BRAND NAME: WELLBUTRIN, WELLBUTRIN SR AND XL, ZYBAN
Chemical name: bupropion

General Information: Wellbutrin is a unique drug used to treat depression alone or in combination with other antidepressants. Marketed as Zyban, it is used for smoking cessation. Wellbutrin is also sometimes used in the treatment of attention deficit-hyperactivity disorder; this is an “off-label” use not currently approved by the FDA. The antidepressant activity of Wellbutrin is not fully understood, but is thought to involve enhancement of the function of the chemical messengers norepinephrine and dopamine. The benefits in helping people quit smoking are likely to come from calming of nicotine-related receptors in the brain. Wellbutrin is not habit-forming.

Guidelines for Use: Wellbutrin and Wellbutrin SR (sustained release) are now available as bupropion and bupropion SR and are usually prescribed that way. The shorter-acting bupropion comes as 75 and 100 mg. tablets which are taken 2 or 3 times per day. The usual starting dose is 75 or 100 mg. twice daily, increasing up to a total daily dose of 450 mg. if needed to control symptoms. Bupropion SR is available in 100, 150 and 200 mg. tablets. The usual starting dose is 100 or 150 mg. once or twice daily, increasing up to 200 mg. twice daily if needed. Wellbutrin XL (no generic available) is taken once daily in 150 or 300 mg. tablets. Zyban is available as 150 mg. tablets, taken twice daily. Wellbutrin may be taken with food to reduce nausea. There should be at least 8 hours between doses, and it is advisable to take the second dose no later than 6 p.m. as it may cause insomnia. Do not chew or break pills, as this may alter the rate at which the medicine is released.

Some people begin to notice improvement in 1-2 weeks, but it may take 4-6 weeks before the maximum benefit is reached. If you forget to take the medication but remember within 4 hours or so, go ahead and take it when you remember. If it is close to your next dose, skip the missed dose; do not take double doses. Store the drug in a dry, tightly-closed, light-resistant container out of the reach of children.

Side Effects of Wellbutrin/Zyban:
*Note: Most side effects taper off during treatment as you become used to the drug.

Common side effects (10% or more of users experience; notify your clinician if severe):

--headache
--dry mouth
--nausea, stomach pain
--loss of appetite, weight loss
--insomnia

Less common side effects (less than 10% of users experience; notify if severe):

--agitation, anxiety
--dizziness
--ringing in the ears
--palpitations, increased heart rate
--more frequent urination
--diarrhea
--sore throat
--sweating
--constipation
--muscle aches

--skin rash: STOP THE DRUG AND CALL YOUR CLINICIAN
*Call your clinician right away if you have worsening depression, thoughts of suicide, or sudden or severe changes in mood or behavior such as feeling anxious, agitated, panicky, irritable, hostile, aggressive, or severely restless, especially at the beginning of treatment or after a change in dosage of your medication.*

Wellbutrin/Zyban may cause an increase in blood pressure in certain individuals. This is most likely in those who are attempting to quit smoking by using both Zyban and nicotine replacement via gum, patch or inhaler.

Wellbutrin only very rarely causes sexual side effects and is sometimes added to other antidepressants to reduce sexual side effects.

Any antidepressant, including Wellbutrin, may cause activation into a state of mania or mild mania ("hypomania") in vulnerable individuals, usually but not always those who have bipolar disorder. Such a state is characterized by increased energy and hyperactivity, decreased need for sleep, marked euphoria or irritability, impulsiveness and an increase in pleasure-seeking. CALL YOUR CLINICIAN AS SOON AS POSSIBLE IF YOU DEVELOP THESE SYMPTOMS.

**Precautions:** Do not take this drug if you have ever had an allergic reaction to Wellbutrin or Zyban. Inform your clinician if you have any known drug allergies; if you have ever had a seizure or been diagnosed with epilepsy, an eating disorder, kidney disease or liver disease; if you are taking any other drug (prescription or non-prescription), vitamin, supplement or herb; if you will be undergoing anesthesia or surgery while taking this drug. **Inform your clinician if you are or might be pregnant.** It does not appear that exposure to this drug in the uterus increases risks to the fetus, but you and your clinician will need to weigh the benefits of treatment against the risks to mother and baby. Wellbutrin is not recommended for breast-feeding mothers. Wellbutrin has not been fully tested in children and is not recommended at present for infants or children. Metabolism and excretion of the drug may be slowed in the elderly, so lower doses and monitoring of kidney function may be needed.

Wellbutrin is known to slightly increase risk of seizures, particularly at high doses and in people with other risk factors for seizure (history of previous seizure, head injury or brain tumor; history of an eating disorder; serious liver disease; abuse of alcohol, sedatives or opiates, or abrupt withdrawal from alcohol, sedatives, opiates, stimulants or cocaine; use of over-the-counter appetite suppressants; diabetes treated with oral medicines or insulin; concurrent use of other medicines that raise seizure risk; discuss with your clinician). **It is imperative to let your clinician know if you have any of these risk factors.** The risk of seizure can be reduced by increasing the dosage gradually, by not exceeding a single dose of 200 mg. and a total daily dose of 400 mg., and by taking the two daily doses at least 8 hours apart. If you have a seizure while taking this drug, call 911 or have someone take you to an emergency facility immediately. Do not take any more of the drug.
This drug may cause drowsiness, though this is uncommon. If so, avoid driving or operating machinery until you are sure your alertness and coordination are not affected.

Wellbutrin may also cause insomnia, particularly in the early weeks of treatment. Take the second dose well before bedtime, for example at dinner time, if this is the case.

Most antidepressants can cause discontinuation symptoms in some people if stopped abruptly, especially after long-term use. While this is not usually the case with Wellbutrin, it is generally advised to taper off any antidepressant gradually under the supervision of your clinician. Discontinuation symptoms may include headache, nausea, dizziness, vertigo, muscle aches, and tingling – often, a flu-like feeling.

To date, overdoses of Wellbutrin alone have rarely been fatal. Seizure, changes in heart rate, hallucinations and agitation are risks with overdose. Immediate emergency medical care should be sought in cases of overdose of Wellbutrin.

Interactions:

Alcohol: It is not advisable to use alcohol while taking Wellbutrin, due to further increased risk of seizure. In addition, alcohol use may contribute to depression, so is not recommended for people experiencing depression.

Food: No known interactions.

Other drugs: Always inform any clinician you see that you are taking this drug. Do not combine Wellbutrin and Zyban; since they are the same drug, this represents overdosage. A potentially toxic reaction could occur if Wellbutrin is taken with MAO inhibitors (Nardil, Parnate); these drugs must be stopped at least 2 weeks before Wellbutrin is started and vice versa. Wellbutrin is commonly used in combination with other (non-MAO-I) antidepressants, but this should only be done under the supervision of your clinician. Care should be taken when this drug is combined with any of the following drugs: some mood stabilizing or anticonvulsant drugs (lithium, Tegretol, Depakote, Dilantin); some antipsychotics (Clozaril, Haldol, Loxitane, Moban, Navane, the phenothiazine drugs); some antidepressants (Prozac or fluoxetine, trazodone), antimalarial drugs; oral steroid medications (cortisone, prednisone); quinolone antibiotics (Cipro). Other drugs that must be used cautiously with Wellbutrin include Tagamet, Norflex, Cytotoxan and drugs that increase dopamine (Larodopa, Permax, Requip, Mirapex, Symmetrel and Parlodel).

Long-term Use: It is usually recommended that you remain on the therapeutic dose of an antidepressant medication for 6-12 months after depression has responded to treatment. As far as is known, Wellbutrin is safe for long-term use. Some people with severe or chronic depression may stay on Wellbutrin for extended periods.