CLOMIPRAMIN:

Class: Tricyclic Antidepressant

Indications: Treatment of obsessive-compulsive disorder (OCD), Depression, panic attacks

Available dosage form in the hospital: TAB **(**25MG, 75 MG**)**

Trade Names:

Dosage:

-Obsessive-compulsive disorder (OCD), treatment: Oral:

-Initial: 25 mg daily; may gradually increase as tolerated over the first 2 weeks to ~100 mg daily in divided doses

-Maintenance: May further increase over next several weeks up to a maximum of 250 mg daily; after titration, may give as a single once daily dose at bedtime

-Panic attacks (unlabeled use): Oral: Initial: 10-25 mg daily; titrate gradually (usually weekly) to an effective dose (usual dosage range: 50-150 mg daily); in some studies dose was titrated up to a maximum dose of 200-250 mg daily, if needed (Bakker, 1999; Cassano, 1988; McTavish, 1990; Modigh 1992; Stein, 2010)

-MAO inhibitor recommendations:

-Switching to or from an MAO inhibitor intended to treat psychiatric disorders:

- Allow 14 days to elapse between discontinuing an MAO inhibitor intended to treat psychiatric disorders and initiation of clomipramine.
- Allow 14 days to elapse between discontinuing clomipramine and initiation of an MAO inhibitor intended to treat psychiatric disorders.

-Use with other MAO inhibitors (linezolid or I.V. methylene blue):

- Do not initiate clomipramine in patients receiving linezolid or I.V. methylene blue; consider other interventions for psychiatric condition.
- If urgent treatment with linezolid or I.V. methylene blue is required in a patient already receiving clomipramine and potential benefits outweigh potential risks, discontinue clomipramine promptly and administer linezolid or I.V. methylene blue. Monitor for serotonin syndrome for 2 weeks or until 24 hours after the last dose of linezolid or I.V. methylene blue, whichever comes first. May resume clomipramine 24 hours after the last dose of linezolid or I.V. methylene blue.

Renal Impairment:

No dosage adjustment provided in manufacturer's labeling (has not been studied). Use with caution in patients with significantly impaired renal function.

Hepatic Impairment:

No dosage adjustment provided in manufacturer's labeling (has not been studied). Use with caution in patients with hepatic impairment.

Common side effect:

Central nervous system: Dizziness (54%), somnolence (54%), drowsiness, headache (52%; children 28%), fatigue (39%), insomnia (25%; children 11%), malaise, nervousness (18%; children 4%)

Endocrine & metabolic: Libido changes (21%), hot flushes (5%)

Gastrointestinal: Xerostomia (84%, children 63%) constipation (47%; children 22%), nausea (33%; children 9%), dyspepsia (22%; children 13%), weight gain (18%; children 2%), diarrhea (13%; children 7%), anorexia (12%; children 22%), abdominal pain (11%), appetite increased (11%)

Genitourinary: Ejaculation failure (42%), impotence (20%), micturition disorder (14%; children 4%)

Neuromuscular & skeletal: Tremor (54%), myoclonus (13%; children 2%), myalgia (13%)

Ocular: Abnormal vision (18%; children 7%)

Respiratory: Pharyngitis (14%), rhinitis (12%)

Miscellaneous: Diaphoresis increased (29%; children 9%)

Pregnancy Risk Factor: C