**Lexapro**

*placebo*

**System Disorders**
- Frequent: urinary frequency, urinary tract infection. Infrequent: urinary urgency, kidney stone, dysuria, blood in urine.

**Musculoskeletal Disorders**
- Frequent: muscle weakness, back discomfort, arthropathy, jaw pain, joint stiffness. Psychiatric Disorders
  - Frequent:
    - Anorgasmia4 (3% and <1%) *There are no adequately designed studies examining sexual dysfunction with escitalopram treatment. Priapism has been reported with all SSRIs.*
    - Hallucination, suicidal tendency. Reproductive Disorders/Female
  - Frequent: menstrual cramps, menstrual disorder, decreased libido, anorgasmia.

**Special Senses**
- Frequent: vision blurred, tinnitus. Infrequent: taste alteration, earache, conjunctivitis, vision disturbance, pruritus, acne, alopecia, eczema, dermatitis, dry skin, folliculitis, lipoma, furunculosis, dry lips, skin nodule.

**Gastrointestinal Disorders**
- Frequent: nausea, vomiting, diarrhea, abdominal pain, constipation, dyspepsia, flatulence, indigestion, heartburn, abdominal cramp, gastroenteritis. Infrequent: gastroesophageal reflux, bloating, abdominal distension, cramping, tenesmus, dysphagia, hematemesis, vomiting and diarrhea, vomiting regurgitation, anorexia, abdominal mass, constipation, malabsorption.

**Moderate**
- Fatigue, asthenia, weakness, decreased appetite, sleep problems, food aversion, food restriction, weight loss, weakness, weight gain, sleep disturbance, insomnia, somnolence, agitation, irritability, nervousness, anxiety, sadness, depression.

**Gynecological Disorders**
- Frequent: vaginitis, dyspareunia, metrorrhagia, dysmenorrhea. Infrequent: dysuria, blood in urine.

**Dizziness**
- Frequent: dizziness, vertigo. Infrequent: dyskinesia, dystonia, headache, myalgia, back pain, pain.

**Respiratory**
- Frequent: respiratory tract infection, back pain, pharyngitis, inflicted injury, anxiety. Primarily ejaculatory delay.

**Hypersensitivity Reactions**

For the complete list of adverse events, see the product’s Information for Healthcare Professionals and the Summary of Product Characteristics.

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**Prenatal Smoking Tied to Irritability in Girls**

By *Diana Mahoney*

New England Bureau

**Boston** — Prenatal smoking exposure is associated with significant increases in irritability in newborn girls but not boys, according to a study presented at a meeting of the Society for Research in Child Development.

The fact that significant differences were not evident in male infants in the large, epidemiologic sample might suggest early links to later sex differences in behavioral outcomes, said Rachel L. Pastor, a research assistant in the Centers for Behavioral and Preventive Medicine, Brown University, Providence, R.I.

All of the infants exposed to prenatal smoking exhibited increases in muscle tension, compared with unexposed infants, she said in a poster presentation.

Using data from the New England Cohort of the National Collaborative Perinatal Project (NCPP), Ms. Pastor and colleagues examined the effects of smoking during pregnancy on the neurobehavioral development of male and female newborns in a sample of 991 healthy mother-infant pairs recruited between 1959 and 1962. As part of the NCPP, smoking was measured prospectively at each prenatal visit and newborn neurobehavior was assessed using the Graham-Rosebith behavioral examination. For the current investigation, the participants were classified as nonsmokers, moderate smokers (between 1 and 19 cigarettes per day), and heavy smokers (20 or more cigarettes per day).

“We found significant differences between smoking groups for irritability in females, but not in males,” Ms. Pastor reported. “Tests revealed significant differences between the heavy smoking group and both the moderate and no smoking groups only for female infants, while significant effects of maternal smoking group on muscle tone emerged for both male and female infants.”

The tests also showed different patterns of effects for males and females with respect to muscle tone. For females, the heavy smoking group was significantly different from both the moderate and no smoking groups, whereas for males, the moderate smoking group differed significantly from the no smoking and heavy smoking groups,” said Ms. Pastor.

Regarding the irritability findings, excessive irritability could indicate an infant withdrawal syndrome. Ms. Pastor noted. Additionally, irritability could potentially affect bonding and attachment with caregivers and may represent an early link to emotional dysregulation, she said.

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**Nicotine in Breast Milk Is Disruptive to Infant Sleep**

**San Francisco** — With only a handful of case reports in the medical literature, Raynaud’s phenomenon of the nipples isn’t the first thing that physicians think of when a breastfeeding mother complains of nipple pain.

If there are no signs of infection and no cracks or fissures on the nipples, one should consider this rare cause of nipple pain, especially if the woman has a history of Raynaud’s syndrome, Sharon R. Wiener said at a meeting on antepartum and intrapartum management sponsored by the University of California, San Francisco.

The pain from this vasospasm of the nipples while breastfeeding is usually bilateral, severe, and has a spasmlike throb.

The nipple usually turns white but may be blue, purple, or red, said Ms. Wiener, a certified nurse-midwife at the university. This problem has been misdiagnosed as a candidal infection. Of 12 women in a 2005 case report who were diagnosed with Raynaud’s phenomenon of the nipples, 8 had been treated for candidiasis of the breast.

A recent patient seen by Ms. Wiener had been diagnosed with Raynaud’s syndrome about 5 years before her pregnancy. She complained of episodes in which her nipples would become cold and then go into spasms for many hours. She was sure it was no big deal and ignored the problem, she said.

Her condition was investigated, the participant was eventually treated with the calcium channel blocker nifedipine, 5 mg b.i.d. for 2 weeks. It’s a quick acting vasodilator, she said. “Those I have treated have responded very well and didn’t need a repeat of the prescription.” In mild cases, warm compresses or warm showers may suffice as treatment. Topical nitroglycerine appears to be effective treatment in half of cases.

Raynaud’s phenomenon of the nipples has been associated with rheumatologic diseases, endocrine diseases, autoimmune diseases, cigarettes, and caffeine.

—Sherry Boschert

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**Women’s Health**