
Letter to Editor

Hypertension Induced by Escitalopram

To the Editor,

Escitalopram, which is a selective serotonin reuptake inhibitor (SSRI), is an efficient and reliable drug, primarily for the treatment of depression and anxiety disorders as well as various psychiatric disorders (Baldwin et al., 2007; Goodman et al. 2005). Like other SSRIs, escitalopram might have some tolerable side effects for patients such as gastrointestinal system disturbances, dizziness, hypotension, drowsiness or insomnia (Baldwin et al., 2007). However, in the literature, we have not come across any case of high blood pressure occurring as a side effect of this drug and necessitating treatment change. In this letter, we would like to mention and, thus, inform the psychiatric community about the clinical characteristics of a case involving a patient diagnosed with an anxiety disorder who experienced hypertension while being treated with escitalopram and whose blood pressure levels went back to normal upon the discontinuation of the medication.

E.S is a 52 year-old, married, male university graduate with three children. He was referred to our polyclinic with complaints of distress, anhedonia, an inability to derive any pleasure from life and insomnia. In an anamnesis taken from his relatives it was revealed that the patient, who had been suffering from these complaints for a year, had begun taking paroxetine 20 mg/day, prescribed by a psychiatrist from private practice, to treat his diagnosed anxiety disorder. After starting the medication, the patient experienced decreased sexual desire and subsequently discontinued treatment. As his distress increased, he came to our clinic. After psychiatric assessment and clinical tests, we prescribed escitalopram 10 mg/day with a preliminary diagnosis of anxiety disorder. The drug dose was increased to 20 mg/day in the following week's control meeting. On the evening of the same day, the patient was brought to the emergency section of our polyclinic by his relatives for severe headache and dizziness.

His blood pressure was 180/110mmHg. During his psychiatric examination, conducted after his blood pressure had been placed under control by the administration of oral antihypertensives, he was affectively distressed, his associations were in order and directed toward the purpose. He was found to be suffering from anxiety, somatic symptoms of anxiety, irritability, insomnia, anhedonia and distractibility. The patient, who does not use alcohol or any psychoactive drugs apart from tobacco, had normal findings in his routine blood and urinary tests. The patient, having no previously diagnosed organic disease and not describing any psychosocial stress factors, was referred to a cardiology polyclinic. A 24-hour Holter monitoring of the blood pressure indicated a blood pressure range of 150/90-180/105mmHg, with a mean of 160/100 mmHg. Because the increase in blood pressure was thought to have been induced by escitalopram, treatment was halted and the 24-hour monitoring of blood pressure was repeated five days later. Because this time the blood pressure was within normal limits, it was agreed that the hypertension had been induced by the drug. The patient was prescribed sertraline 50 mg/day. He continued to receive sertraline treatment because, during his control appointment, the patient was found to have blood pressure within normal limits and a significant decrease in his symptoms in.

As in this case, more systematic studies and case reports are needed to objectively demonstrate the effect of escitalopram on blood pressure.

REFERENCES

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