ZYTOMIL

SCHEDULING STATUS S5

1. NAME OF THE MEDICINE
ZYTOMIL 10 mg, film coated tablets
ZYTOMIL 20 mg, film coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
ZYTOMIL 10 mg: Each coated tablet contains escitalopram oxalate equivalent to escitalopram 10 mg.
ZYTOMIL 20 mg: Each coated tablet contains escitalopram oxalate equivalent to escitalopram 20 mg.
For the full list of excipients, see section 6.1.
ZYTOMIL tablets are sugar free.

3. PHARMACEUTICAL FORM
Coated tablets.
ZYTOMIL 10 mg: White, oval, coated tablet, debossed with "E" and "C" divided by a score on one side and "10" on the other side.
ZYTOMIL 20 mg: White, oval, coated tablet, debossed with "E" and "C" divided by a score on one side and "20" on the other side.

4. CLINICAL PARTICULARS
4.1 Therapeutic indications
ZYTOMIL is indicated for the treatment of:
- major depressive episodes
- panic disorder with or without agoraphobia
- social anxiety disorder (social phobia)
- generalised anxiety disorder
- obsessive compulsive disorder (OCD).

4.2 Posology and method of administration
Posology
Adults
Major depressive episodes:
ZYTOMIL should be administered as a single oral dose of 10 mg daily in otherwise healthy adults. Depending on individual patient response, the dose may be increased to a maximum of 20 mg daily. Usually 2 - 4 weeks are necessary for an antidepressant response.

Panic disorder with or without agoraphobia:
A single oral dose of 5 mg is recommended for the first week before increasing the dose to 10 mg daily. The dose may be further increased, up to a maximum of 20 mg daily, dependent on individual patient response. Maximum effectiveness is reached after about 3 months. The treatment lasts several months.

Social anxiety disorder:
Usual dosage is 10 mg once daily. The dose may be increased to a maximum of 20 mg daily depending on individual patient response. Usually 2 - 4 weeks are necessary to obtain symptom relief. Treatment for 3 months is recommended to consolidate response. Long term treatment of responders for 6 months has been shown to prevent relapse and can be considered on an individual basis. Treatment benefits should be re-evaluated at regular intervals.

Generalised anxiety disorder:
Recommended dosage is 10 mg once daily. Depending on individual patient response, the dose may be increased to a maximum of 20 mg daily. Long term treatment of responders has been studied for at least 6 months and can be considered on an individual basis to prevent relapse.

Obsessive compulsive disorder (OCD):
Usual dosage is 10 mg once daily. Depending on individual patient response, the dose may be increased to 20 mg daily.
Long term treatment of patients responding to a 16-week open treatment phase has been studied for at least 24 weeks in patients receiving 10 or 20 mg/day. As OCD is a chronic disease, patients should be treated for a sufficient period to ensure that they are symptom free. This period may be several months or even longer.

Special populations
Elderly patients (> 65 years of age):
A longer half-life and a decreased clearance have been demonstrated in the elderly, therefore, a lower initial and maximum dose should be considered.

Reduced hepatic function:
Dosages should be halved to the lower end of the dose range in patients with hepatic insufficiency (see section 4.4).

Paediatric population
Children and adolescents (< 18 years of age):
ZYTOMIL should not be used in the treatment of children and adolescents under the age of 18 years (see section 4.3).

Method of administration
ZYTOMIL is administered as a single daily dose.
ZYTOMIL may be taken with or without food in the morning or evening.

Missed dose
Medical practitioners should advise patients who forget to take ZYTOMIL to take a dose as soon as possible and then continue with the normal dose. Patients should not take a double dose to compensate for the missed dose.

Discontinuation symptoms when stopping treatment
When stopping ZYTOMIL therapy, gradual dose reduction over a period of one to two weeks should be considered in order to reduce the risk of discontinuation symptoms (see section 4.4).

4.3 Contraindications
ZYTOMIL is contraindicated in:
- hypersensitivity to escitalopram or to any of the ingredients of ZYTOMIL (see section 6.1)
- children under 18 years of age (see section 4.4)
- monoamine oxidase inhibitors: cases of serious reactions have been reported in patients receiving an selective serotonin reuptake inhibitor (SSRI) in combination with a monoamine oxidase inhibitor (MAOI), and in patients who have recently discontinued an SSRI and have been started on a MAOI (see section 4.5). Some cases presented with features resembling serotonin syndrome (see section 4.4)
- ZYTOMIL should not be used in combination with a MAOI. ZYTOMIL may be started 14 days after discontinuing treatment with a MAOI. At least 7 days should elapse after discontinuing ZYTOMIL treatment before starting a MAOI (see section 4.5)
- ZYTOMIL is contraindicated in patients with known QT interval prolongation or congenital long QT syndrome
- ZYTOMIL is contraindicated together with medicines that are known to prolong the QT interval (see section 4.5)
- concomitant treatment with pimozide as the combination may lead to clinically significant QTc prolongation (see section 4.5)
- concomitant treatment with linezolid (see section 4.5)
- porphyria (see section 4.4)
- pregnancy and lactation (see section 4.6).

4.4 Special warnings and precautions for use
Suicidality or clinical worsening
Patients with major depressive disorder, both adults and children, may experience worsening of their depression and/or the emergence of suicidal ideation and behaviour, whether or not they are taking antidepressant medicines. This risk may persist until significant remission occurs. A causal role, however, for antidepressant medicine in inducing such behaviour has not been established. Patients being treated with ZYTOMIL should, nevertheless, be observed closely for clinical worsening and suicidality, especially at the beginning of a course of therapy or at any time of dose changes, either increases or decreases.
Because of the possibility of co-morbidity between major depressive disorder and other psychiatric and non-psychiatric disorders, the same precautions observed when treating patients with major depressive disorders should be observed when treating patients with other psychiatric and non-psychiatric disorders.
Patients with a history of suicide-related events, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment, are known to be at greater risk of suicidal thoughts or suicide attempts and should receive careful monitoring during treatment.
A meta-analysis of placebo controlled clinical trials of antidepressant medicines in adult patients with psychiatric disorders showed an increased risk of suicidal behaviour with antidepressants compared to placebo in patients less than 25 years old.
Close supervision of patients and in particular those at high risk should accompany ZYTOMIL, especially in early treatment and following dose changes.
Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present.
The following symptoms have been reported in patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and non-psychiatric: anxiety, agitation, panic attacks, insomnia, irritability, hostility (aggressiveness), impulsivity, akathisia, hypomania, and mania.
Although a causal link between the emergence of suicidal impulses has not been established, consideration should be given to changing the therapeutic regimen, including possibly discontinuing ZYTOMIL, in patients for whom such symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms. If the decision is made to discontinue treatment, ZYTOMIL should be tapered (see section 4.2).

QT interval prolongation
Escitalopram has been found to cause a dose-dependent prolongation of the QT interval. Cases of QT interval prolongation and ventricular dysrhythmia including torsade de pointes have been reported, predominantly in patients of female gender, with hypokalaemia, or with pre-existing QT interval prolongation or other cardiac diseases (see sections 4.3, 4.8 and 4.9).
Patients with significant bradycardia; or patients with recent acute myocardial infarction or uncompensated heart failure must be treated with ZYTOMIL with caution.
Hypokalaemia and hypomagnesaemia increase the risk for malignant dysrhythmias and therefore all electrolyte disturbances should be corrected before treatment with ZYTOMIL is initiated. If patients with stable cardiac disease are treated, an ECG review should be considered before treatment is started. If signs of cardiac dysrhythmia occur during treatment with escitalopram, the treatment should be withdrawn and an ECG should be performed.

Withdrawal
Abrupt discontinuation of ZYTOMIL can lead to discontinuation effects. In general, withdrawal reactions tend to occur within 3 days of stopping treatment (see section 4.2), however, there have been very rare reports of such symptoms in patients who have inadvertently missed a dose. The most common reported reactions are dizziness, sensory disturbances (including paraesthesia and electric shock sensations), sleep disturbances (including insomnia and intense dreams), agitation or anxiety, nausea and/or vomiting, tremor, confusion, sweating, headache, diarrhoea, palpitations, emotional instability, irritability and visual disturbances. These events are mild to moderate and are self-limiting (usually resolving within 2 weeks), however, in some patients they may be severe and/or prolonged (2 - 3 months or more). It is therefore advised that when ZYTOMIL treatment is no longer required, gradual discontinuation by dose tapering should be carried out over a period of several weeks or months, according to the patient's needs (see section 4.2).

Elderly patients (> 65 years of age)
A longer half-life (about 50 %) and decreased clearance values have been demonstrated in the elderly due to a reduced rate of metabolism. A lower initial and maximum dose should be considered.

Hepatic impairment
Clearance of ZYTOMIL is reduced. Dosages should be halved to the lower end of the dosage range in patients with hepatic insufficiency (see section 4.2). When stopping ZYTOMIL therapy, gradual dose reduction should be considered.

Seizures or history thereof
There is an increased risk of seizures. ZYTOMIL should be discontinued in any patient who develops seizures for the first time. ZYTOMIL should be avoided in patients with unstable epilepsy and patients with controlled epilepsy should be carefully monitored. ZYTOMIL should be discontinued if there is an increase in seizure frequency.

Electroconvulsive therapy (ECT)
There is limited published clinical experience of concurrent administration of ZYTOMIL and ECT, therefore caution is advised in patients receiving electroconvulsive therapy.

Mania or history of mania
Condition may be re-activated. ZYTOMIL should be discontinued in any patient entering a manic phase. ZYTOMIL should be used with caution in patients with a history of mania/hypomania.

Cardiac Conditions
ZYTOMIL may cause a reduction in heart rate. Caution is advised in patients with pre-existing slow heart rates.

Diabetes mellitus
Occurrences of hypoglycaemia have been reported. In patients with diabetes mellitus, treatment with ZYTOMIL may alter glycaemic control, possibly due to improvement of depressive symptoms. The doses of insulin and/or oral hypoglycaemic medications may need to be adjusted.

Paradoxical anxiety
Some patients with panic disorder may experience increased anxiety symptoms at the start of treatment with ZYTOMIL. This paradoxical reaction usually subsides within two weeks of continued treatment. A low starting dose is advised to reduce the likelihood of a paradoxical anxiogenic effect.

Akathisia/psychomotor restlessness
The use of SSRIs, such as ZYTOMIL, has been associated with the development of akathisia, characterised by a subjectively unpleasant or distressing restlessness and need to move, often accompanied by an inability to sit or stand still. This is most likely to occur within the first few weeks of treatment. In patients who develop these symptoms, increasing the dose may be detrimental, the use of ZYTOMIL may need to be reviewed.

Hyponatraemia
Hyponatraemia, probably due to inappropriate antidiuretic hormone secretion (SIADH), has been reported and may resolve on discontinuation of therapy. Caution should be exercised in patients at risk, such as the elderly, or patients with cirrhosis, or if ZYTOMIL is used in combination with other medicines which may cause hyponatraemia.

Haemorrhage
There have been reports of cutaneous bleeding abnormalities, such as ecchymosis and purpura, with ZYTOMIL. Caution is advised in patients taking ZYTOMIL, particularly in concomitant use with medicines known to affect platelet function, e.g. atypical antipsychotics and phenothiazines, most tricyclic antidepressants, aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs), as well as in patients with a history of bleeding disorders (see section 4.5).

Postpartum haemorrhage
SSRIs, such as ZYTOMIL, may increase the risk of postpartum haemorrhage (see sections 4.6 and 4.8).

Risk of serotonin syndrome
Co-administration with MAO inhibitors may cause serotonin syndrome. Co-administration with other serotonergic medicines (e.g. tramadol, sumatriptan, other triptans and tryptophan), as well as other antidepressants with serotonergic properties, may lead to an enhancement of serotonin associated effects, e.g. serotonin syndrome. There have been reports of enhanced effects when ZYTOMIL has been given with lithium or tryptophan and therefore concomitant use of ZYTOMIL with these medicines should be undertaken with caution (see section 4.3).
A combination of symptoms, such as agitation, tremor, myoclonus and hyperthermia may indicate the development of this condition.
Should this occur, therapy with ZYTOMIL and the serotonergic medicinal product should be discontinued immediately and symptomatic treatment initiated.

Angle-closure glaucoma
SSRIs, including ZYTOMIL, may have an effect on pupil size resulting in mydriasis. This mydriatic effect has the potential to narrow the eye angle resulting in increased intraocular pressure and angle-closure glaucoma, especially in patients pre-disposed. ZYTOMIL should therefore be used with caution in patients with angle-closure glaucoma or history of glaucoma.

Concomitant medicines
ZYTOMIL should not be used with monoamine oxidase inhibitors (see section 4.3), imipramine, other serotonergic medicines, moclobemide, alcohol, warfarin, and cimetidine (see section 4.5).

St. John's Wort
Concomitant use of ZYTOMIL with herbal remedies containing St. John's Wort (*Hypericum perforatum*) may result in an increased incidence of adverse reactions (see section 4.5).

Bone fractures
An increased risk of bone fractures has been observed in patients aged 50 years or older taking ZYTOMIL. The mechanism leading to this risk is unknown.

Sexual dysfunction
Selective serotonin reuptake inhibitors (SSRIs)/serotonin norepinephrine reuptake inhibitors (SNRIs) may cause symptoms of sexual dysfunction (see section 4.8). There have been reports of long-lasting sexual dysfunction where the symptoms have continued despite discontinuation of SSRIs/SNRIs.

Paediatric population
Safety and efficacy in children under 18 years of age have not been established. In clinical trials in major depressive disorder, there were increased reports of hostility and suicide-related adverse events such as suicidal ideation and self-harm (see section 4.3).

Information on excipients of ZYTOMIL
ZYTOMIL contains sodium.
This medicine contains less than 1 mmol (0,023 g) sodium per tablet, that is to say essentially 'sodium free'.

4.5 Interaction with other medicines and other forms of interaction
Escitalopram, as in ZYTOMIL, has a low potential for clinically significant medicine interactions.
In vitro studies have shown that the biotransformation of escitalopram to its demethylated metabolites depends on three parallel pathways (cytochrome P450 (CYP) 2C19, 3A4 and 2D6).
Escitalopram, as in ZYTOMIL, is a weak inhibitor of isoenzyme CYP1A2, 2C9, 2C19, 2E1, and 3A, and weak inhibitor of 2D6.
- **Ritonavir:**
  The pharmacokinetics of single doses of ZYTOMIL are not changed by co-administration with a single dose of ritonavir (CYP3A4 inhibitor).
- **Ketoconazole:**
  Co-administration with ketoconazole (potent CYP3A4 inhibitor) has no effect on the pharmacokinetics of ZYTOMIL.

Combinations contraindicated
- **Monoamine oxidase inhibitors (MAOIs):**
  Concurrent use is contraindicated. Serious and potentially fatal reactions have occurred such as: hyperthermia, rigidity, myoclonus, autonomic instability with rapid fluctuation of vital signs and mental status changes including extreme agitation progressing to delirium and coma (see section 4.3). Cases of serious reactions have been reported in patients receiving an SSRI in combination with a monoamine oxidase inhibitor (MAOI), and in patients who have recently discontinued SSRI treatment and have been started on such MAOI treatment (see section 4.3). In some cases, the patient developed serotonin syndrome (see section 4.8).
  ZYTOMIL is contraindicated in combination with MAOIs. ZYTOMIL may be started 14 days after discontinuing treatment with a MAOI. At least 7 days should elapse after discontinuing ZYTOMIL treatment, before starting a MAOI.
- **Moclobemide:**
  Due to the risk of serotonin syndrome, the combination of ZYTOMIL with a MAO-A inhibitor such as moclobemide is contraindicated (see section 4.3). If the combination proves necessary, it should be started at the minimum recommended dosage and clinical monitoring should be reinforced.
- **Linezolid:**
  The antibiotic linezolid is a MAO inhibitor and is contraindicated in patients treated with ZYTOMIL (see section 4.3).
- **MAO-B inhibitor (Selegiline):**
  Racemic citalopram increased the AUC of selegiline by 29 %. The combination with selegiline is contraindicated due to the risk of developing serotonin syndrome (see section 4.3).
- **Medicines that prolong the QT interval:**
  Pharmacokinetic and pharmacodynamic studies of escitalopram combined with other medicines that prolong the QT interval have not been performed. An additive effect of escitalopram and these medicines cannot be excluded. Therefore, co-administration of escitalopram with medicines that prolong the QT interval, such as Class IA and III antidysrhythmics, antipsychotics (e.g. phenothiazine derivatives, pimozide, haloperidol), tricyclic antidepressants, certain antimicrobial agents (e.g. sparfloxacin, moxifloxacin, erythromycin IV, pentamidine, antimalarial treatment particularly halofantrine), certain antihistamines (e.g. astemizole, mizolastine) is contraindicated (see section 4.3).
  Cases of QT interval prolongation and ventricular arrhythmia including torsade de pointes have been reported during the post-marketing period, predominantly in patients of female gender, with hypokalaemia, or with pre-existing QT interval prolongation or other cardiac disease (see sections 4.3, 4.4, 4.8 and 4.9).
- **Pimozide:**
  Co-administration of a single dose of pimozide 2 mg to subjects treated with racemic citalopram 40 mg/day for 11 days caused an increase in AUC and C_{max} of pimozide. The co-administration of pimozide and citalopram results in a mean increase in the QTc interval of approximately 10 msec. Due to the interaction noted at a low dose of pimozide, concomitant administration of citalopram and pimozide is contraindicated.

Combinations requiring precautions for use
- **Cimetidine:**
  Co-administration of racemic citalopram with cimetidine (potent CYP2D6, 3A4 and 1A2 inhibitor) results in increased plasma concentrations of the racemate (43 % increase in AUC, 39 % increase in C_{max}). Thus, caution should be exercised at the upper end of the dose range of ZYTOMIL when used concomitantly with high doses of cimetidine.
- **Monoamine oxidase inhibitors (MAOIs), sumatriptan and tramadol:**
  Co-administration with a MAOI may cause serotonin syndrome.
  Co-administration with other serotonergic medicines (e.g. tramadol, sumatriptan and other triptans) as well as other antidepressants with serotonergic properties may lead to an enhancement of serotonin associated effects, e.g. serotonin syndrome.
  There have been reports of enhanced effects when ZYTOMIL has been given with lithium or tryptophan and therefore concomitant use of ZYTOMIL with these medicines should be undertaken with caution (see section 4.4).
- **Medicines lowering the seizure threshold:**
  SSRIs, such as ZYTOMIL, can lower the seizure threshold. Caution is advised when concomitantly using other medicines capable of lowering the seizure threshold (e.g. other antidepressants (tricyclics, SSRIs), neuroleptics (phenothiazines, thioxanthenes and butyrophenones), mefloquine, bupropion and tramadol.
- **Desipramine:**
  Co-administration with a single dose of desipramine (a CYP2D6 substrate) results in a two-fold increase in plasma levels of desipramine. Therefore, caution is advised when ZYTOMIL and desipramine are co-administered. A similar increase in plasma levels of desipramine, after administration of imipramine, is seen when given together with racemic citalopram.
- **Metoprolol:**
  Co-administration with a single dose of metoprolol 100 mg (a CYP2D6 substrate) results in a two-fold increase in the C_{max} and a 52 % increase of the AUC of metoprolol. However, the combination has no clinically significant effects on blood pressure and heart rate.
- **St John's Wort:**
  Concomitant use of SSRIs, such as ZYTOMIL, and herbal remedies containing St. John's Wort (*Hypericum perforatum*) may result in an increased incidence of adverse reactions (see section 4.4).
- **Alcohol:**
  Alcohol may increase the central nervous system (CNS) side effects of ZYTOMIL. The combination with alcohol is not advisable (see section 4.8).
- **Medicines inducing hypokalaemia/hypomagnesaemia:**
  Caution is warranted for concomitant use of hypokalaemia/hypomagnesaemia inducing medicines, as these conditions increase the risk of malignant dysrhythmias (see section 4.4).
- **Other:**
  Pharmacokinetic interaction studies with racemic citalopram have demonstrated no clinically important interactions with carbamazepine (CYP3A4 substrate), triazolam (CYP3A4 substrate), theophylline (CYP1A2 substrate) (single dose), warfarin (CYP3A4 and CYP2C9 substrate), levomepromazine (CYP2D6 inhibitor) and digoxin. However, prothrombin time was slightly increased after a single dose of warfarin 25 mg. The international normalised ratio (INR) needs to be carefully monitored in patients on the combination. Concomitant use of nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin and other medicines affecting coagulation, may increase bleeding tendency (see section 4.4).
  Caution is to be exercised during concomitant use of the following: flecainide, propafenone, clomipramine, nortriptyline, risperidone, thioridazine and haloperidol due to lowering of the seizure threshold.

4.6 Fertility, pregnancy and lactation
Pregnancy
ZYTOMIL is contraindicated in pregnancy (see section 4.3). Safety and efficacy in pregnancy have not been established.
Observational data indicate an increased risk (less than 2-fold) of postpartum haemorrhage following SSRI/SNRI exposure within the month prior to birth (see sections 4.4 and 4.8).
If ZYTOMIL is used until or shortly before birth, discontinuation effects in the newborn are possible.
Using ZYTOMIL in the third trimester may result in effects, including neurobehavioral disturbances, in the newborn infant.
The following symptoms may occur in the newborn after maternal SSRI/SNRI use, such as ZYTOMIL, in later stages of pregnancy: respiratory distress, cyanosis, apnoea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycaemia, hypertonia, hypotonia, hyperreflexia, tremor, jitteriness, irritability, lethargy, constant crying, somnolence and difficulty sleeping. These symptoms could be due to either discontinuation effects or excess serotonergic activity. In a majority of instances, such complications begin immediately or soon (< 24 hours) after delivery.
Epidemiological data have suggested that the use of SSRIs such as ZYTOMIL in pregnancy, particularly in late pregnancy may increase the risk of persistent pulmonary hypertension in the newborn (PPHN).

Breastfeeding
ZYTOMIL is contraindicated during lactation (see section 4.3). Safety and efficacy during lactation have not been established. ZYTOMIL is excreted into the breast milk. Consequently, breastfeeding is not recommended during treatment.
Neonates should be observed if maternal use of ZYTOMIL continues into the later stages of pregnancy, particularly in the third trimester.

Fertility
Animal data have shown that some SSRIs may affect sperm quality. Human case reports with some SSRIs have shown that an effect on sperm quality is reversible.
Impact on human fertility has not been observed so far.

4.7 Effects on ability to drive and use machines
ZYTOMIL may impair performance of skilled tasks. Patients who are depressed and require treatment may have an impaired ability to drive or operate machinery. Patients should be warned of this possibility and advised to avoid such tasks if so affected (see section 4.8).

4.8 Undesirable effects
a. Summary of the safety profile
Adverse reactions observed with ZYTOMIL are most frequent during the first one or two weeks of treatment and may decrease in intensity and frequency with continued treatment. After prolonged administration, abrupt cessation of ZYTOMIL may produce withdrawal reactions in some patients.

b. Tabulated list of adverse reactions

System Organ Class	Frequency	Side effects
Blood and lymphatic system disorders	*Frequency unknown*	Thrombocytopaenia
Immune system disorders	*Less frequent*	Angioedema, anaphylactoid reactions
Endocrine disorders	*Frequency unknown*	Inappropriate antidiuretic hormone (ADH) secretion
Metabolism and nutrition disorders	*Frequent*	Decreased appetite, increased appetite, weight increased
	Less frequent	Weight decreased
	Frequency unknown	Hyponatraemia, anorexia
Psychiatric disorders	*Frequent*	Anxiety, restlessness, abnormal dreams, libido decreased
	Less frequent	Bruxism, agitation, nervousness, panic attack, confusional state, aggression, depersonalisation, hallucination
	Frequency unknown	Mania, hostility, suicidal ideation and self-harm have been reported in children, suicidal behaviour[1]
Nervous system disorders	*Frequent*	Sleep disturbances, somnolence, dizziness, insomnia, drowsiness, paraesthesia, tremor
	Less frequent	Taste disturbances, sleep disorder, syncope, serotonin syndrome (typically characterised by a rapid onset of changes in mental state, with confusion, mania, agitation, hyperactivity, shivering, fever, tremor, ocular movements, myoclonus, hyperreflexia and incoordination)
	Frequency unknown	Headache, impaired concentration, malaise, dyskinesia, seizures, movement disorders, psychomotor restlessness/ akathisia
Eye disorders	*Less frequent*	Mydriasis
	Frequency unknown	Accommodation disturbances, abnormal vision
Ear and labyrinth disorders	*Less frequent*	Tinnitus
Cardiac disorders	*Less frequent*	Tachycardia, bradycardia
	Frequency unknown	Palpitations, tremor, electrocardiogram QT prolonged ventricular dysrhythmia including *torsade de pointes*
Vascular disorders	*Frequency unknown*	Postural hypotension
Respiratory, thoracic and mediastinal disorders	*Frequent*	Sinusitis, yawning
	Less frequent	Nasal congestion, rhinitis, influenza-like symptoms, epistaxis
Gastrointestinal disorders	*Frequent*	Nausea, constipation, diarrhoea, dry mouth, vomiting, indigestion
	Less frequent	Abdominal pain, gastrointestinal haemorrhages (including rectal haemorrhage)
	Frequency unknown	Salivation
Hepatobiliary disorders	*Frequency unknown*	Hepatitis, abnormal liver function tests
Skin and subcutaneous tissue disorders	*Frequent*	Increased sweating
	Less frequent	Urticaria, alopecia, rash, pruritus
	Frequency unknown	Ecchymosis, angioedema's
Musculoskeletal, connective tissue and bone disorders	*Frequent*	Arthralgia, myalgia
	Frequency unknown	Asthenia
Renal and urinary disorders	*Frequency unknown*	Urinary retention
Reproductive system and breast disorders	*Frequent*	Sexual dysfunction including ejaculation disorder and impotence (male), abnormal orgasm (female), decreased libido
	Less frequent	Anorgasmia, metrorrhagia, menorrhagia
	Frequency unknown	Galactorrhoea, priapism, postpartum haemorrhage[2]
General disorders and administrative site conditions	*Frequent*	Fatigue, pyrexia
	Less frequent	Oedema

c. Description of selected adverse reactions
[1] Cases of suicidal ideation and suicidal behaviours have been reported during escitalopram therapy or early after treatment discontinuation (see section 4.4).
[2] This event has been reported for the therapeutic class of SSRIs/SNRIs (see sections 4.4 and 4.6).
Cases of QT-prolongation have been reported during the post-marketing period, predominantly in patients with pre-existing cardiac disease. Epidemiological studies, mainly conducted in patients 50 years of age and older, show an increased risk of bone fractures in patients receiving SSRIs. The mechanism leading to this risk is unknown.
After prolonged administration abrupt cessation of ZYTOMIL may produce withdrawal reactions in some patients.

Discontinuation symptoms seen when stopping treatment
Discontinuation of SSRIs/SNRIs (particularly when abrupt) commonly leads to discontinuation symptoms. Dizziness, sensory disturbances (including paraesthesia and electric shock sensations), sleep disturbances (including insomnia and intense dreams), agitation or anxiety, nausea and/or vomiting, tremor, confusion, sweating, headache, diarrhoea, palpitations, emotional instability, irritability, and visual disturbances are the most commonly reported reactions. Generally, these events are mild to moderate and are self-limiting, however, in some patients they may be severe and/or prolonged. It is therefore advised that when ZYTOMIL treatment is no longer required, gradual discontinuation by dose tapering should be carried out (see section 4.2 and 4.4).

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are requested to report any suspected adverse drug reactions to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on the SAHPRA website.
An email can be sent directly to the company, pharmacovigilance@pharmadynamics.co.za, to ensure safety of the product.

4.9 Overdose
Signs and symptoms:
Symptoms are mainly related to the central nervous system (ranging from dizziness, tremor and agitation to rare cases of serotonin syndrome, convulsion and coma), the gastrointestinal system (nausea/vomiting), and the cardiovascular system (hypotension, tachycardia, QT interval prolongation and dysrhythmia) and electrolyte/fluid balance conditions (hypokalaemia, hyponatraemia).

Management of overdose:
There is no specific antidote. Treatment is supportive and symptomatic. The stomach should be emptied as soon as possible by emesis. Establish and maintain an airway, ensure adequate oxygenation and respiratory function. The use of activated charcoal should be considered as soon as possible after oral ingestion. Monitoring of cardiac and vital signs are necessary and medical surveillance is advisable for about 24 hours, along with general symptomatic supportive measures. electrocardiogram (ECG) monitoring is advised in case of overdose in patients with congestive heart failure/brady-dysrhythmias, in patients using concomitant medicines that prolong the QT interval, or in patients with altered metabolism, e.g. liver impairment (see section 4.8).

5. PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Antidepressants, selective serotonin reuptake inhibitors
ATC code: N06AB10
Pharmacological classification: A 1.2 Psychoanaleptics (antidepressants)

Mechanism of action
Escitalopram is the (S)-enantiomer of citalopram, a bicyclic phthalane derivative with antidepressant effect. Escitalopram is a selective inhibitor of serotonin (5-HT) reuptake.
Escitalopram blocks 5-HT reuptake, leading to potentiation of serotonergic activity in the central nervous system (CNS).
Escitalopram has minimal effect on noradrenaline (NA) (norepinephrine), dopamine (DA) and gamma aminobutyric acid (GABA) reuptake.
Escitalopram also has little or no antidopaminergic, antiadrenergic, antiserotonergic, antihistaminergic or anticholinergic properties.
Escitalopram has no or very low affinity for a series of receptors including 5-HT1A, 5-HT2, DA, D1 and D2 receptors, α1, α2-, β- adrenoceptors, histamine H1, muscarinic receptors, benzodiazepine and opioid receptors.

5.2 Pharmacokinetic properties
Absorption:
The mean T_{max} is 4 hours after oral absorption. Absorption is independent of food intake. The area under the plasma or serum concentration time curve from time zero to 24 hours, and C_{max}, are both linear and proportional to the dose of escitalopram.

Distribution:
The volume of distribution of escitalopram is about 12 - 26 L/kg and binds approximately 55 % to plasma proteins.

Biotransformation:
Demethylated and didemethylated metabolites of escitalopram are produced in the liver as well as an N-oxide metabolite. Both parent compound and metabolites are partly excreted as glucuronides.
Unchanged escitalopram is the predominant compound in plasma.
After multiple dosing, the mean concentrations of the demethylated and the didemethylated metabolites are usually 28 - 31 % and < 5 % of the escitalopram concentration, respectively. Biotransformation of escitalopram to the demethylated metabolite is mediated by a combination of CYP2C19, CYP3A4 and CYP2D6.

Elimination:
The primary route of elimination of escitalopram is as metabolites via the urine. The elimination half-life after multiple dosing is about 30 hours and the plasma clearance of escitalopram after oral administration (Cl_{oral}) is about 0,6 L/min.

Linearity/non-linearity:
Escitalopram exhibits linear pharmacokinetics. Steady state plasma levels are achieved in about 1 week. With a daily dose of 10 mg, average steady state concentrations of 50 nmol/L (range 20 - 125 nmol/L) are achieved.

Pharmacokinetics in special patient groups
Elderly patients (> 65 years of age):
Decreased clearance and a longer half-life (about 50 %), due to reduced rate of metabolism have been demonstrated in the elderly.

Reduced hepatic function:
Elimination of escitalopram occurs more slowly in patients with reduced liver function. In the case of hepatic impairment, the half-life of escitalopram is twice as long, and steady state escitalopram concentrations at a given dose will be approximately twice as high as in patients with normal liver function.

Reduced renal function:
Escitalopram is eliminated more slowly in patients with mild to moderate reduction in renal function. There is no major impact on escitalopram concentrations in serum. There is no information on the treatment of patients with severe renal impairment (creatinine clearance of < 30 mL/min).

Polymorphism:
Based on *in vitro* results with escitalopram, genetic polymorphism with respect to CYP2D6 is not known; with respect to CYP2C19, it may be of clinical relevance, as shown in limited number of patients.

5.3 Preclinical safety data
Not applicable.

6. PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Colloidal silicon dioxide
Croscarmellose sodium
Hydroxypropyl methylcellulose
Magnesium stearate
Microcrystalline cellulose

Coating:
Hydroxypropyl methylcellulose
Polyethylene glycol
Talc
Titanium dioxide

6.2 Incompatibilities
Not applicable.

6.3 Shelf life
3 years.

6.4 Special precautions for storage
Store at or below 30 °C. Protect from light.
Keep blisters in outer carton until required for use.
Keep bottles tightly closed.

6.5 Nature and contents of container
ZYTOMIL is packed into hard, silver-coloured aluminium foil/clear transparent PVC/PVDC or PVC/PE/PVDC film blister strips inside an outer carton containing 30 tablets.
ZYTOMIL is also packed into white, HDPE bottles with a desiccant, polyester pharmcoil and a white PP screw cap with 30 tablets inside.

6.6 Special precautions for disposal
No special requirements.

7. HOLDER OF THE CERTIFICATE OF REGISTRATION
Pharma Dynamics (Pty) Ltd
1st Floor Grapevine House, Steenberg Office Park
Silverwood Close
Westlake, 7945
Cape Town, South Africa
Tel: +27 21 707 7000
Cell: 0860-PHARMA (742 762)

8. REGISTRATION NUMBERS
ZYTOMIL 10 mg: A42/1.2/0912
ZYTOMIL 20 mg: A42/1.2/0914

9. DATE OF RENEWAL OF THE AUTHORISATION
30 April 2010

10. DATE OF REVISION OF THE TEXT
20 November 2023

NAMIBIA:
ZYTOMIL 10 mg: NS3 10/1.2/0479
ZYTOMIL 20 mg: NS3 10/1.2/0481

MOZAMBIQUE:
ZYTOMIL 10: N5935
ZYTOMIL 20: N5936

pharma dynamics

PATIENT INFORMATION LEAFLET

SCHEDULING STATUS S5

ZYTOMIL 10 mg, film coated tablets
ZYTOMIL 20 mg, film coated tablets
Escitalopram
ZYTOMIL is sugar free

Read all of this leaflet carefully before you start taking ZYTOMIL
- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your doctor, pharmacist, nurse or other healthcare provider.
- ZYTOMIL has been prescribed for you personally and you should not share your medicine with other people. It may harm them, even if their symptoms are the same as yours.

What is in this leaflet
1. What ZYTOMIL is and what it is used for
2. What you need to know before you take ZYTOMIL
3. How to take ZYTOMIL
4. Possible side effects
5. How to store ZYTOMIL
6. Contents of the pack and other information

1. What ZYTOMIL is and what it is used for
ZYTOMIL is an antidepressant which belongs to the selective serotonin reuptake inhibitors (SSRIs) group.

ZYTOMIL is used to treat:
- major depression
- panic disorder with or without agoraphobia (e.g. fear of leaving the house, entering shops, being in crowds and in public places)
- social anxiety disorder (social phobia)
- generalised anxiety disorder
- obsessive compulsive disorder.

2. What you need to know before you take ZYTOMIL
Do not take ZYTOMIL:
- if you are hypersensitive (allergic) to escitalopram, or to any of the ingredients of ZYTOMIL (see section 6)
- if you are under the age of 18 years (see Take special care with ZYTOMIL)
- if you are taking any other medicines for depression such as monoamine oxidase inhibitors (MAOI). At least 14 days should pass between stopping such medication and starting with ZYTOMIL (see Other medicines with ZYTOMIL)
- if you are taking other MAO inhibitors such as selegiline (used in the treatment of Parkinson's disease), moclobemide (used in the treatment of depression) and linezolid (an antibiotic).
- if you are taking the antibiotic linezolid, as your dosage may need to be adjusted
- if you are taking pimozide (an antipsychotic medicine), as it may lead to heart problems
- if you were born with or have had an episode of abnormal heart rhythm (as determined by an electrocardiogram (ECG): a test performed to check for problems with your heart)
- if you take medicines for heart rhythm problems or that may affect the heart's rhythm (see Other medicines with ZYTOMIL)
- if you are pregnant or breastfeeding your baby (see Pregnancy and breastfeeding)
- if you have a condition called porphyria (a rare blood disorder with symptoms such as severe abdominal pain, pain in your chest, back or legs, vomiting or a rapid heartbeat).

Warnings and precautions
Take special care with ZYTOMIL:
- ZYTOMIL should not be used by children and adolescents under 18 years (see Do not take ZYTOMIL). Patients under 18 are more likely to experience side effects such as suicide attempt, suicidal thoughts and hostility (mainly aggression, oppositional behaviour and anger) when they take ZYTOMIL. The long-term safety effects concerning growth and development of ZYTOMIL in this age group have not yet been studied
- if you are depressed and/or have anxiety disorders, you can sometimes have thoughts of harming or killing yourself. These may be increased when first starting antidepressants, since these medicines take time to work (usually about two weeks but sometimes longer), the risk is greater if you are less than 25 years old
- if you have previously had thoughts about killing or harming yourself
- your doctor will monitor your treatment and your progress carefully for the first few weeks. If you have any thoughts of harming or killing yourself at any time, contact your doctor immediately or go to a hospital straight away
- you may find it helpful to tell a relative or close friend that you are depressed or have an anxiety disorder, and ask them to read this leaflet. You might ask them to tell you if they think your depression or anxiety is getting worse, or if they are worried about changes in your behaviour
- if you suffer or have suffered from heart problems or have recently had a heart attack
- if your treatment is to be discontinued. Do not stop taking ZYTOMIL without talking to your doctor. If you stop taking your ZYTOMIL tablets suddenly, you may experience withdrawal effects (see If you stop taking ZYTOMIL)
- if you are an elderly person (older than 65 years)
- if you have liver or kidney impairment
- if you get seizures (epilepsy) during treatment with ZYTOMIL, or have a history of epilepsy and there is an increase in seizure frequency, your treatment will need to be gradually discontinued
- if you are receiving electroconvulsive treatment for your depression
- if you have episodes of mania (overactive behaviour or thoughts)
- if you have pre-existing slow heart rate.
- if you are a diabetic (high blood sugar), as your dose of diabetic medicine may need to be adjusted
- if your anxiety increases during treatment. Some patients with panic disorder may experience increased anxiety symptoms at the start of treatment with ZYTOMIL. This reaction usually disappears within two weeks of continued treatment. Your doctor will start you on a lower dose in order to reduce the likelihood of increased anxiety attacks.
- if you experience a feeling of restlessness, usually within the first few weeks of treatment (see Possible side effects)
- if you have a decreased level of sodium in the blood as a result of severe diarrhoea and vomiting or use of diuretics
- if you are taking other similar medicines for a mental condition, anti-inflammatory drugs (nonsteroidal anti-inflammatory drugs (NSAIDs)) or aspirin and have a history of bleeding disorders, as ZYTOMIL may increase the risk of bleeding
- if you are pregnant and your doctor has prescribed ZYTOMIL for you in the month before your baby is due, there is a risk of excessive bleeding after childbirth
- if you are taking medicine to prevent the clotting of blood (e.g. warfarin) or are prone to bleed easily, as ZYTOMIL may increase the risk of bleeding
- if you take medicines to treat pain (e.g. tramadol), or migraine (e.g. sumatriptan), as you may be at risk of serotonin syndrome (a condition with symptoms such as agitation or restlessness, dilated pupils and heavy sweating)
- if you take medicines containing lithium or tryptophan, as the effects of ZYTOMIL may be increased (see Other medicines with ZYTOMIL)
- if you suffer from glaucoma (an eye condition that can result in the damage of the optic nerve)
- ZYTOMIL should not be used with monoamine oxidase inhibitors, imipramine, other medicines that increase serotonin levels, moclobemide, alcohol, warfarin or cimetidine (see Other medicines with ZYTOMIL and ZYTOMIL with food and drink)
- if you are taking St. John's Wort (a herbal medicine), as this may result in unwanted side effects (see Other medicines with ZYTOMIL)
- if you are 50 years or older. An increased risk of bone fractures has been observed in patients aged 50 years or older taking ZYTOMIL
- ZYTOMIL may cause symptoms of sexual dysfunction (see section 4). In some cases, these symptoms have continued after stopping treatment.

Children and adolescents
ZYTOMIL should not be used for children and adolescents under 18 years (see Do not take ZYTOMIL). Patients under 18 have an increased risk of side effects such as suicide attempts, suicidal thoughts and hostility (predominately aggression, oppositional behaviour and anger) when they take this class of medicines.

Other medicines and ZYTOMIL
Always tell your healthcare provider if you are taking any other medicine. (This includes complementary or traditional medicines.)
- do not take any other medicines to treat depression, for example monoamine oxidase inhibitors, imipramine, other serotonergic medicines (a medicine that affects the release of serotonin, a type of hormone), linezolid and moclobemide without consulting your doctor as they may interact with ZYTOMIL (see Do not take ZYTOMIL)
- do not take ZYTOMIL if you take medicines that may affect the heart's rhythm such as pimozide (see Do not take ZYTOMIL).

Tell your doctor if you are taking any of the following medicines:
- selegiline (used to treat Parkinson's disease) increases the risk of side effects
- medicines that prolong or affect the heart rhythm (phenothiazine derivatives, pimozide, haloperidol), tricyclic antidepressants, certain antimicrobial medicines (sparfloxacin, moxifloxacin, erythromycin IV, pentamidine, antimalarial treatment particularly halofantrine), certain medicines to treat allergies (mizolastine), as they may affect the way ZYTOMIL works (see Do not take ZYTOMIL)
- medicines used to treat heart burn or stomach ulcer, such as cimetidine, interact with the breakdown of escitalopram, and the dose of ZYTOMIL may need to be changed
- sumatriptan and similar medicines (used to treat migraine) and tramadol (used against severe pain). These medicines may increase the risk of side effects (see Take special care with ZYTOMIL)
- lithium (used in the treatment of manic-depressive disorder) and tryptophan (used by the body to generate serotonin which helps control your mood and sleep)
- neuroleptics (medicines used to treat schizophrenia and other severe mental problems e.g. phenothiazines, thioxanthenes and butyrophenones), mefloquine (an antimalarial medicine), bupropion (an antidepressant medicine), tramadol (medicine used to treat moderate to severe pain) and antidepressants (tricyclics, SSRIs) due to a possible risk of a lowered threshold for seizures
- flecainide, propafenone, and metoprolol (used in cardiovascular disease); desipramine, clomipramine, and nortriptyline (antidepressants); and risperidone, thioridazine, and haloperidol (antipsychotics). The dosage of ZYTOMIL may need to be adjusted
- St. John's Wort (*Hypericum perforatum*) - a herbal remedy used for depression (see Take special care with ZYTOMIL)
- do not use alcohol while taking ZYTOMIL
- medicines which lower potassium or magnesium levels in the blood as they may result in unwanted side effects
- pimozide, an antipsychotic medicine, as it may affect the heart's rhythm (see Do not take ZYTOMIL)
- aspirin and nonsteroidal anti-inflammatory drugs (medicines used for pain relief or to thin the blood) may increase the risk of bleeding
- warfarin (medicine used to thin the blood). Your doctor may check the coagulation time of your blood when starting and discontinuing ZYTOMIL in order to verify that your dose of anticoagulant is still adequate.

ZYTOMIL with food and drink
ZYTOMIL can be taken with or without food.
Avoid consuming alcohol whilst taking ZYTOMIL (see Other medicines with ZYTOMIL).

Pregnancy, breastfeeding and fertility
If you are pregnant or breastfeeding, think you may be pregnant or are planning to have a baby, please consult your doctor, pharmacist or other healthcare professional for advice before using ZYTOMIL.
If you take ZYTOMIL near the end of your pregnancy there may be an increased risk of heavy vaginal bleeding shortly after birth, especially if you have a history of bleeding disorders. Your doctor or midwife should be aware that you are taking ZYTOMIL so they can advise you.
You should not use ZYTOMIL if you are pregnant or breastfeeding (see Do not take ZYTOMIL).

Driving and using machines
ZYTOMIL may impair your ability to drive and use machinery. Take care if you feel dizzy, tired or drowsy while using ZYTOMIL.
It is not always possible to predict to what extent ZYTOMIL may interfere with the daily activities of a patient. Patients should ensure that they do not engage in the above activities until they are aware of the measure to which ZYTOMIL affects them.

ZYTOMIL contains sodium
ZYTOMIL contains less than 1 mmol (0.023g) sodium per tablet, that is to say essentially 'sodium free'.

3. How to take ZYTOMIL
Do not share medicines prescribed for you with any other person. Always take ZYTOMIL exactly as your doctor has told you. You should check with your doctor or pharmacist if you are unsure.

Major depression
The usual dose of ZYTOMIL is 10 mg taken as one daily dose. The dose can be increased by your doctor to a maximum of 20 mg per day, depending on your response to treatment.

Panic disorders, with or without agoraphobia
The starting dose of ZYTOMIL is 5 mg as one daily dose for the first week before increasing the dose to 10 mg per day. The dose may be further increased by your doctor to a maximum of 20 mg per day, depending on your response to treatment.

Social anxiety disorder (social phobia)
The usual dose of ZYTOMIL is 10 mg taken as one daily dose. Depending on your response to the treatment, your doctor may increase the dose to a maximum of 20 mg daily.

Generalised anxiety disorder
The usual dose of ZYTOMIL is 10 mg taken as one daily dose. The dose may be increased by your doctor to a maximum of 20 mg per day, depending on your response to treatment.

Obsessive compulsive disorder (OCD)
The usual dose of ZYTOMIL is 10 mg taken as one daily dose. The dose may be increased by your doctor to a maximum of 20 mg daily, depending on your response to treatment.

Children and adolescents (below 18 years of age)
ZYTOMIL should not be given to children and adolescents under the age of 18 (see Do not take ZYTOMIL).

Your doctor will tell you how long your treatment with ZYTOMIL will last. Do not stop treatment early because you may experience unwanted side effects.
If you have the impression that the effect of ZYTOMIL is too strong or too weak, tell your doctor or pharmacist.

If you take more ZYTOMIL than you should
In the event of overdosage, consult your doctor or pharmacist. If neither is available, contact the nearest hospital or poison control centre.
Take this leaflet and any remaining tablets with you so that your doctor may know what you have taken. In the event of overdose, your doctor will treat the symptoms.

Symptoms of overdose may include:
- increasing tiredness, weakness, sedation, dizziness, tremor, nausea, sleepiness, drowsiness and increase heart rate.

If you forget to take ZYTOMIL
Take the missed dose as soon as possible. However, if it is almost time for your next dose, continue to take the next tablet at the usual time. Do not take a double dose to make up for forgotten individual doses.

If you stop taking ZYTOMIL
Do not stop taking your medicine abruptly as this may result in unwanted side effects.
Your doctor will prescribe the gradual lowering of the dose.
The most common reported reactions are dizziness, tingling (pins and needles), numbness, sleep disturbances (including insomnia and nightmares), agitation or anxiety, nausea and/or vomiting, tremor (shaking), confusion, sweating, headache, diarrhoea, palpitations (rapid heartbeat), emotional instability, irritability and visual disturbances. These events are mild to moderate however, in some patients they may be severe.

4. Possible side effects
ZYTOMIL can have side effects.
Not all side effects reported for ZYTOMIL are included in this leaflet. Should your general health worsen, or if you experience any untoward effects while using ZYTOMIL, please consult your healthcare provider for advice.

If any of the following happens, stop using ZYTOMIL and tell your doctor immediately or go to the casualty department at your nearest hospital:
- swelling of the hands, feet, ankles, face, lips, mouth or throat, which may cause difficulty in swallowing or breathing
- rash or itching
- fainting.

These are all very serious side effects. If you have them, you may have had a serious allergic reaction to ZYTOMIL. You may need urgent medical attention or hospitalisation.

Tell your doctor immediately or go to the casualty department at your nearest hospital if you notice any of the following:
- easy or excessive bruising, superficial bleeding or prolonged bleeding from cuts, nose, gums or blood in urine or stools
- chronic pain and/or tremors
- having the feeling of great excitement or euphoria, delusions, overactivity, hostility, suicidal thoughts (thinking of killing yourself) and suicidal behaviour, having hallucinations (strange visions or sounds)
- seizures (fits), shivering, rapid or slow heartbeat, increased sweating, confusion, mood swings, fever, tremor, involuntary eye movements, spasmodic jerky contraction of groups of muscles, difficulty moving, abnormal coordination or balance (known as serotonin syndrome, due to too much serotonin in the brain)
- fast, irregular heartbeat, fainting which could be symptoms of a life-threatening condition known as *torsade de pointes*, chest pain
- gastrointestinal bleeding, symptoms which may include vomiting red blood, vomiting black blood, bloody stool or black stool
- yellowing of the skin and the whites of the eyes (jaundice)
- difficulty urinating, inability to completely empty the bladder.

These are all serious side effects. You may need urgent medical attention.

Tell your doctor if you notice any of the following:
Frequent side effects:
- increased or decreased appetite, weight gain
- feeling anxious, restlessness or need to keep moving, abnormal dreams, decrease in libido
- sleep disturbance, sleepiness, dizziness, drowsiness, inability to sleep, sensations of tingling, burning, pricking (pins and needles), or numbness
- sinusitis, yawning
- nausea, constipation, diarrhoea, dry mouth, vomiting, indigestion
- increased sweating
- muscle or joint pain
- sexual disturbances (delayed ejaculation, problem with erection, decreased sexual drive and women may experience difficulties achieving orgasm)
- extreme tiredness, raised body temperature (fever).

Less frequent side effects:
- weight loss
- involuntary habitual grinding of the teeth (typically during sleeping), feeling agitated, nervousness, panic attacks, feeling confused, aggressiveness, disorientation, feeling in a state in which one's thoughts and feelings seem unreal or not to belong to oneself
- taste disturbances, sleep disorder
- dilation of the pupil of the eye
- ringing or buzzing in the ears
- heartbeat that is faster or slower than normal
- nasal congestion (stuffy nose), hay fever, flu-like symptoms, bleeding from the nose
- abdominal pain
- loss of hair, discolouration of the skin resulting from bleeding underneath, typically caused by bruising, rash or red welts on the hands, feet, face or genitals, hives, itching of the skin
- bleeding from the uterus (womb) that is not associated with menstruation, abnormally heavy or extended menstrual flow
- fluid retention.

The following side effects have been reported but the frequency for them to occur is not known:
- heavy vaginal bleeding shortly after birth (postpartum haemorrhage)(see section 2)
- low levels of sodium in the blood (which may result in confusion, seizures, fatigue and low levels of consciousness), loss of appetite
- headaches, difficulty concentrating, feeling of discomfort, illness or unease, difficulty controlling movement, twitching or abnormal uncontrolled movements
- blurred or abnormal vision
- low blood pressure (feeling lightheaded or dizzy when standing up)
- salivation
- inflammation of the liver
- abnormal physical weakness or lack of energy
- excessive or inappropriate production of milk, persistent and painful erection of the penis.

If you notice any side effects not mentioned in this leaflet, please inform your doctor or pharmacist.

Reporting of side effects
If you get side effects, talk to your doctor, pharmacist or nurse. You can also report side effects to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on the SAHPRA website. By reporting side effects, you can help provide more information on the safety of ZYTOMIL.
You can also send an email directly to the company, pharmacovigilance@pharmadynamics.co.za, to ensure safety of the product.

5. How to store ZYTOMIL
Store all medicines out of reach of children.
Store at or below 30 °C.
Protect from light.
Keep blisters in outer carton until required for use.
Keep bottles tightly closed.
Do not use after the expiry date stated on the carton.
Return all unused medicine to your pharmacist.
Do not dispose of unused medicine in drains or sewerage systems (e.g. toilets).

6. Contents of the pack and other information
What ZYTOMIL contains:
The active ingredient is escitalopram.
ZYTOMIL 10 mg: Each coated tablet contains escitalopram oxalate equivalent to escitalopram 10 mg.
ZYTOMIL 20 mg: Each coated tablet contains escitalopram oxalate equivalent to escitalopram 20 mg.

The other ingredients are:
Colloidal silicon dioxide, croscarmellose sodium, hydroxypropyl methylcellulose, magnesium stearate, microcrystalline cellulose, polyethylene glycol, talc, titanium dioxide.

What ZYTOMIL looks like and contents of the pack
ZYTOMIL 10 mg: White, oval, coated tablet, debossed with "E" and "C" divided by a score on one side and "10" on the other side.
ZYTOMIL 20 mg: White, oval, coated tablet, debossed with "E" and "C" divided by a score on one side and "20" on the other side.

ZYTOMIL is packed into hard, silver-coloured aluminium foil/clear PVC/PVDC or PVC/PE/PVDC film blister strips inside an outer cardboard box containing 30 tablets. ZYTOMIL is also packed into white, HDPE bottles with a desiccant, polyester pharmcoil and a white PP screw cap with 30 tablets inside.

Holder of Certificate of Registration
Pharma Dynamics (Pty) Ltd
1st Floor Grapevine House, Steenberg Office Park
Silverwood Close
Westlake, 7945
Cape Town, South Africa
Tel: + 27 21 707 7000
Cell: 0860-PHARMA (742 762)

This leaflet was last revised in
20 November 2023

Registration numbers
ZYTOMIL 10 mg: A42/1.2/0912
ZYTOMIL 20 mg: A42/1.2/0914

NAMIBIA:
ZYTOMIL 10 mg: NS3 10/1.2/0479
ZYTOMIL 20 mg: NS3 10/1.2/0481

MOZAMBIQUE:
ZYTOMIL 10: N5935
ZYTOMIL 20: N5936

PASIËNTINLIGTINGSBLAD

SKEDULERINGSTATUS S5

ZYTOMIL 10 mg, filmbedekte tablette
ZYTOMIL 20 mg, filmbedekte tablette
Essitalopram
ZYTOMIL is suikervry

Lees hierdie inligtingsblad deeglik deur, voordat u begin om ZYTOMIL te gebruik.
- Hou hierdie inligtingsblad. Dit mag nodig wees vir u om dit weer te lees.
- Indien u verdere vrae het, vra asseblief u dokter, apteker, verpleegkundige, of ander gesondheidsorgverskaffer.
- ZYTOMIL is vir u persoonlik voorgeskryf en u moet nie u medisyne met ander mense deel nie. Dit mag skadelik wees vir hulle, selfs al is hulle simptome dieselfde as u eie.

Inhoud van hierdie inligtingsblad:
1. Wat ZYTOMIL is en waarvoor dit gebruik word
2. Wat u nodig het om te weet, voordat u ZYTOMIL neem
3. Hoe om ZYTOMIL te neem
4. Moontlike newe-effekte
5. Hoe om ZYTOMIL te bewaar
6. Verpakkingsinhoud en ander inligting

1. Wat ZYTOMIL is en waarvoor dit gebruik word
ZYTOMIL is 'n antidepressant, wat aan die selektiewe serotonienheropname inhibitors (SSHIs) groep, behoort.

ZYTOMIL word gebruik om die volgende te behandel:
- kliniese depressie
- paniekversteuring, met of sonder agorafobie (bv. vrees om die huis te verlaat, winkels binne te gaan, in skares en publieke plekke teenwoordig te wees)
- sosiale angsversteuring (sosiale fobie)
- algemene angsversteuring
- obsessief-kompulsiewe steuring.

2. Wat u nodig het om te weet, voordat u ZYTOMIL neem
Moet nie ZYTOMIL neem:
- indien u hipersensitief (allergies) is vir essitalopram, of vir enige van die ander bestanddele van ZYTOMIL nie (sien afdeling 6)
- indien u jonger as 18 jaar oud is nie (sien Neem spesiale sorg met ZYTOMIL)
- indien u enige ander medisyne vir depressie, soos monoamienoksidase-inhibitors (MAOIs), neem nie. Daar moet 'n tussenpose van ten minste 14 dae wees, tussen die staking van so 'n medisyne en die aanvang van ZYTOMIL (sien Die neem van ander medisyne saam met ZYTOMIL)
- indien u ander MAO-inhibitors, soos selegilien (gebruik vir die behandeling van Parkinson se siekte), moklobemied (gebruik vir die behandeling van depressie) en linesolied ('n antibiotikum), neem nie
- indien u die antibiotikum linesolied neem nie, aangesien dit nodig mag wees vir u dosis om aangepas te word
- indien u pimosied neem nie ('n antipsigotiese medisyne), aangesien dit mag lei tot hartprobleme
- indien u gebore was met, of 'n geval van abnormale hartritme gehad het nie (soos vasgestel deur 'n elektrokardiogram (EKG): 'n toets wat uitgevoer word, om probleme met u hart, te bepaal)
- indien u medisyne vir hartritmeprobleme, of wat die hartritme beïnvloed, neem nie (sien Ander medisyne en ZYTOMIL)
- indien u swanger is, of u baba borsvoed nie (sien Swangerskap en borsvoeding)
- indien u aan 'n toestand wat porfirie genoem word, ly nie ('n skaars bloedversteuring, met simptome soos erge abdominale pyn, pyn in u bors, rug, of bene, braking, of 'n vinnige hartklop).

Waarskuwings en voorsorgmaatreëls
Neem spesiale sorg met ZYTOMIL:
- ZYTOMIL moet nie deur kinders en adolessente jonger as 18 jaar oud, gebruik word nie (sien Moet nie ZYTOMIL neem). Pasiënte jonger as 18 jaar, is meer geneig tot newe-effekte, soos selfmoordpoging, selfmoordgedagtes en vyandigheid (hoofsaaklik aggressie, opposisionele optrede en woede) wanneer hulle ZYTOMIL neem. Die langtermyn veiligheid van ZYTOMIL in hierdie ouderdomsgroep, onderhewe aan groei en ontwikkeling, is nog nie nagevors nie
- indien u depressief is, en/of angsversteurings het, mag u somtyds daaraan dink om uself te beseer, of selfmoord te pleeg. Hierdie gedagtes mag toeneem, wanneer antidepressante vir die eerste keer geneem word, aangesien dit 'n tydperk neem vir hierdie medisyne om te begin werk (gewoonlik ongeveer twee weke, maar somtyds langer). Die risiko is groter indien u jonger as 25 jaar oud is
- indien u voorheen daaraan gedink het om selfmoord te pleeg, of uself te beseer
- u dokter sal u behandeling en vordering noukeurig monitor, tydens die eerste paar weke. Indien u enigsins daaraan dink om uself te beseer, of selfmoord te pleeg, kontak u dokter onmiddellik, of besoek dadelik u naaste hospitaal
- u mag dit behulpsaam vind om 'n naasbestaande, of nabye vriend te vertel dat u depressief is, of 'n angsversteuring het en hulle vra om hierdie inligtingsblad te lees. U mag hulle ook vra om u te vertel, indien hulle dink dat u depressie of angstigheid vererger, of indien hulle bekommerd is, omtrent veranderinge in u optrede
- indien u tans, of voorheen aan hartprobleme gely het, of onlangs 'n hartaanval gehad het
- indien u behandeling onttrek gaan word. Moet nie die gebruik van ZYTOMIL skielik staak, sonder om dit met u dokter te bespreek nie. Indien u skielik ophou om ZYTOMIL tablette te neem, mag u onttrekkingsimptome ervaar (sien Indien behandeling met ZYTOMIL gestaak word)
- indien u 'n bejaarde persoon is (ouer as 65 jaar)
- indien u lewer- of nierbelemmering het
- indien u aanvalle (epilepsie) ondervind, tydens die behandeling met ZYTOMIL, of 'n geskiedenis van epilepsie het en daar 'n verhoging in aanval-frekwensie is. U behandeling behoort geleidelik onttrek te word
- indien u elektrokonvulsiewe behandeling vir u depressie ontvang
- indien u maniese episodes ervaar (ooraktiewe optrede, of denke)
- indien u 'n voorafbestaande, stadige harttempo het
- indien u 'n diabeet is (hoë bloedsuiker het), aangesien dit nodig mag wees vir u diabetiese medisynedosis, om aangepas te word
- indien u angstigheid toeneem tydens behandeling. Sommige pasiënte met paniekversteuring, mag 'n verhoging in angssimptome ervaar, tydens die aanvang van behandeling met ZYTOMIL. Hierdie reaksie verdwyn gewoonlik binne twee weke van volgehoue behandeling. U dokter sal u op 'n laer dosis begin behandel, om die moontlikheid van 'n toename in angsaanvalle, te verminder
- indien u 'n gevoel van rusteloosheid ervaar, gewoonlik binne die eerste paar weke van behandeling (sien Moontlike newe-effekte)
- indien u 'n verlaagde natriumvlak in die bloed het, as gevolg van erge diarree en braking, of weens die gebruik van diuretika
- indien u ander soortgelyke medisyne vir 'n geestestoestand neem, anti-inflammatoriese middels (niesteroïdale anti-inflammatoriese middels (NSAIMs)), of aspirien en u geskiedenis van bloedingsversteurings het, aangesien ZYTOMIL u risiko vir bloeding, mag verhoog
- indien u swanger is en u dokter ZYTOMIL, tydens die maand voordat u baba gebore word, voorgeskryf het, aangesien daar 'n risiko vir uitermatige bloeding na kindergeboorte mag voorkom
- indien u medisyne neem, om bloedstolling te verhoed (bv. warfarien), of 'n neiging toon vir maklike bloeding, aangesien ZYTOMIL die risiko vir bloeding, mag verhoog
- indien u medisyne om pyn (bv. tramadol), of migraine (bv. sumatriptan) te behandel neem, aangesien u 'n risiko vir serotonien-sindroom ('n toestand met simptome soos agitasie of rusteloosheid, verwyde pupille en erge sweet), mag toon
- indien u medisyne wat litium of triptofaan bevat neem, aangesien die werking van ZYTOMIL versterk mag word (sien Ander medisyne en ZYTOMIL)
- indien u aan gloukoom ly ('n oogtoestand wat mag lei tot beskadiging van die optiese senuwee)
- ZYTOMIL moet nie saam met monoamienoksidase-inhibitors, imipramien, ander medisyne wat serotonienvlakke verhoog, moklobemied, alkohol, warfarien, of simetidien, gebruik word nie (sien Ander medisyne en ZYTOMIL en ZYTOMIL saam met kos en drinkgoed)
- indien u Johanneskruid ('n kruiemiddel) neem, aangesien dit mag lei tot ongunstige newe-effekte (sien Ander medisyne saam met ZYTOMIL)
- indien u 50 jaar of ouer is. 'n Toename in die risiko vir beenfrakture was opgemerk by pasiënte wie 50 jaar en ouer is, en ZYTOMIL neem
- Zytomil mag simptome van seksuele wanfunksionering veroorsaak (sien afdeling 4). In sommige gevalle, het hierdie simptome voortgeduur, nadat behandeling gestaak was.

Kinders en adolessente
ZYTOMIL moet nie deur kinders en adolessente jonger as 18 jaar oud, gebruik word nie (sien Moet nie ZYTOMIL neem) Pasiënte jonger as 18 jaar, toon 'n toenemende risiko vir newe-effekte soos selfmoordpogings, selfmoorddenke en vyandigheid (hoofsaaklik aggressie, opposisionele optrede en woede), wanneer hulle hierdie klas medisyne neem.

Ander medisyne en ZYTOMIL
Vertel altyd u gesondheidsorgdeskundige indien u enige ander medisyne neem (Hierdie sluit aanvullende, of tradisionele medisyne in).
- moet nie enige ander medisyne om depressie te behandel (byvoorbeeld monoamienoksidase-inhibitors, imipramien, ander serotonergiese medisyne ('n medisyne wat die vrystelling van serotonien, 'n tipe hormoon, beïnvloed), linesolied en moklobemied neem, sonder om u dokter te raadpleeg nie, aangesien dit 'n interaksie met ZYTOMIL mag veroorsaak (sien Moet nie ZYTOMIL neem)
- moet nie ZYTOMIL neem, indien u medisyne, soos pimosied, wat die hart se ritme beïnvloed, neem nie (sien Moet nie ZYTOMIL neem).

Vertel u dokter, indien u enige van die volgende medisyne neem:
- selegilien (gebruik om Parkinson se siekte te behandel), verhoog die risiko vir newe-effekte
- medisyne wat die hartritme verleng, of beïnvloed (fenotiasiede derivate, pimosied, haloperidol), trisikliese antidepressante, sekere antimikrobiese medisyne (sparfloksasien, moksifloksasien, eritromisien IV, pentamidien, antimalaria behandeling, veral halofantrien), sekere medisyne wat allergieë behandel (misolastien), aangesien dit die manier waarop ZYTOMIL werk, mag beïnvloed (sien Moet nie ZYTOMIL neem)
- medisyne wat gebruik word om sooibrand, of 'n maagseer te behandel, soos simetidien, mag 'n interaksie toon met die afbraak van essitalopram en dit mag nodig wees vir die ZYTOMIL dosis om aangepas te word
- sumatriptan en soortgelyke medisyne (gebruik om migraine te behandel) en tramadol (gebruik vir erge pyn). Hierdie medisyne mag die risiko vir newe-effekte, verhoog (sien Neem spesiale sorg met ZYTOMIL)
- litium (gebruik vir die behandeling van manies-depressiewe steuring) en triptofaan (word deur die liggaam gebruik om serotonien, wat help om u buie en slaappatroon te beheer, te vervaardig)
- neuroleptika (medisyne wat gebruik word om skisofrenie en ander erge geestestoestande te behandel bv. fenotiasiene, tioxantene en butirofenone), meflokien ('n antimalaria medisyne), bupropion ('n antidepressant medisyne), tramadol (medisyne wat gebruik word om matig tot erge pyn te behandel) en antidepressante (trisikliese middels, SSHIs), weens 'n moontlike risiko vir die drempelverlaging van aanvalle
- flekaïenied, propafenoon, en metoprolol (gebruik vir kardiovaskulêre siekte); desipramien, klomipramien en nortriptilien (antidepressante); en risperidoon, tioridasien en haloperidol (antipsigotika). Dit mag nodig wees vir die ZYTOMIL dosis, om aangepas te word
- Johanneskruid (*Hypericum perforatum*) – 'n kruiemiddel, wat gebruik word vir depressie (sien Neem spesiale sorg met ZYTOMIL)
- moet nie alkohol gebruik, terwyl u ZYTOMIL neem nie
- medisyne wat kalium-, of magnesiumvlakke in die bloed verlaag, aangesien dit mag lei tot ongunstige newe-effekte
- pimosied, 'n antipsigotiese medisyne, aangesien dit die hartritme mag beïnvloed (sien Moet nie ZYTOMIL neem)
- aspirien en niesteroïdale anti-inflammatoriese middels (medisyne wat gebruik word vir pynverligting, of om die bloed te verdun), mag die risiko vir bloeding, verhoog
- warfarien (medisyne wat gebruik word om bloed te verdun). U dokter mag die stollingstyd van u bloed bepaal, wanneer u begin, of ophou om ZYTOMIL te gebruik, om sodoende vas te stel of u dosis, of teenstolmiddel, steeds voldoende is.

ZYTOMIL saam met kos en drinkgoed:
ZYTOMIL kan saam met, of sonder kos geneem word.
Vermy alkoholinname, terwyl u ZYTOMIL neem (sien Ander medisyne en ZYTOMIL).

Swangerskap, borsvoeding en fertiliteit
Indien u swanger is, of borsvoed, vermoed dat u swanger is, of 'n baba beplan, raadpleeg asseblief u dokter, apteker, of ander gesondheidsorgdeskundige vir advies, voordat u ZYTOMIL neem.
Daar mag 'n risiko vir 'n verhoging in erge vaginale bloeding, kort nadat u geboorte geskenk het, voorkom, indien u ZYTOMIL naby die einde van u swangerskap neem, veral indien u 'n geskiedenis van bloedingsversteurings het. U dokter, of vroedvrou, moet bewus wees dat u ZYTOMIL neem, sodat hulle u raad kan gee.
U moet nie ZYTOMIL gebruik, indien u swanger is, of borsvoed nie (sien Moet nie ZYTOMIL neem).

Bestuur en die hantering van masjiene
ZYTOMIL mag u vermoë om te bestuur en masjinerie te hanteer, belemmer.
Wees versigtig, indien u duiselig, of lomerig voel, terwyl u ZYTOMIL gebruik.
Dit is nie altyd moontlik om te voorspel tot watter mate ZYTOMIL met u daaglikse aktiwiteite sal inmeng nie. U moet verseker dat u nie betrokke raak by bogenoemde aktiwiteite, totdat u bewus is hoe ZYTOMIL u beïnvloed nie.

ZYTOMIL bevat natrium
ZYTOMIL bevat minder as 1 mmol (0,023 g) natrium per tablet, dit wil sê dit is wesenlik 'natriumvry'.

3. Hoe om ZYTOMIL te neem
Moet nie medisyne wat vir u voorgeskryf is, met enige ander persoon deel nie. Neem ZYTOMIL altyd presies soos deur u dokter aanbeveel is. U moet u dokter, of apteker raadpleeg, indien u onseker is.

Kliniese depressie
Die gewone ZYTOMIL dosis is 10 mg, wat as een daaglikse dosis geneem word. Die dosis mag deur u dokter verhoog word, onderhewig aan u reaksie op die behandeling, tot en met 'n maksimum dosis van 20 mg per dag.

Paniekversteurings, met, of sonder agorafobie
Die ZYTOMIL aanvangsdosis is 5 mg as een daaglikse dosis vir die eerste week, voordat die dosis verhoog word na 10 mg per dag. Die dosis mag verder deur u dokter verhoog word, onderhewig aan u reaksie op die behandeling, tot en met 'n maksimum dosis van 20 mg per dag.

Sosiale angsversteuring (sosiale fobie)
Die gewone ZYTOMIL dosis is 10 mg, wat as een, daaglikse dosis geneem word. U dokter mag, onderhewig aan u reaksie op die behandeling, die dosis tot en met 'n maksimum van 20 mg daagliks, verhoog.

Algemene angsversteuring
Die gewone ZYTOMIL dosis is 10 mg, wat as een daaglikse dosis geneem word. Die dosis mag deur u dokter, onderhewig aan u reaksie op die behandeling, tot en met 'n maksimum van 20 mg per dag, verhoog word.

Obsessief-kompulsiewe steuring (OKS)
Die gewone ZYTOMIL dosis is 10 mg, wat as een daaglikse dosis geneem word. Die dosis mag deur u dokter, onderhewig aan u reaksie op die behandeling verhoog word, tot en met 'n maksimum dosis van 20 mg daagliks.

Kinders en adolessente (jonger as 18 jaar oud)
ZYTOMIL moet nie aan kinders en adolessente jonger as 18 jaar oud toegedien word nie (sien Moet nie ZYTOMIL neem).

U dokter sal u vertel, vir hoe lank u behandeling met ZYTOMIL sal duur.
Moet nie behandeling vroegtydig staak nie, aangesien u ongunstige newe-effekte mag ervaar.
Indien u onder die indruk is, dat die werking van ZYTOMIL té sterk, of té swak is, vertel u dokter, of apteker.

Indien u meer ZYTOMIL neem as wat u behoort
In die geval van oordosering, raadpleeg u dokter, of apteker. Indien beide nie beskikbaar is nie, kontak die naaste hospitaal, of gifbeheersentrum. Neem hierdie inligtingsblad en enige oorblywende tablette saam met u, sodat u dokter bewus is van wat u geneem het.
In die geval van oordosering, sal u dokter die simptome behandel.

Simptome van oordosering, mag die volgende insluit:
- toenemende moegheid, swakheid, sedasie, duiseligheid, tremor, naarheid, slaperigheid, lomerigheid en verhoging in harttempo.

Indien u vergeet om ZYTOMIL te neem
Neem die oorgeslane dosis, so gou as moontlik. Indien dit egter amper tyd is vir die volgende dosis, gaan voort om die volgende tablet, op die gewone tydstip te neem. Moet nie 'n dubbeldosis neem, om op te maak vir die vergete, individuele dosisse nie.

Indien u ZYTOMIL gebruik staak
Moet nie u medisyne skielik staak nie, aangesien dit mag lei tot ongunstige newe-effekte. U dokter sal 'n geleidelike verlaging van die dosis voorskryf.
Die mees algemene reaksies wat aangemeld word, is duiseligheid, prikkeling, (spelde en naalde), gevoelloosheid, slaapsteurings (insluitend insomnie en nagmerries), agitasie of angstigheid, naarheid en/of braking, tremor (bewing), verwarring, gesweet, hoofpyn, diarree, palpitasies (vinnige hartklop), emosionele onstabiliteit, prikkelbaarheid en sigsteurnisse. Hierdie gevalle is lig, tot matig, maar mag egter by sekere pasiënte ernstig voorkom.

4. Moontlike newe-effekte
ZYTOMIL kan newe-effekte hê.
Nie alle newe-effekte wat vir ZYTOMIL aangemeld is, word in hierdie inligtingsblad ingesluit nie. Sou u algemene gesondheid versleg, of indien u enige ongunstige effekte ervaar, terwyl u ZYTOMIL neem, raadpleeg asseblief u gesondheidsorgverskaffer vir advies.

Indien enige van die volgende gebeur, staak die gebruik van ZYTOMIL en vertel u dokter onmiddellik, of gaan na die ongevalle-afdeling, by u naaste hospitaal:
- swelling van die hande, voete, enkels, gesig, lippe, mond of keel, wat sluk en asemhaling mag bemoeilik
- uitslag of gejeuk
- floute.

Hierdie is alles baie ernstige newe-effekte. Indien u dit het, kon u 'n ernstige allergiese reaksie teenoor ZYTOMIL ondervind het. U mag dringende mediese aandag, of hospitalisasie benodig.

Vertel u dokter onmiddellik, of gaan na die ongevalle-afdeling by u naaste hospitaal, indien u enige van die volgende opmerk:
- maklike, of uitermatige kneusing, oppervlakkige bloeding, of snye, neus, of tandvleis wat aanhoudend bloei, of bloed wat in die urine of stoelgang voorkom
- chroniese pyn en/of tremors
- 'n gevoel van groot opwinding, of euforie, delusies, ooraktiwiteit, vyandigheid, selfmoordgedagtes, (dink daaraan om uself dood te maak) en selfmoordgedrag, hallusinasies ervaar (vreemde visies, of klanke)
- aanvalle (stuipe), bewing, vinnige, of stadige hartklop, sweettoename, verwarring, buierigheid, koors, tremor, onwillekeurige oogbewegings, spasmodiese rukkerige sametrekking van spiergroepe, moeisame beweging, abnormale koördinasie of balans (bekend as serotonien-sindroom, weens te veel serotonien in die brein)
- vinnige, onreëlmatige hartklop, floute, wat simptome van 'n lewensgevaarlike toestand bekend as torsade de pointes, mag wees, borspyn
- gastrointestinale bloeding, simptome wat braking van rooi bloed, braking van swart bloed, bloederige stoelgang, of swart stoelgang, mag insluit
- vergeling van die vel en die wit gedeeltes van die oë (geelsug)
- problematiese urinering, onvermoë om die blaas heeltemal te ledig.

Hierdie is alles ernstige newe-effekte. U mag dringende mediese aandag benodig.

Vertel u dokter, indien u enige van die volgende opmerk:
Algemene newe-effekte:
- toename of afname in eetlus, gewigstoename
- voel angstig, rusteloosheid, behoefte om gedurig te beweeg, abnormale drome, afname in seksdrang
- slaapsteurnis, slaperigheid, duiseligheid, lomerigheid, onvermoë om te slaap, prikkelende sensasie, branderigheid, steekgevoel (spelde en naalde), of gevoelloosheid
- sinusitis, gaap
- naarheid, hardlywigheid, diarree, droë mond, braking, slegte spysvertering
- sweettoename
- spier-, of gewrigspyn
- seksuele versteurings (vertraagde ejakulasie, probleme metereksie, afname in seksuele drang en vroue mag dit moeilik vind om 'n orgasme te bereik)
- uiterste moegheid, verhoogde liggaamstemperatuur (koors).

Minder algemene newe-effekte:
- gewigsverlies
- onwillekeurige, gebruiklike knersing van die tande (tipies wanneer u slaap), voel ontsteld, senuweeagtigheid, paniekaanvalle, voel verward, aggressiwiteit, disoriëntasie, verkeer in 'n toestand waar iemand se denke en gevoelens onwerklik voorkom, of nie aan uself behoort nie
- smaaksteurnisse, slaapsteurings
- verwyding van die oogpupil
- gelui of druising in die ore
- hartklop wat vinniger, of stadiger as normaal voorkom
- neuskongestie (toe neus), hooikoors, griepsoortige simptome, neusbloeding
- abdominale pyn
- haarverlies, verkleuring van die vel, wat voorkom as gevolg van onderhuidse bloeding, tipies veroorsaak deur kneusing, uitslag, of rooi swelsels op die hande, gesig, of geslagsdele, urtikarie, gejeuk van die vel
- bloeding vanuit die uterus (baarmoeder), wat nie met menstruasie verband hou nie, abnormaal, swaar, of verlengde menstruele bloeding
- vloeistofretensie.

Die volgende newe-effekte is aangemeld, maar die frekwensie van voorkoms is onbekend:
- erge vaginale bloeding, kort na geboorte (postpartum bloeding) (sien afdeling 2)
- lae natriumvlakke in die bloed (dit mag lei tot verwarring, aanvalle, uitputting en lae bewussynsvlakke), aptytverlies
- hoofpyne, moeilike konsentrasie, gevoel van ongemak, siekte of onrustigheid, moeilike beheer van bewegings, spiertrekkings, of abnormale, onbeheerde bewegings
- versteurde, of abnormale visie
- lae bloeddruk (voel lighoofdig, of duiselig wanneer u opstaan)
- speekselvloei
- inflammasie van die lewer
- abnormale fisieke swakheid, of energietekort
- uitermatige, of onvoldoende melkproduksie, volgehoue en pynlike ereksie van die penis.

Indien u enige newe-effekte opmerk, wat nie in hierdie inligtingsblad genoem is nie, raadpleeg asseblief u dokter, of apteker.

Aanmelding van newe-effekte
Indien u newe-effekte ervaar, praat met u dokter, apteker of verpleegkundige. U kan ook newe-effekte aanmeld by SAHPRA via die Med Safety toepassing (Medsafety X SAHPRA) en eReporting platform (who-umc.org), wat op SAHPRA se webtuiste gevind kan word. Deur die aanmelding van newe-effekte, kan u help om meer inligting aangaande die veiligheid van ZYTOMIL in te win. U kan ook 'n epos direk aan die maatskappy stuur, pharmacovigilance@pharmadynamics.co.za, om die veiligheid van die produk te verseker.

5. Hoe om ZYTOMIL te bewaar:
Bewaar alle medisyne buite die bereik van kinders.
Bewaar teen of benede 30 °C.
Beskerm teen lig.
Hou stulpstroke in die buitenste kartonhouer, totdat dit benodig word vir gebruik.
Hou bottels dig geseël.
Moet nie na die vervaldatum, wat op die kartonhouer aangedui word, gebruik nie.
Neem alle ongebruikte medisyne na u apteker terug.
Moet nie ongebruikte medisyne in afvoerpype of rioolstelsels (bv. toilette) weggooi nie.

6. Verpakkingsinhoud en ander inligting
Wat ZYTOMIL bevat:
Die aktiewe bestandeel is essitalopram.
ZYTOMIL 10 mg: Elke bedekte tablet bevat essitalopramoksalaat gelykstaande aan essitalopram 10 mg.
ZYTOMIL 20 mg: Elke bedekte tablet bevat essitalopramoksalaat gelykstaande aan essitalopram 20 mg.

Die ander bestanddele is:
hidroksiepropielmetielsellulose, kolloïdale silikondioksied, kruisgekoppelde natriumkarmellose, magnesiumstearaat, mikrokristallyne sellulose, poliëtileenglikol, talkum, titaandioksied.

Hoe ZYTOMIL lyk en die verpakkingsinhoud
ZYTOMIL 10 mg: Wit, ovaal, bedekte tablet, gedebosseleer met "E" en "C", verdeel deur 'n groef aan een kant en "10" aan die teenoorgestelde kant.
ZYTOMIL 20 mg: Wit, ovaal, bedekte tablet, gedebosseleer met "E" en "C", verdeel deur 'n groef aan een kant en "20" aan die teenoorgestelde kant.

ZYTOMIL word verpak in harde, silwerkleurige, aluminiumfoelie/helder PVC/PVDC of PVC/PE/PVDC film stulpstroke, binne-in 'n buitenste kartonhouer, wat 30 tablette bevat.
ZYTOMIL word ook verpak in wit, HDPE bottels, wat 30 tablette, met 'n uitdroogmiddel bevat, poliëster pharmcoil en 'n wit, PP skroefdeksel.

Eienaar van die Registrasiesertifikaat
Pharma Dynamics (Edms.) Bpk.
1ste Vloer Grapevine House, Steenberg Office Park
Silverwood Close
Westlake, 7945
Kaapstad, Suid-Afrika
Tel: +27 21 707 7000
Sel: 0860-PHARMA (742 762)

Hierdie inligtingsblad was voorheen hersien
20 November 2023

Registrasienommers
ZYTOMIL 10 mg: A42/1.2/0912
ZYTOMIL 20 mg: A42/1.2/0914

NAMIBIË:
ZYTOMIL 10 mg: NS3 10/1.2/0479
ZYTOMIL 20 mg: NS3 10/1.2/0481

MOSAMBIEK:
ZYTOMIL 10: N5935
ZYTOMIL 20: N5936