Drug name: **NEFAZODONE**

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

**Guidelines for Use:** Nefazodone is available in 50, 100, 150, 200, and 250 mg. tablets; tablets can be broken in half to get the correct dosage. The usual starting dose is 50-100 mg. once or twice daily, as 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 or longer 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 Nefazodone:**

*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):

--dizziness  
--nausea  
--weakness  
--agitation  

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

--constipation  
--sleepiness  
--blurry vision, visual trails  
--liver toxicity: See page 3  
--confusion  
--ringing in the ears  

*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 nefazodone, 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 nefazodone. 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.** It does not appear that exposure to drugs like nefazodone 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. 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.

Nefazodone 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 nefazodone alone have rarely been fatal. However, immediate emergency medical care should be sought in cases of overdose. Symptoms of overdose include nausea, vomiting and sleepiness.

**Interactions:**

**Alcohol:** Although the manufacturers of nefazodone 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, as it interferes with a liver enzyme needed to metabolize nefazodone.

**Other drugs:** A POTENTIALLY TOXIC REACTION COULD OCCUR IF NEFAZODONE IS TAKEN WITH MAO INHIBITORS (NARDIL, PARNATE); THESE DRUGS MUST BE STOPPED AT LEAST 2 WEEKS BEFORE STARTING NEFAZODONE AND VICE VERSA. Care should be taken when this drug is used in combination with any of the following drugs: antipsychotics (Clozaril, Haldol, Trilafon, Mellaril, Risperdal, Seroquel); some antidepressants (Prozac or fluoxetine, Zoloft, Celexa, Elavil, Anafranil, Pamelor, Norpramin, Remeron, Desyrel, Effexor); some benzodiazepines (Valium, Xanax, Halcion); Ambien; hormones (estrogen, progesterone, birth control pills); opiates (codeine, dextromethorphan, hydrocodone); Celebrex; erythromycin; clarithromycin (Biaxin); ketoconazole (Nizoral); itraconazole (Sporanox); fluconazole (Diflucan); warfarin (Coumadin); theophylline (Quibron, others); beta blockers (Inderal, Lopressor, others); antiarrhythmic drugs, 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.

**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, nefazodone is safe for long-term use. Some people with severe or chronic depression or anxiety may stay on nefazodone for extended periods.

**INFORMATION ABOUT LIVER TOXICITY WITH NEFAZODONE**

The FDA and manufacturers of nefazodone have updated prescribing information about the drug to include a warning about possible liver toxicity. Since it was first marketed, nefazodone has been prescribed to approximately 9.4 million people worldwide. To date, at least four cases of acute liver failure leading to death or liver transplant have been reported as possibly being associated with use of nefazodone. The reported rate in the US is about 1 case of liver failure resulting in death or transplant per 250,000 to 300,000 patient-years of nefazodone use, a rate which is 3 to 4 times the usual rate of liver failure. It is likely to be an underestimate due to underreporting. Rare and isolated cases of liver failure have also been associated with other antidepressant drugs, but at a far lower rate.

Reported cases of liver toxicity occurred from 2 weeks to 6 months after nefazodone was started. Some patients reported dark urine and other physical symptoms, including loss of appetite, nausea and vomiting, generally not feeling well. Other patients had no symptoms. When liver toxicity was identified early and the drug stopped, patients usually recovered completely. Nefazodone should not be used in people with pre-existing or suspected liver conditions, including heavy use of illegal drugs or alcohol or exposure to other liver-toxic substances. It is not necessary to do routine liver functions studies while taking nefazodone, but your clinician may want to do baseline blood tests prior to treatment to rule out pre-existing liver disease.

Nefazodone has proven efficacy in the treatment of depression and anxiety and is still the drug of choice for many patients, particularly those who have not responded to or could not tolerate other antidepressants. If you elect to continue or begin treatment with nefazodone, you will be asked to do the following:

1. **Honestly report any drug or alcohol abuse that may put you at additional risk.**
2. **Follow your clinician’s instructions for use of the drug carefully.**
3. **Report any signs of liver toxicity, including dark urine, loss of appetite, nausea or vomiting, feeling ill, yellowing of the skin or whites of the eyes.**
4. **Obtain any lab work that is ordered in a timely way.**