Citalopram Excels at Cutting Hot Flashes in Trial

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CHICAGO — Citalopram may be an effective option for reducing hot flashes, having performed twice as well as placebo in a randomized, placebo-controlled phase III trial conducted by the North Central Cancer Treatment Group.

"Hot flash relief can be obtained with as little as 10 mg/day citalopram," Debra Barton, Ph.D., of the Mayo Clinic in Rochester, Minn., and her coauthors concluded in a poster reporting results of the trial (NCCTG N05C9) at the annual meeting of the American Society of Clinical Oncology.

A selective serotonin reuptake inhibitor (SSRI), citalopram (Celexa) is approved for depression, but is also used for some other disorders.

Postmenopausal women who had a history of breast cancer or wanted to avoid hormones due to breast cancer risk were enrolled in the study. They had to have at least 14 hot flashes per week for at least 1 month. Endocrine therapy was allowed, if the woman was on a stable dose for at least 1 month. No other antidepressants or hot flash therapies were permitted.

Women in the 10-mg, 20-mg, and 30-mg citalopram groups had mean reductions of 49%, 50%, and 55%.

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All 254 participants kept a record of their hot flashes for 1 week before starting treatment. The investigators randomized the women into four groups that received either 10 mg/day of citalopram on weeks 2-7, 10 mg/day of citalopram during week 2 followed by 20 mg/day of citalopram for weeks 3-7, 10 mg/day of citalopram during week 2 followed by 20 mg/day for week 3 and 30 mg/day for weeks 4-7, or placebo.

The placebo group comprised 83 women; each citalopram arm had 57 women. Most participants were 50 years or older (81%) and white (89%). A third of the women (34%) had a history of breast cancer. Nearly half the women (48%) had 4-9 hot flashes per day, another 38% had 10 or more per day, and 13% had less than 4 per day (13%). Mean baseline hot flash score and frequency were comparable between the groups.

The primary outcome was hot flash score as measured with a daily hot flash diary. Secondary outcomes included data from Hot Flash Daily Interference and Profile of Mood States measures, and from a symptom experience diary.

Women in the placebo group had a mean hot flash score reduction of 23%. Women in the 10-mg, 20-mg, and 30-mg citalopram groups had mean reductions of 49%, 50%, and 55%, respectively, with the differences relative to placebo being statistically significant for all three citalopram groups. The mean reduction in hot flash frequency was 20% for the placebo group. The mean reductions for the 10-mg, 20-mg, and 30-mg citalopram groups were 46%, 43%, and 50%, respectively. Again all three comparisons to placebo were statistically significant.

The researchers also looked at quality of life measures. On the Profile of Mood States measure, women in the citalopram arms had greater improvement from baseline than did those in the placebo group on the tension/anxiety subscale, though the difference was only significant for the 20-mg citalopram group. Likewise, women in the citalopram arms had greater improvements from baseline than did those in the placebo group on the anger/hostility subscale, though the difference was only significant for the 10-mg arm.

On the Hot Flash Daily Interference Scale, women in the citalopram arms generally had greater improvements from baseline than did those in the placebo group on measures of work, social, leisure, sleep, mood, concentration, relationships, sexuality, enjoyment of life, and overall quality of life.

Women on any dose of citalopram also had significantly greater improvements in abnormal sweating, hot flash distress, and hot flash control than did women in the placebo group.

There were no significant differences in self-reported adverse events between the groups.

The authors reported that they had no conflicts of interest. ■