram does appear to inhibit platelet aggregation at therapeutic concentrations in vitro.

Metabolic

Metabolic side effects including increased bilirubin, gout, hypercholesterolemia, and hyperglycemia have been reported infrequently. Serotonin syndrome has been reported; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined.

Musculoskeletal

Musculoskeletal side effects including arthralgia, neck/shoulder pain, muscle cramp, and myalgia have been reported frequently. Jaw stiffness, muscle stiffness, arthritis, muscle weakness, arthropathy, back discomfort, joint stiffness, and jaw pain have been reported infrequently. Rhabdomyolysis has been reported; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined.

Dermatologic

Dermatologic side effects including rash have been reported frequently. Acne, pruritus, eczema, alopecia, dry skin, folliculitis, lipoma, furunculosis, and dermatitis have been reported infrequently. Toxic epidermal necrolysis and urticaria have been reported; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined. In addition, an intraoral lichenoid reaction on the buccal mucosa along with a dark pigmentation on the lower lip have been reported following use of escitalopram.

Ocular

Ocular side effects including blurred vision have been reported frequently. Eye irritation, conjunctivitis, abnormal vision, visual disturbance, dry eyes, eye infection, and dilated pupils have been reported infrequently. Diplopia has been reported; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined.

According to one case report, use of escitalopram resulted in uveal effusions and caused acute bilateral angle closure glaucoma in a 41- year- old woman.

Other

Otic side effects including ear ache and tinnitus have been reported. Abnormal gait and neuroleptic malignant syndrome has also been reported; however, causality has not been established.

Other side effects including taste alteration have been reported infrequently.

Hepatic

Hepatic side effects have included hepatitis; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined.

Renal

Renal side effects have included acute renal failure; however, a causal relationship with escitalopram (the active ingredient contained in Lexapro) has not been determined.

Endocrine

A 62- year- old woman developed hyponatremia approximately 3- weeks after initiating treatment with escitalopram (the active ingredient contained in Lexapro) Following discontinuation of the drug and administration of intravenous normal saline solution, the patient's serum sodium and serum and urine osmolality returned to normal levels.

In a similar case, hyponatremia developed in a 75- year- old woman five days after initiating treatment with escitalopram. Following discontinuation of escitalopram serum sodium levels returned to normal values over a period of 5 days. The authors suggest that the risk of hyponatremia is highest during the initial weeks of treatment and is higher in women than in men, in patients 65 years of age or older, and in patients receiving multiple drugs that may also cause hyponatremia.

Numerous cases of hyponatremia have been reported following treatment with a selective serotonin reuptake inhibitor (SSRI). Risk factors for the development of SSRI-associated hyponatremia including advanced age, female gender, concomitant use of diuretics, low body weight, and lower baseline serum sodium levels have been identified. Hyponatremia tends to develop within the first few weeks of treatment (range 3 to 120 days) and typically resolves within 2 weeks (range 48 hours to 6 weeks) after therapy has been discontinued with some patients requiring treatment. The proposed mechanism for the development of hyponatremia involves the syndrome of inappropriate secretion of antidiuretic hormone (SIADH) via release of antidiuretic hormone.

Endocrine side effects have included pancreatitis, diabetes mellitus, hyperprolactinemia, and hyponatremia secondary to the syndrome of inappropriate secretion of antidiuretic hormone (SIADH). However, a causal relationship with escitalopram has not been determined.

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