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By Chris Tighe at 1:35 pm, Jun 23, 2015

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Amitriptyline •

Generic Name: amitriptyline (a mee TRIP ti leen)

Brand Names: Vanatrip, Elavil, Endep

Overview

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What is amitriptyline?

Amitriptyline is a tricyclic antidepressant. It affects chemicals in the brain that may become unbalanced.

Amitriptyline is used to treat symptoms of depression.

Amitriptyline may also be used for purposes not listed in this medication guide.

Important information

You should not use this medication if you are allergic to amitriptyline, or if you have recently had a heart

attack. Do not use amitriptyline if you have used an MAO inhibitor such as furazolidone (Furoxone), isocarboxazid (Marplan), phenelzine (Nardil), rasagiline (Azilect), selegiline (Eldepryl, Emsam, Zelapar), or tranylcypromine (Parnate) within the past 14 days.

Before taking amitriptyline, tell your doctor if you have used an "SSRI" antidepressant in the past 5 weeks, such as citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac, Sarafem, Symbyax), fluvoxamine (Luvox), paroxetine (Paxil), or sertraline (Zoloft).

You may have thoughts about suicide when you first start taking an antidepressant such as amitriptyline, especially if you are younger than 24 years old. Your doctor will need to check you at regular visits for at least the first 12 weeks of treatment.

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Report any new or worsening symptoms to your doctor, such as: mood or behavior changes, anxiety, panic attacks, trouble sleeping, or if you feel impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive (mentally or physically), more depressed, or have thoughts about suicide or hurting yourself.

Before taking this medicine

You should not use this medication if you are allergic to amitriptyline, or if you have recently had a heart attack. Do not use amitriptyline if you have used an MAO inhibitor such as furazolidone (Furoxone), isocarboxazid (Marplan), phenelzine (Nardil), rasagiline (Azilect), selegiline (Eldepryl, Emsam, Zelapar), or tranylcypromine (Parnate) in the last 14 days. A dangerous drug interaction could occur, leading to serious side effects.

To make sure you can safely take amitriptyline, tell your doctor if you have any of these other conditions:

- heart disease;
- a history of heart attack, stroke, or seizures;
- bipolar disorder (manic-depression);
- schizophrenia or other mental illness;
- diabetes (amitriptyline may raise or lower blood sugar);
- overactive thyroid;
- · glaucoma; or

problems with urination.

You may have thoughts about suicide while taking an antidepressant, especially if you are younger than 24 years old. Tell your doctor if you have worsening depression or suicidal thoughts during the first several weeks of treatment, or whenever your dose is changed.

Your family or other caregivers should also be alert to changes in your mood or symptoms. Your doctor will need to check you at regular visits for at least the first 12 weeks of treatment.

FDA pregnancy category C. It is not known whether amitriptyline will harm an unborn baby. Tell your doctor if you are pregnant or plan to become pregnant while using this medication. Amitriptyline can pass into breast milk and may harm a nursing baby. You should not breast-feed while you are using amitriptyline. Do not give this medication to anyone under 12 years old without medical advice.

See also: Pregnancy and breastfeeding warnings (in more detail)

How should I take amitriptyline?

Take amitriptyline exactly as prescribed by your doctor. Do not take in larger or smaller amounts or for longer than recommended. Follow the directions on your prescription label.

If you need surgery, tell the surgeon ahead of time that you are using amitriptyline. You may need to stop using the medicine for a short time. Do not stop using amitriptyline suddenly, or you could have unpleasant withdrawal symptoms. Ask your doctor how to avoid withdrawal symptoms when you stop using amitriptyline. It may take up to 4 weeks before your symptoms improve. Keep using the medication as directed and tell your doctor if your symptoms do not improve after 4 weeks of treatment.

Store amitriptyline at room temperature away from moisture, heat, and light.

What happens if I miss a dose?

Take the missed dose as soon as you remember. Skip the missed dose if it is almost time for your next scheduled dose. Do not take extra medicine to make up the missed dose.

What happens if I overdose?

Seek emergency medical attention or call the Poison Help line at 1-800-222-1222. An overdose of amitriptyline can be fatal.

Overdose symptoms may include uneven heartbeats, extreme drowsiness, confusion, agitation, vomiting, hallucinations, feeling hot or cold, muscle stiffness, seizure (convulsions), or fainting.

What should I avoid?

Do not drink alcohol. It can cause dangerous side effects when taken together with amitriptyline. This medication may impair your thinking or reactions. Be careful if you drive or do anything that requires you to be alert. Avoid exposure to sunlight or tanning beds. Amitriptyline can make you sunburn more easily. Wear protective clothing and use sunscreen (SPF 30 or higher) when you are outdoors.

Amitriptyline side effects

Get emergency medical help if you have any of these signs of an allergic reaction to amitriptyline: hives; difficulty breathing; swelling of your face, lips, tongue, or throat.

Report any new or worsening symptoms to your doctor, such as: mood or behavior changes, anxiety, panic attacks, trouble sleeping, or if you feel impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive (mentally or physically), more depressed, or have thoughts about suicide or hurting yourself.

Call your doctor at once if you have a serious side effect while taking amitriptyline such as:

- chest pain or heavy feeling, pain spreading to the arm or shoulder, sweating, general ill feeling;
- sudden numbness or weakness, especially on one side of the body;
- sudden severe headache, confusion, problems with vision, speech, or balance;
- pounding heartbeats or fluttering in your chest;
- feeling like you might pass out;
- confusion, hallucinations, seizures (convulsions);
- restless muscle movements in your eyes, tongue, jaw, or neck, uncontrollable shaking or tremor;
- extreme thirst with headache, nausea, vomiting, and weakness;
- numbness, burning pain, or tingly feeling;
- easy bruising, unusual bleeding (nose, mouth, vagina, or rectum), purple or red pinpoint spots under your skin;
- skin rash, bruising, severe tingling, numbness, pain, muscle weakness;
- urinating less than usual or not at all.

Less serious amitriptyline side effects may include:

- constipation, diarrhea, loss of appetite;
- dry mouth, unpleasant taste;
- feeling dizzy, drowsy, or tired;

- trouble concentrating;
- nightmares;
- blurred vision, headache, ringing in your ears;
- breast swelling (in men or women); or
- decreased sex drive, impotence, or difficulty having an orgasm.

This is not a complete list of side effects and others may occur. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

See also: Side effects (in more detail)

Amitriptyline dosing information

Usual Adult Amitriptyline Dose for Depression:

Oral:

Initial dose: 25 to 100 mg per day in 3 to 4 divided doses or 50 to 100 mg at bedtime.

Maintenance dose: 25 to 150 mg per day in single or 3 to 4 divided doses. 25 mg per day at bedtime has been used for premenstrual depression. Dose increases should be made gradually. A small number of hospitalized patients may need as much as 300 mg per day. ECG, blood pressure, and heart rate monitoring is recommended for patients receiving high doses.

IM:

20 to 30 mg up to 4 times a day. Patients should be switched to oral therapy as soon as possible.

Usual Adult Amitriptyline Dose for Migraine Prophylaxis:

10 mg orally once a day at bedtime.

Usual Adult Amitriptyline Dose for Dysthymia:

Oral:

Initial dose: 75 mg per day orally in single or divided doses.

Maintenance dose: 150 to 300 mg per day orally in single or divided doses. Dose increases should be made gradually. ECG, blood pressure, and heart rate monitoring is recommended for patients receiving high doses.

IM:

20 to 30 mg up to 4 times a day. Patients should be switched to oral therapy as soon as possible.

Usual Adult Amitriptyline Dose for Pain:

Oral:

Initial dose: 75 mg per day orally in single or divided doses.

Maintenance dose: 150 to 300 mg per day orally in single or divided doses. Dose increases should be made gradually. ECG, blood pressure, and heart rate monitoring is recommended for patients receiving high doses.

IM:

20 to 30 mg up to 4 times a day. Patients should be switched to oral therapy as soon as possible.

Usual Adult Amitriptyline Dose for Post Traumatic Stress Disorder:

Oral:

Initial dose: 75 mg per day orally in single or divided doses.

Maintenance dose: 150 to 300 mg per day orally in single or divided doses. Dose increases should be made gradually. ECG, blood pressure, and heart rate monitoring is recommended for patients receiving high doses.

IM:

20 to 30 mg up to 4 times a day. Patients should be switched to oral therapy as soon as possible.

Usual Adult Amitriptyline Dose for Somatoform Pain Disorder:

Oral:

Initial dose: 75 mg per day orally in single or divided doses.

Maintenance dose: 150 to 300 mg per day orally in single or divided doses. Dose increases should be made gradually. ECG, blood pressure, and heart rate monitoring is recommended for patients receiving high doses.

IM:

20 to 30 mg up to 4 times a day. Patients should be switched to oral therapy as soon as possible.

Usual Amitriptyline Geriatric Dose for Depression:

Oral:

10 mg orally 3 times a day and 20 mg at bedtime may be satisfactory in patients who do not tolerate higher dosages. Any dose increases should be made gradually.

IM:

20 to 30 mg up to 4 times a day. Patients should be switched to oral therapy as soon as possible.

Usual Pediatric Amitriptyline Dose for Depression:

9 to 12 years:

Initial dose: 1 mg/kg/day orally in 3 divided doses

Maintenance dose: 1 to 5 mg/kg/day in 3 divided doses. Dose increases should be made gradually. ECG,

heart rate, and blood pressure monitoring is recommended when doses exceed 3 mg/kg/day.

12 to 18 years:

Oral:

Initial dose: 25 to 50 mg per day orally in single or 3 to 4 divided doses.

Maintenance dose: 20 to 200 mg per day in divided doses. Dose increases should be made gradually. 10 mg orally 3 times a day and 20 mg at bedtime may be satisfactory in patients who do not tolerate higher

dosages.

IM:

20 to 30 mg up to 4 times a day. Patients should be switched to oral therapy as soon as possible.

Usual Pediatric Amitriptyline Dose for Pain:

1 to 12 years:

Initial dose: 0.1 mg/kg orally at bedtime (investigational).

Maintenance dose: May increase as tolerated over 2 to 3 weeks to 0.5 to 2 mg/kg at bedtime.

12 to 18 years:

Initial dose: 25 mg twice daily.

Maintenance dose: 50 to 200 mg per day in divided doses. Dose increases should be made gradually.

Usual Pediatric Amitriptyline Dose for Migraine Prophylaxis:

6 to 12 years: 0.25 to 1.5 mg/kg/day once daily at bedtime (investigational). Dose increases should be made gradually.

12 to 18 years:

Initial dose: 25 mg twice daily.

Maintenance dose: 50 to 200 mg per day in divided doses. Dose increases should be made gradually.

Usual Pediatric Amitriptyline Dose for Urinary Incontinence:

2 to 6 years: 10 mg orally at bedtime has been tried for nocturnal enuresis (investigational).

What other drugs will affect amitriptyline?

Cold or allergy medicine, sedatives, narcotic pain medicine, sleeping pills, muscle relaxers, and medicine for seizures or anxiety can add to sleepiness caused by amitriptyline. Tell your doctor if you regularly use

any of these medicines, or any other antidepressants.

Before taking amitriptyline, tell your doctor if you have used an "SSRI" antidepressant in the past 5 weeks, such as citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac, Sarafem, Symbyax), fluvoxamine (Luvox), paroxetine (Paxil), or sertraline (Zoloft).

Tell your doctor about all other medicines you use, especially:

- cimetidine (Tagamet);
- isoniazid (for treating tuberculosis);
- methimazole (Tapazole);
- nicardipine (Cardene);
- ropinirole (Requip);
- St. John's wort;
- ticlopidine (Ticlid);
- an antibiotic such as terbinafine (Lamisil);
- anti-malaria medication such as chloroquine (Arelan) or pyrimethamine (Daraprim), or quinine (Qualaquin);
- HIV or AIDS medicine such as delavirdine (Rescriptor) or ritonavir (Norvir, Kaletra);
- medicine to treat psychiatric disorders, such as aripiprazole (Abilify), chlorpromazine (Thorazine), clozapine (Clozaril, FazaClo), fluphenazine (Permitil, Prolixin), haloperidol (Haldol), perphenazine (Trilafon), or thioridazine (Mellaril);
- a heart rhythm medication such as amiodarone (Cordarone, Pacerone), dofetilide (Tikosyn), ibutilide (Corvert), or sotalol (Betapace); or
- a heart rhythm medication such as disopyramide (Norpace), dronedarone (Multaq), flecainide (Tambocor), mexiletine (Mexitil), procainamide (Pronestyl), propafenone (Rythmol), or quinidine (Quin-G).

This list is not complete and there are many other drugs that can interact with amitriptyline. Tell your doctor about all medications you use. This includes prescription, over-the-counter, vitamin, and herbal products. Do not start a new medication without telling your doctor. Keep a list of all your medicines and show it to any healthcare provider who treats you.

Next → <u>Side Effects</u>













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Where can I get more information?

Your pharmacist can provide more information about amitriptyline.

Remember, keep this and all other medicines out of the reach of children, never share your medicines with others, and use amitriptyline only for the indication prescribed.

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DRUG STATUS



Availability

Prescription only



Pregnancy Category

Risk cannot be ruled out



CSA Schedule

Not a controlled drug



Approval History

Drug history at FDA

Drug Class

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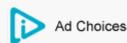




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