

### 3-287 Celexa or colitis cause of diarrhea

#### TIPS Question:

80-year old female has had diarrhea since admission. Can it be the Celexa causing this?

Diagnoses: Dementia, Diabetes, hypertension, GERD, Hypothyroid, Ulcerative Colitis, Acute Myeloid Leukemia

She was on Celexa 10mg OD on admission and we increased it to 20mg OD due to her difficulty in adjusting to nursing home setting. She was on Glucophage 1000 mg BID and we decreased it to 500mg BID but she was still having the diarrhea. We changed the order again to 250 mg BID and she continues to have the diarrhea. We are doing daily tests of her BS and she is between 5.3-13.0. We have put her on Diabetic also 2.5mg OD but there has not been any real change in her diarrhea. I know that one side effect of Celexa is diarrhea. Is it possible that it is the Celexa that is causing this diarrhea? She is also on medication for her colitis Questran 1 package BID and Salofalk 500mg BID. The diarrhea still continues.

#### Response:

Some key points here are history of colitis, diabetes and depression. When diarrhea is considered a significant problem one needs to approach it with the P.I.E.C.E.S. template in mind.

An example is whether an exacerbation of colitis or other medical condition is the cause here or not. Are there any possible stresses in her environment?

Celexa as an SSRI is known to cause GI symptoms including nausea, vomiting, anorexia and diarrhea. Depending on her depressive symptoms, if this is the cause or contributing factor, it may be wise to first reduce. Then if no effect, consider weaning her off and monitoring closely for the re-emergence of symptoms and/or disorder the Celexa was initially used for and consider another alternative that does *not* cause diarrhea.

One also needs to ask how disabling this symptom is and guide your intervention based on this analysis.

**Please note:** TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.