



Citalopram Induced Nightmare in an Elderly Man: A Case Report

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ABSTRACT

An 80-year-old man developed nightmares while using citalopram for mild depression. During the first two weeks of treatment with citalopram (10 mg daily), he didn't experience any adverse reactions. After two weeks, he developed nightmares and vivid dreams that were repeated every night and awakened him at midnight. Although the signs of depression were relatively disappeared, the patient was anxious during the day due to nightmares and nocturnal awakenings. We, as pharmacists, consulted his family to decrease the dose to 10 mg every other day, and tell his physician as soon as possible. He decreased the doses and after two weeks the frequency of nightmares was less. More follow-up revealed that the nightmares were totally disappeared one month after drug withdrawal. A Naranjo assessment score of 7 was obtained, showing a probable relationship between the adverse reaction and suspected drug.

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Introduction

The nightmare has defined as 'repeated awakenings with the recollection of terrifying dreams, usually involving threats to survival, safety or physical integrity' by DSM-V (1). Dreams and nightmares mostly happen in REM (Rapid Eye Movement) stage of sleep, prior to awakening (2). Cholinergic drugs induce REM sleep and are known to cause nightmares and aminergic drugs (like serotonin and norepinephrine reuptake inhibitors) suppress it (3). Some studies have shown that when medications like SSRIs (Selective Serotonin Reuptake Inhibitors) are discontinued, rebound REM sleep would happen and cause nightmares in withdrawal period. In contrast, nightmare can be a side effect of SSRIs such as paxetine and fluvoxamine (4).

Citalopram is an SSRI, approved by the Food and Drug Administration (FDA) for treatment of depression in 1998. It has two racemic form, and only one of them (S-(+)-enantiomer) is pharmacologically active and the other one possesses no serotonin reuptake inhibiting feature (5). The most reported side effects of citalopram are nausea, xerostomia, diarrhea, drowsiness, insomnia, anxiety, tremor and diaphoresis. To our knowledge, there is only one report of nightmare occurrence with citalopram. In this study, we report another case of nightmare happening with citalopram (6).

Case Description

An 80-year-old man developed nightmares while treating with citalopram 10 mg daily for mild depression. During the first two weeks of treatment, he hadn't experienced any side effects. But after two weeks, nightmares were started and they were repeated every night for another two weeks. The content of dreams was mostly interpersonal conflicts that caused him to be frightened and shouting

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Table 1. The patient drugs list.

Drug and Dose	Reason for administration	Time of administration
Piracetam 800 mg daily	Mild memory dysfunction	Since a few years before starting citalopram
Tamsulosin 0.4 mg daily	Benign Prostatic Hypertrophy (BPH)	Since a few years before starting citalopram
Ofloxacin 200 mg twice a day	Acute pyelonephritis	In the first week of citalopram administration
Betahistine 8 mg twice a day	Menier's disease	Since one month before starting citalopram
Ibuprofen 400 as needed	Osteoarthritis pain	Since a few months before starting citalopram

in sleep and ended up by awakening him. Although the signs of depression had improved, the patient was anxious during the day due to sleep disturbance and nocturnal awakening. The patient drugs list is summarized in Table 1.

Citalopram was prescribed for the patient for his feeling of hopelessness and mildly depressed mood. Although the signs of depression were improved, but drug-induced-nightmare was irritating, which the patient was willing to discontinue citalopram. His family was so worried and called DPIC (Drug and Poisoning Information Center, a contribution of Tehran University of Medical Sciences) to get information about nightmare with citalopram or any possible interaction between his prescribed medicines and they wanted to know that when these nightmares are supposed to ended up. There was no clinical interaction between his medicines. He was instructed to take citalopram 10 mg every other day and call his physician as soon as possible. He took the drug every other day for two weeks, and the frequency of nightmares was decreased. Then he discontinued citalopram and the nightmares were happening with lesser frequency till one month after citalopram withdrawal that they were totally disappeared. The patient hadn't experienced such nightmares during his whole life and he hadn't taken any antidepressant or SSRI before. He wasn't suffering from common geriatric disease like hypertension, cardiovascular diseases or arthritis.

Discussion

According to DSM-V, nightmare is very similar to the sleep terror disorder. Both include awakening or partial awakening with fearfulness and autonomic activation. But the difference is that nightmare occurs later at night and consists of vivid, storylike and clearly recalled dreams, but sleep terrors happen in Non-REM (NREM) stage and produce no dream recall. Our patient had clear images from his dreams and was awakened about three to four hours after he was sleeping. The content of dreams was mostly interpersonal conflicts that caused him to shout in sleep. This condition was so irritating and patient

was anxious during the day due to repeated nightmare and awakening.

Although nightmares and bad dreams are side effects of SSRIs withdrawal syndrome, but they also have been reported during use of some SSRIs. Kobayashi and Yamauchi (2012) reported serial nightmares that were accompanied by strange delusions in a woman who had used paroxetine. In 2012, a case of citalopram induced nightmare was reported in a 55 year old veteran (6).

Our patient was taking piracetam daily, but he wasn't diagnosed with any kind of cognitive disturbance or memory loss. He was visited by his neurologist since some years ago routinely and he wasn't diagnosed with hypertension, diabetes mellitus or other geriatric disorders except BPH (Benign Prostatic Hypertrophy). He never had experienced nightmares before and he had never taken any antidepressant medicine. He didn't have any psychiatric disorder during his life, too.

This report had some inescapable limitations. Although the patient's family gave clear and complete information, we hadn't access to the patient's physicians (one urologist and one neurologist), so we didn't have his complete medical files.

References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. 5th ed. Washington, DC, 2013.
2. Tribl GG, Wetter TC, Schredl M. Dreaming under antidepressants: A systematic review on evidence in depressive patients and healthy volunteers. *Sleep Med Rev* 2013;17:133-42.
3. Zajecka J, Tracy KA, Mitchell S. Discontinuation symptoms after treatment with Serotonin Reuptake Inhibitors: a literature review. *J Clin Psych* 1997;58(7):291-7.
4. Pace-Schott EF, Gresh T, Silvestri R, et al. SSRI Treatment suppresses dream recall frequency but increases subjective dream intensity in normal subjects. *J Sleep Res* 2001;10:129-42.
5. Bezchlibnyk-Butler K, Aleksic I, Kennedy SH. Citalopram-a review of pharmacological and clinical effects. *J Psychiatry Neurosci* 2000;25(3):241-54.
6. Arora G, Sandhu G, Fleser C. Citalopram and Nightmares. *J Neuropsychiatry Clin Neurosci* 2012;24(2): E43.
7. Kobayashi T, Yamauchi M. A case of serial nightmares and oneiroid state under paroxetine for senile depression. *Psychogeriatr* 2012;12:54-7.