



Trazodone (Desyrel)

Brand Name: Desyrel

Available strengths: 50 mg, 100 mg, 150 mg, 300 mg tablets;
150 mg scored tablet (Desyrel Dividose)

Available in generic: Yes

Drug class: Antidepressant, but prescribed primarily for sleep

General Information

At one time **Desyrel (trazodone)** was widely prescribed for treatment of depression. However, at the effective dosages for depression, most people could not tolerate Desyrel's pronounced tendency to cause sedation and drowsiness, especially during the daytime when these side effects interfered with work and daily activities. With the introduction of selective serotonin reuptake inhibitor (SSRI) agents such as Prozac (fluoxetine) and Paxil (paroxetine) and other improved antidepressants with fewer side effects, the use of Desyrel for treating depression declined greatly. Yet for many individuals, SSRIs caused insomnia and other sleep difficulties. As a result, physicians began augmenting SSRI antidepressants with low dosages of Desyrel at bedtime to exploit the sedative effects of the medication and thus counter the insomnia. Today, Desyrel is infrequently used for monotherapy in treatment of depression. It is used primarily for treating insomnia, especially when caused by SSRI antidepressants. It is prescribed at lower dosages when used for sleep than for depression, and the brand name "Desyrel" is hardly ever used. It is better known to patients by its generic name, **trazodone**, and this handout refers to it by its generic name.

Besides its use for treatment of insomnia, trazodone was reported to be effective for reducing agitation and aggression in patients with Alzheimer's disease and other brain disorders. Also, at low doses, trazodone has anxiolytic effects and may be effective in treating generalized anxiety disorder. These uses for trazodone, however, are outside their indication; trazodone was approved only for the treatment of depression by the U.S. Food and Drug Administration (FDA). The use of a drug for its approved indications is called its *labeled use*, which restricts the pharmaceutical companies in advertising and marketing the medication. In clinical practice, however, physicians often prescribe drugs for *unlabeled* ("off-label") uses when published clinical studies, case reports, or their own clinical experiences support the efficacy and safety of the medications for these uses.

Dosing Information

When prescribed for insomnia and sleep disturbance, the usual dose for trazodone is 50–100 mg at bedtime, but some patients may need doses as high as 150–200 mg. Desyrel Dividose comes as a 150-mg scored tablet with three segments of 50 mg each that allow the patient to take 50 mg, 100 mg, or 150 mg at bedtime as needed.

For treatment of depression, trazodone is gradually increased to the effective therapeutic dosage of 300–400 mg, although some individuals may require dosages up to 600 mg. The entire dosage may be taken in one dose at bedtime to prevent daytime somnolence, but some individuals may still have lingering drowsiness the next day.

For treatment of aggression and agitation in Alzheimer's disease patients, 50 mg of trazodone two times a day has been reported to be effective.

Common Side Effects

Common side effects with trazodone are sedation, drowsiness, dizziness, dry mouth, headaches, nausea, indigestion, and visual disturbance. Nausea and indigestion are more frequent at higher dosages and on an empty stomach. Taking trazodone with food may decrease gastrointestinal side effects. Patients may experience visual disturbances—seeing visual trails or afterimages when their eyes move. Generally, these side effects subside over time and are less frequent with lower dosages.

Adverse Side Effects and Precautions

Individuals may complain of dizziness from trazodone. Trazodone blocks the body's compensatory response to maintain a stable blood pressure when a person moves from lying down to a sitting position or from sitting to standing, and thus the person becomes dizzy due to a momentary drop in blood pressure. This reaction is known in medical terms as **orthostatic hypotension**. Seniors and those taking other medications to lower blood pressure may be more susceptible to orthostatic hypotension from trazodone.

Some medications can cause a rare condition in males that result in uncontrollable, sustained, painful penile erections, known as **priapism**. Trazodone may induce priapism, and the incidence of priapism associated with trazodone is about 1 per 6,000 patients. Male patients taking trazodone who experience an uncontrolled erection persisting longer than 1 hour should seek immediate medical attention. If not treated promptly, priapism may result in permanent impotence due to damage of vascular structures in the penis.

Trazodone is highly sedating and can cause significant drowsiness, especially when starting the medication. Patients should not drive or operate hazardous machinery immediately after taking trazodone.

Pregnancy and Breastfeeding: Pregnancy Category C

Trazodone has not been tested in women to determine its safety in pregnancy. The effects of the drug on the developing fetus in pregnant women are unknown. Women who are pregnant or may become pregnant should discuss this with their physician. If trazodone was prescribed for depression, some women may experience a recurrence of symptoms when they stop trazodone. In these circumstances, the physician may discuss the need to restart the medication or seek an alternative medication or treatment.

Nursing mothers should not take trazodone, because it is excreted in breast milk and can be ingested by the baby. If stopping the medication is not an alternative, breastfeeding should not be started or should be discontinued.

Possible Drug Interactions

Trazodone, like many other medications, is metabolized in the liver. The combined use of trazodone with certain medications may result in adverse drug interactions because one drug may alter the blood levels of the other. The significant drug interactions reported with trazodone are summarized in the table on the next page.

Tegretol (carbamazepine)	When Tegretol is combined with trazodone, Tegretol blood levels may be elevated, with a possible increase in side effects, and trazodone levels may be lowered, with a possible decrease in efficacy.
Tagamet (cimetidine)	Tagamet may inhibit the liver enzyme that metabolizes trazodone and produce elevated blood levels of trazodone, thus increasing the potential for adverse side effects from trazodone.
Prozac (fluoxetine), Paxil (paroxetine), Wellbutrin SR or XL (bupropion)	Prozac, Paxil, and Wellbutrin may inhibit the liver enzyme that metabolizes trazodone and elevate trazodone's blood levels, thus increasing the potential for adverse side effects.

Other medications, including herbal supplements (e.g., St. John's wort), that boost serotonin can result in excessive levels of that neurotransmitter when combined with trazodone. This may produce a toxic syndrome known as **serotonin syndrome**, which is caused by excessive serotonin stimulation. The early signs of serotonin syndrome are restlessness, confusion, tremors, flushing, and involuntary muscle jerks. If the medications are not stopped and unremitting stimulation continues, the individual may develop more life-threatening complications resulting in muscle disorders, high fever, respiratory problems, clotting problems, and destruction of red blood cells that can lead to acute renal failure. Thus patients taking SSRIs should be alert to signs of serotonin syndrome, which require immediate medical attention and discontinuation of the serotonin-boosting medications. Antidepressants known as **monoamine oxidase inhibitors** should not be taken with trazodone because the combination may potentially produce a toxic reaction that includes elevated temperature, high blood pressure, and extreme excitation and agitation. Consult your physician or pharmacist before taking any new medications, including over-the-counter medications and herbal supplements, with trazodone.

Patients taking trazodone should avoid alcohol or should consume it in moderation because the combination may increase depression.

Overdose

In contrast to tricyclic and monoamine oxidase inhibitor antidepressants, overdose with trazodone is generally much less dangerous, especially when it is taken alone. Overdoses often involve multiple medications, and the other drugs may increase the risk of more serious complications. The combination of central nervous system depressants, such as alcohol, and trazodone can be lethal, and death is usually from respiratory depression.

Any suspected overdose should be treated as an emergency. The person should be taken to the emergency department for observation and treatment. The prescription bottle of medication (and any other medication suspected in the overdose) should be brought as well, because the information on the prescription label can be helpful to the treating physician in determining the number of pills ingested.

Special Considerations

Most cases of major depression can be treated successfully, usually with medication, psychotherapy, or both. The combination of psychotherapy and antidepressants is very effective in treating moderate to severe depression. The medications improve mood, sleep, energy, and appetite, while therapy strengthens coping skills, deals with possible underlying issues, and improves thought patterns and behavior. Trazodone may also be very beneficial for treating anxiety.

In general, antidepressants alone help about 60%–70% of patients taking them. Although a few individuals may experience some improvement from antidepressants by the end of the first week, most people do not see significant benefits from their antidepressants until after 3–4 weeks, and it can sometimes take as long as 8 weeks for the medication to achieve its full effect. Thus it is critical that patients continue to take their antidepressant long enough for the medication to be beneficial and that patients not get discouraged and stop their medication prematurely.

The controversial issue of suicide and antidepressants has prompted the FDA to ask manufacturers of some antidepressants, particularly the SSRIs, to provide warnings that the risk of suicide may be increased in depressed individuals (especially children) the first several weeks after beginning an antidepressant. However, studies have found that when more people in a community are taking antidepressants, the suicide rate is lower. The risk of suicide is inherent in depression and may persist until the individual responds to treatment. Depressed individuals who are at risk for suicide should be closely watched at the outset of therapy, and any signs of suicidal or violent behavior should be immediately reported to the physician or a mental health provider.

- **Warning:** Always let your physician or a family member know if you have suicidal thoughts. Notify your psychiatrist or your family physician whenever your depressive symptoms worsen or whenever you feel unable to control suicidal urges or thoughts.
- Do not discontinue your medication without consulting with your physician. If you miss a dose, take it as soon as possible within 2–3 hours of the scheduled dose. If longer, skip the missed dose and continue on your regular dosing schedule, but do not take double doses.
- Trazodone may be taken with or without food.
- Store the medication in its originally labeled, light-resistant container, away from heat and moisture. Heat and moisture may precipitate breakdown of the medication.
- Keep your medication out of the reach of children.

If you have any questions about your medication, consult your physician or pharmacist.

Notes
