



Trazodone (Desyrel)

Generic name: Trazodone

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

Available in generic: Yes (available only in generic)

Drug class: Antidepressant, but prescribed primarily for sleep

General Information

At one time **trazodone**—sold under the brand name Desyrel—was widely prescribed for treatment of depression. However, at the higher doses needed to treat depression, most people could not tolerate its tendency to cause pronounced sedation and drowsiness, especially during the daytime. With the introduction of selective serotonin reuptake inhibitor (SSRI) antidepressants such as Prozac (fluoxetine) and other newer antidepressants, the use of trazodone for depression rapidly declined. SSRIs instead caused insomnia and other sleep difficulties for many people. To counter this side effect, physicians added low doses of trazodone at bedtime for sleep. Today, trazodone is used mostly for treating insomnia and rarely for depression.

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 medication for its approved indications is called its *labeled use*. In clinical practice, however, physicians often prescribe medications for *unlabeled* ("off-label") uses when published clinical studies, case reports, or their own clinical experiences support the efficacy and safety of those treatments.

Dosing Information

When prescribed for insomnia and sleep disturbance, the usual dose of trazodone is 50–100 mg at bedtime, but some patients may need doses as high as 150–200 mg.

For treatment of depression, trazodone is gradually increased to the effective therapeutic dosage of 300–400 mg/day, although some individuals may require dosages up to 600 mg/day. 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 Reactions 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 results in uncontrollable, sustained, painful penile erections, known as **priapism**. In very rare instances, trazodone may induce priapism (in about 1 per 6,000 men taking the medication). Men taking trazodone who experience an uncontrolled erection persisting several hours 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.

Use in 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 will pass into breast milk and be ingested by the baby. If stopping the drug 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.

Other medications, including herbal supplements (such as St. John's wort), that boost serotonin may 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, excessive sweating, and involuntary muscle jerks. If the medications are not stopped, 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 may lead to acute renal failure. Patients taking SSRIs should be alert to signs of serotonin syndrome, which require immediate medical attention and discontinuation of the serotonin-boosting medications. Anti-

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.
Antiretroviral (anti-HIV) agents Norvir (ritonavir) and Crixivan (indinavir)	Coadministration of Norvir or Crixivan with trazodone may significantly elevate and prolong serum levels of trazodone, which can cause nausea, dizziness, daytime sedation, and tiredness. When these antiretroviral medications are being used, trazodone should be administered in the lowest possible dose.

depressants 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 room 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

In short-term studies, antidepressants were found to increase the risk of suicidal thinking and behavior in children and adolescents with major depression and other psychiatric disorders. Because trazodone is an antidepressant, although it is seldom used for treatment of depression, the prescriber must still warn of this risk in children and adolescents taking trazodone for other conditions. According to FDA findings, the risk of suicidal thoughts and behaviors associated with antidepressants is age-related. This phenomenon tends to occur in the younger population and is most likely to occur early in the course of treatment. In adults over 24 years

of age, there did not appear to be an increased risk of suicidality with antidepressants compared with placebo. In patients over age 65, the findings showed that antidepressants had a “protective effect” against suicidal thoughts and behavior. Other 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. The family or caregiver should closely observe the patient, especially a child or adolescent, for signs of worsening, suicidal thoughts, and changes in behavior, especially early in the course of therapy and with change in dose; any concerns should be communicated to the physician.

- **Warning:** Always let your physician or a family member know if you have suicidal thoughts. Notify your psychiatrist or 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.
- If the trazodone is prescribed for sleep, take it about 1 hour before bedtime. Take only the amount prescribed and only when needed.
- 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, and the medication may lose its therapeutic effects.
- Keep your medication out of the reach of children.

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

Notes

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