BRAND NAME: EFFEXOR
Chemical name: venlafaxine

General Information: Effexor is a unique drug used to treat depression and anxiety. It has effects on the chemical messengers serotonin, norepinephrine, and dopamine in the brain. Effexor is not habit-forming.

Guidelines for Use: Effexor is available in regular and extended-release forms (Effexor XR); XR is most commonly prescribed. Effexor XR is available in 37.5, 75, and 150 mg capsules; capsules may be combined to get the correct dosage. Regular Effexor and generic venlafaxine are available in 25, 37.5, 50, 75, and 100 mg tablets; tablets can be broken in half to adjust dosage. The usual starting dose is 37.5 mg daily of the XR form, taken in the morning or whenever your clinician directs. The dosage may be increased at 1-2 week intervals if needed to control symptoms. It may be taken with food to reduce nausea. Some people begin to notice improvement in symptoms 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 8 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 Effexor:

*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):

--nausea
--headache
--sedation
--dry mouth
--dizziness
--insomnia

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

--low appetite
--anxiety
--constipation
--sweating
--sexual dysfunction: May not go away; discuss with your clinician
--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.*

Any antidepressant, including Effexor, may trigger mania or hypomania in vulnerable individuals, usually but not always those with bipolar disorder. Symptoms include increased energy and hyperactivity, decreased need for sleep, marked euphoria or irritability, impulsiveness and increased pleasure-seeking. CALL YOUR CLINICIAN AS SOON AS POSSIBLE IF YOU DEVELOP THESE SYMPTOMS.
Effexor can increase blood pressure slightly in sensitive individuals, though this is not usually a problem until a dosage of 225 mg. daily is reached. Previous history of high blood pressure is not necessarily a risk factor for elevated blood pressure with Effexor.

**Precautions:** Do not take this drug if you have ever had an allergic reaction to Effexor. Inform your clinician if you have any known drug allergies; if you have epilepsy, kidney or liver disease; if you are taking any other drug (prescribed or not), 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. Exposure to this drug in the uterus is unlikely to increase risk of fetal malformations, but some newborns exposed to this type of drug after 20 weeks of gestation suffer from respiratory and other difficulties that range from mild to severe. You and your clinician will need to weigh the benefits of treatment against the risks to mother and baby. It has not been tested in children and is not recommended for use by infants or children. Metabolism of the drug may be slowed in the elderly, so lower doses may be needed.

**This drug may cause drowsiness.** If so, avoid driving or operating machinery until you are sure that your alertness and coordination are not affected.

Effexor may cause marked discontinuation symptoms (headache, nausea, dizziness, vertigo, muscle aches, tingling of the skin) in some people if it is stopped abruptly. It should be tapered down gradually under the supervision of your clinician.

Overdoses of Effexor alone have rarely proved fatal; the primary symptom is sedation. However, immediate emergency medical care should be sought in cases of overdose.

**Interactions:**

**Alcohol:** Although the manufacturer of Effexor does not recommend the use of alcohol when on this drug, it appears that light social drinking is acceptable. Be aware that the effects of alcohol may be enhanced. Alcohol use may contribute to depression, so is not recommended for people experiencing depression.

**Food:** Avoid grapefruit juice; it interferes with a liver enzyme that metabolizes Effexor.

**Other drugs:** A TOXIC REACTION COULD OCCUR IF EFFEXOR IS TAKEN WITH MAO INHIBITORS (NARDIL, PARNATE); THESE DRUGS MUST BE STOPPED AT LEAST 2 WEEKS BEFORE EFFEXOR IS STARTED AND VICE VERSA. Care should be taken when this drug is used in combination with any of the following drugs: some antipsychotics (Stelazine, Haldol, Mellaril); some antidepressants (Prozac or fluoxetine, Zoloft, Serzone, Celexa, Elavil, Anafranil, desipramine, Wellbutrin); quinidine; Celebrex. Other drugs may also be problematic; discuss with your clinician. DO NOT USE THIS DRUG IN COMBINATION WITH ST. JOHN’S WORT.

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