

clomiPRAMINE (Rx)

(kloe-mip'ra-meen)

Anafranil*Func. class.:* Antidepressant, tricyclic*Chem. class.:* Tertiary amine**Do not confuse:**

clomiPRAMINE/clomiPHENE

ACTION: Potentiates serotonin and norepinephrine; moderate anticholinergic effect

USES: Obsessive-compulsive disorder

Unlabeled uses: Autism, depression, premature ejaculation

CONTRAINDICATIONS: Hypersensitivity to this product, carbamazepine, tricyclics, immediate post-MI, MAOI therapy

Precautions: Pregnancy, breastfeeding, geriatric patients, seizures, cardiac disease, glaucoma, prostatic hypertrophy, urinary retention

Black Box Warning: Children, suicidal ideation

DOSAGE AND ROUTES**Obsessive-compulsive disorder**

• **Adult: PO** 25 mg at bedtime, increase gradually over 4 wk to 75-250 mg/day in divided doses

• **Child 10-18 yr: PO** 25 mg/day, gradually increase over 2 wk; max 3 mg/kg/day or 200 mg/day, whichever is smaller

Autism (unlabeled)

• **Adult: PO** 25 mg/day, may increase to 75-100 mg/day, max 250 mg/day

• **Child: PO** 25 mg/day, may increase if needed

Premature ejaculation (unlabeled)

• **Adult: PO** 25-50 mg/day

Depression (unlabeled)

• **Adult: PO** 25 mg at bedtime and increase gradually over 4 wk to 75-250 mg/day in divided doses

• **Child 10-18 yr: PO** 25-50 mg/day gradually increased; max 3 mg/kg/day or 200 mg/day, whichever is smaller

Available forms: Caps 25, 50, 75 mg

Administer:

- Do not break, crush, or chew caps
- Increased fluids, bulk in diet for constipation, especially for geriatric patients
- Without regard to food; during initial dosing and titration give with meals
- After titration, may be given as a single dose at bedtime to reduce daytime sedation
- Store in tight container, at room temperature; do not freeze

SIDE EFFECTS

CNS: *Dizziness, tremors, mania, seizures*, aggressiveness, EPS, drowsiness, headache, **neuroleptic malignant syndrome**, insomnia, agitation, anxiety, impaired memory

CV: Hypotension, tachycardia, **cardiac arrest**, hypertension, palpitations

EENT: Blurred vision, altered taste, tinnitus, increased intraocular pressure

ENDO: Galactorrhea, hyperprolactinemia

GI: *Constipation, dry mouth, nausea, dyspepsia*, weight gain, **hepatic toxicity**

GU: *Delayed ejaculation, anorgasmia*, urinary retention, decreased libido

HEMA: **Agranulocytosis, neutropenia, pancytopenia**

INTEG: Diaphoresis, photosensitivity, abnormal skin odor, flushing, rash, pruritus

META: Hyponatremia

RESP: **Pharyngitis, rhinitis, bronchospasm**

SYST: **Suicide in children, adolescents**

PHARMACOKINETICS

Onset ≥ 2 wk (depression), 4-10 wk (OCD); peak 2-6 hr; extensively bound to tissue and plasma proteins; demethylated in liver; active metabolites excreted in urine (50%-60%), feces (24%-32%); half-life 32 hr; steady state 1-2 wk

INTERACTIONS

Increase: **hypertensive crisis, seizures, hypertensive episode—MAOIs**

Increase: **serotonin syndrome—SSRIs, SNRIs, linezolid, methylene blue IV**

Increase: clomiPRAMINE levels—cimetidine, FLUoxetine, fluvoxamine, sertraline; do not use together