Drug name: **Mirtazepine**

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

**Guidelines for Use:** Mirtazepine is available in 15, 30, and 45 mg. tablets; tablets can be broken in half to get the correct dosage. It is also available as 15, 30, and 45 mg. tablets that dissolve in the mouth. The usual starting dose is 15 mg. daily taken at bedtime 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, though sleep may improve immediately. It may take 4-6 weeks before the maximum benefit is reached. If you forget to take a dose but remember within 8 hours or so, go ahead and take it. 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 Mirtazepine:**

*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):

--drowsiness
--increased appetite, weight gain
--dry mouth
--constipation

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

--dizziness
--skin rash: STOP THE DRUG AND CALL YOUR CLINICIAN

A rare side effect (1-2 per 1,000 users) of mirtazepine is a decrease in white blood cells. This could lead to fever and infection. If you develop a sore throat, fever, mouth sores or other signs of infection, call your clinician as soon as possible. If you have such symptoms and your white blood cell count is low, mirtazepine must be stopped.

*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 mirtazepine, 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 mirtazapine. 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 (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.** 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; lower doses may be used.

**This drug often causes drowsiness, especially early in treatment.** If so, avoid driving or operating machinery until you are sure that your alertness is not affected.

Mirtazapine may cause discontinuation symptoms in some people if it is stopped abruptly, particularly after long-term use. These symptoms include headache, nausea, dizziness, vertigo, and muscle aches – a flu-like feeling. It should be tapered down gradually under the supervision of your clinician.

To date, overdoses of mirtazapine alone have rarely been fatal. However, immediate emergency medical care should be sought in cases of overdose. Symptoms of overdose include disorientation, drowsiness, impaired memory, and rapid heartbeat.

**Interactions:**

**Alcohol:** Although the manufacturers of mirtazapine do 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 mirtazapine.

**Other drugs:** A POTENTIALLY TOXIC REACTION COULD OCCUR IF MIRTAZEPINE IS TAKEN WITH MAO INHIBITORS (NARDIL, PARNATE); THESE DRUGS MUST BE STOPPED AT LEAST 2 WEEKS BEFORE MIRTAZEPINE 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, Tagamet, Cipro, erythromycin, clarithromycin (Biaxin), ketoconazole (Nizoral),itraconazole (Sporanox), and some other medications. Other drugs may also be problematic; discuss with your clinician. **DO NOT USE THIS DRUG IN COMBINATION WITH ST. JOHN’S WORT.**