TRAZODONE

General Information: Trazodone is a drug used to treat insomnia and depression. It affects several chemical messengers in the brain including serotonin, dopamine, norepinephrine, and acetylcholine. While its exact mechanism of action is unknown, it is thought to relate to inhibition of reuptake of serotonin, much like the antidepressants Prozac and Zoloft. However, trazodone is structurally unrelated to any other class of antidepressant. It is not habit-forming.

Guidelines for Use: Trazodone is available in 50, 100, 150, and 300 mg. tablets, which can be broken in half to get the correct dosage. It is available generically. The usual starting dose for insomnia is 25-50 mg. at or near bedtime; the dose may be increased if a low dose is ineffective. For depression, the starting dose is 50-100 mg. daily, taken at bedtime or in divided doses; the dose may be increased at intervals of 1-2 weeks up to 300 mg. daily if needed to control symptoms. It may be taken with food to reduce nausea. People with insomnia may sleep better immediately. Those with depression may begin to notice improvement in symptoms in 1-2 weeks, but it may take 4-6 weeks before the maximum benefit is reached. Some symptoms may improve before others do, and you may have good days and bad days for a few weeks – this is normal progress when recovering from depression. When taken for insomnia, a forgotten dose should be skipped. When taken for depression, you may go ahead and take a forgotten dose if you remember within 8 hours or so. 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 reach of children.

Side Effects of Trazodone:

*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
--drowsiness

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

--dry mouth
--constipation
--headache
--insomnia
--nervousness
--blurred vision
--confusion
--priapism*
--sexual dysfunction
--cardiac arrhythmia is possible in those with heart disease
--skin rash: STOP THE DRUG AND CALL YOUR CLINICIAN.

*Note: Trazodone has been known to cause priapism, a painful and persistent erection of the penis in men or the clitoris in women. In rare cases, this condition requires surgery to reverse and impairment of normal functioning may result. If you have ANY unusual erection while taking this drug, stop it and call your clinician or seek emergency care.
Any antidepressant, including trazodone, 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 trazodone. 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,** as trazodone may have effects on the developing fetus. It does cross into breast milk and is not advised for nursing mothers. It is not recommended for use by infants or children. Metabolism of trazodone may be slowed in the elderly; lower doses may be needed.

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

Overdoses of trazodone alone have not been fatal. However, immediate emergency medical care should be sought in cases of overdose. Symptoms of overdose include drowsiness, dizziness, and low blood pressure.

**Interactions:**

**Alcohol:** The use of alcohol with trazodone is not recommended due to excessive sedation. Alcohol use may also contribute to insomnia and depression.

**Food:** No restrictions.

**Other drugs:** Trazodone must be taken with extreme caution in combination with other antidepressants called MAO inhibitors (Nardil, Parnate). Care should also be taken when this drug is used in combination with any of the following drugs: blood pressure medications, digoxin (Lanoxin), or phenytoin (Dilantin). Trazodone may be additively sedating when used in combination with other central nervous system depressants (antihistamines, allergy medicines, sedatives, narcotics, muscle relaxants) and lower doses of each may be needed. 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:** Some people take trazodone for insomnia only for brief periods or intermittently, while some use it regularly. When used to treat depression, 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, trazodone is safe for long-term use. Some people with severe or chronic depression or insomnia may use trazodone for extended periods.