



Trazodone

Generic Name: trazodone (TRAZ oh done)

Brand Names: *Oleptro, Desyrel, Desyrel Dividose*

What is trazodone?

Trazodone is an antidepressant medicine. It affects chemicals in the brain that may be unbalanced in people with depression.

Trazodone is used to treat **major depressive disorder**.

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

Important information

You should not use trazodone if you are allergic to it, or if you are being treated with methylene blue injection.

Do not use trazodone if you have taken an MAO inhibitor in the past 14 days. A dangerous drug interaction could occur. MAO inhibitors include isocarboxazid, linezolid, phenelzine, rasagiline, selegiline, and tranylcypromine.

Some young people have thoughts about suicide when first taking an antidepressant. Your doctor will need to check your progress at regular visits while you are using trazodone. Your family or other caregivers should also be alert to changes in your mood or symptoms.

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.

Do not give this medicine to anyone younger than 18 years old without the advice of a doctor. Trazodone is not approved for use in children.

Before taking this medicine

You should not use trazodone if you are allergic to it, or if you are being treated with methylene blue injection.

Do not use trazodone if you have taken an MAO inhibitor in the past 14 days. A dangerous drug interaction could occur. MAO inhibitors include isocarboxazid, linezolid, phenelzine, rasagiline, selegiline, and tranylcypromine. After you stop taking trazodone, you must wait at least 14 days before you start taking an MAOI.

To make sure trazodone is safe for you, tell your doctor if you have:

- liver or kidney disease;
- heart disease;
- a bleeding or blood clotting disorder;
- seizures or epilepsy;
- narrow-angle glaucoma;
- bipolar disorder (manic depression);
- a history of Long QT syndrome;
- a history of drug abuse or suicidal thoughts; or
- if you have recently had a heart attack.

Some young people have thoughts about suicide when first taking an antidepressant. Your doctor will need to check your progress at regular visits while you are using trazodone. Your family or other caregivers should also be alert to changes in your mood or symptoms.

Taking an SSRI antidepressant during pregnancy may cause serious lung problems or other complications in the baby. However, you may have a relapse of depression if you stop taking your antidepressant. Tell your doctor right away if you become pregnant while taking trazodone. **Do not start or stop taking this medicine during pregnancy without your doctor's advice.**

It is not known whether trazodone passes into breast milk or if it could harm a nursing baby. Tell your doctor if you are breast-feeding a baby.

Do not give this medicine to anyone younger than 18 years old without the advice of a doctor. Trazodone is not approved for use in children.

How should I take trazodone?

Follow all directions on your prescription label. Your doctor may occasionally change your dose to make sure you get the best results. Do not take this medicine in larger or smaller amounts or for longer than recommended.

The trazodone **immediate-release tablet** should be taken after a meal or a snack.

Take **Oleptro** on an empty stomach at bedtime or late in the evening.

Do not crush, chew, or break an **extended-release tablet**. Swallow it whole. You may break an Oleptro tablet in half along the score line if needed.

It may take up to 2 weeks before your symptoms improve. Keep using the medication as directed and tell your doctor if your symptoms do not improve.

Do not stop using trazodone suddenly, or you could have unpleasant withdrawal symptoms. Ask your doctor how to safely stop using this medicine.

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

See also: Dosage Information (in more detail)

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 trazodone can be fatal when it is taken with alcohol, barbiturates such as phenobarbital, or sedatives such as diazepam (Valium).**

Overdose symptoms may include extreme drowsiness, vomiting, penis erection that is painful or prolonged, fast or pounding heartbeat, seizure (black-out or convulsions), or breathing that slows or stops.

What should I avoid while taking trazodone?

Do not drink alcohol. Trazodone can increase the effects of alcohol, which could be dangerous.

Avoid getting up too fast from a sitting or lying position, or you may feel dizzy. Get up slowly and steady yourself to prevent a fall.

Trazodone may impair your thinking or reactions. Be careful if you drive or do anything that requires you to be alert.

Ask your doctor before taking a nonsteroidal anti-inflammatory drug (NSAID) for pain, arthritis, fever, or swelling. This includes aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve), celecoxib (Celebrex), diclofenac, indomethacin, meloxicam, and

others. Using an NSAID with this medicine may cause you to bruise or bleed easily.

Trazodone side effects

Stop taking trazodone and call your doctor at once if you have a penis erection that is painful or lasts 6 hours or longer. This is a medical emergency and could lead to a serious condition that must be corrected with surgery.

Get emergency medical help if you have any **signs of an allergic reaction to trazodone**: 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:

- blurred vision, tunnel vision, eye pain or swelling, or seeing halos around lights;
- headache with chest pain and severe dizziness, fainting, fast or pounding heartbeats;
- chest pain or pressure, tight feeling in your neck or jaw, sweating, pain spreading to your arm or shoulder;
- high levels of serotonin in the body--agitation, hallucinations, fever, fast heart rate, overactive reflexes, nausea, vomiting, diarrhea, loss of coordination, fainting;
- low levels of sodium in the body--headache, confusion, slurred speech, severe weakness, vomiting, loss of coordination, feeling unsteady; or
- severe nervous system reaction--very stiff (rigid) muscles, high fever, sweating, confusion, fast or uneven heartbeats, tremors, feeling like you might pass out.

Common trazodone side effects may include:

- drowsiness, dizziness;
- vision changes;
- constipation; or
- dry mouth, altered sense of taste.

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)

Trazodone dosing information

Usual Adult Dose of Trazodone for Depression:

Immediate-release tablets:

Initial dose: 150 mg per day in divided doses.

Maintenance dose: May be increased by 50 mg per day every 3 to 4 days. The maximum dose for outpatients usually should not exceed 400 mg per day in divided doses. Inpatients may be given up to but not in excess of 600 mg per day in divided doses.

Trazodone should be taken shortly after a meal or light snack.

Extended-release tablets:

Recommended starting dose: 150 mg once daily

Maintenance dose: The dose may be increased by 75 mg/day every three days (for example, start 225 mg on day 4 of therapy).

Maximum daily dose: 375 mg

Trazodone extended-release tablets should be taken orally at the same time every day, in the late evening preferably at bedtime, on an empty stomach. Once an adequate response has been achieved, dosage may be gradually reduced, with

subsequent adjustment depending on therapeutic response.

Patients should be monitored for withdrawal symptoms when discontinuing treatment with trazodone hydrochloride. The dose should be gradually reduced whenever possible.

The efficacy of trazodone extended-release tablets for the maintenance treatment of MDD has not been evaluated. While there is no body of evidence available to answer the question of how long a patient treated with the extended-release tablets should continue the drug, it is generally recommended that treatment be continued for several months after an initial response. Patients should be maintained on the lowest effective dose and be periodically reassessed to determine the continued need for maintenance treatment.

Usual Geriatric Dose of Trazodone for Depression:

Immediate-release tablets:

Initial dose: 150 mg per day in divided doses.

Maintenance dose: May be increased by 50 mg per day every 3 to 4 days. The maximum dose for outpatients usually should not exceed 400 mg per day in divided doses. Inpatients may be given up to but not in excess of 600 mg per day in divided doses.

Trazodone should be taken shortly after a meal or light snack.

Extended-release tablets:

Recommended starting dose: 150 mg once daily

Maintenance dose: The dose may be increased by 75 mg/day every three days (for example, start 225 mg on day 4 of therapy).

Maximum daily dose: 375 mg

Trazodone extended-release tablets should be taken orally at the same time every day, in the late evening preferably at bedtime, on an empty stomach. Once an adequate response has been achieved, dosage may be gradually reduced, with subsequent adjustment depending on therapeutic response.

Patients should be monitored for withdrawal symptoms when discontinuing treatment with trazodone hydrochloride. The dose should be gradually reduced whenever possible.

The efficacy of the extended-release tablets for the maintenance treatment of MDD has not been evaluated. While there is no body of evidence available to answer the question of how long a patient treated with trazodone extended-release tablets should continue the drug, it is generally recommended that treatment be continued for several months after an initial response. Patients should be maintained on the lowest effective dose and be periodically reassessed to determine the continued need for maintenance treatment.

In the clinical trial, there were nine patients older than 65. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical literature have not identified differences in responses between elderly and younger patients. However, as experience in the elderly with the extended-release tablets is limited, it should be used with caution in geriatric patients.

Antidepressants have been associated with cases of clinically significant hyponatremia in elderly patients who may be at greater risk for this adverse reaction.

Usual Pediatric Dose for Depression:

(Not approved by FDA)

Immediate-release tablets:

6 to 12 years:

Initial dose: 1.5 to 2 mg/kg/day in divided doses.

Maintenance dose: May increase up to 6 mg/kg/day in 3 divided doses.

Greater than 12 years to 18 years:

Initial dose: 25 to 50 mg per day.

Maintenance dose: May increase up to 100 to 150 mg per day in divided doses.

Trazodone should be taken shortly after a meal or light snack.

What other drugs will affect trazodone?

Taking this medicine with other drugs that make you sleepy can worsen this effect. Ask your doctor before taking trazodone with a sleeping pill, narcotic pain medicine, muscle relaxer, or medicine for anxiety, depression, or seizures.

Many drugs can interact with trazodone. Not all possible interactions are listed here. Tell your doctor about all your medications and any you start or stop using during your treatment, especially:

- any other antidepressant;
- anagrelide;
- droperidol;
- methadone;
- ondansetron;
- an antibiotic--azithromycin, clarithromycin, erythromycin, levofloxacin, moxifloxacin, pentamidine;
- cancer medicine--arsenic trioxide, vandetanib;
- anti-malaria medication--chloroquine, halofantrine;
- heart rhythm medicine--amiodarone, disopyramide, dofetilide, dronedarone, flecainide, ibutilide, quinidine, sotalol; or
- medicine to treat a psychiatric disorder--chlorpromazine, haloperidol, pimozide, thioridazine.

This list is not complete and many other drugs can interact with trazodone. This includes prescription and over-the-counter medicines, vitamins, and herbal products. Give a list of all your medicines to any healthcare provider who treats you.

Where can I get more information?

- Your pharmacist can provide more information about trazodone.
- Remember, keep this and all other medicines out of the reach of children, never share your medicines with others, and use this medication only for the indication prescribed.
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