

Trazodone (say: traz-o-doan)

What is trazodone used for?

- Trazodone (also called Molipaxin®) is mainly used to help treat the symptoms of depression (by reducing the time it takes to recover and to help stop the symptoms coming back)
- It can also be used to help treat the symptoms of anxiety, PTSD and, as it is quite sedative, can help you get to sleep
- It is available as tablets, capsules and a liquid.

- ☞ For depression, about 2 in 3 (65%) people get better with a first antidepressant in 4-6 weeks
- ☞ If that antidepressant doesn't work, or it has too many side effects, switching to another means about half of those people get better (total of about 75%, or 3 in 4 people). There are other options after that.

What is the usual dose of trazodone?

- The usual dose of trazodone is around 100-300mg at bedtime for depression.

How should I take trazodone?

- Swallow the tablets or capsule with at least half a glass of water whilst sitting or standing so they do not stick in your throat
- For the liquid, use a medicine spoon, dropper or oral syringe to measure the correct amount.

When should I take trazodone?

- You can take trazodone with or after food
- If the label says to take it once a day this is usually best at bedtime.

What are the alternatives to trazodone?

- This will depend on what you are taking it for
- There are many other medicines, talking therapies and treatments for your symptoms.

- ☞ See our "Handy charts" for depression, anxiety, insomnia and PTSD to help you compare the medicines
- ☞ This will help you talk to your prescriber, nurse, pharmacist or other healthcare professional.

How long will trazodone take to work?

- This will depend on what you are taking it for.
- For depression, the effect will start in a week or two, and carry on building for the next few weeks
- If nothing has improved after 4 weeks it's time to look at a higher dose or switching to another.

Been depressed before? Antidepressants don't seem to help much? Been irritable, impulsive, and spent too much money? Been overactive, with less need for sleep? Family history of bipolar? If so, it's worth asking: **"Could it be bipolar?"**

How long will I need to keep taking it for?

- This will depend on what you are taking it for, your history and how well you are doing.

For depression, if an antidepressant gets you better:

- ☞ First episode: Taking it for a further 6 months reduces the chances of becoming depressed again
- ☞ Second episode: Taking it for 1-2 years reduces the chances of becoming depressed again
- ☞ Three or more episodes: Taking for at least 3-5 years reduces the chances of becoming depressed again.

Is trazodone addictive and can I stop taking it suddenly?

- Trazodone is not addictive (e.g. you don't get craving or a reward from a dose), but if you stop it suddenly you can get some discontinuation, adjustment or withdrawal symptoms
- This is uncommon with trazodone. At worst, these could include headache, restlessness, diarrhoea, nausea, 'flu-like symptoms, stomach cramps, and sleep disturbances (e.g. more vivid dreams)
- They can start 2-4 days after stopping or dropping your dose, usually only last a few weeks (but can be longer) and will go if trazodone is started again
- Your symptoms can also come back a few weeks or months later
- When the time comes, you should come off it by a gradual reduction in the dose over several weeks at a time when your stress levels are lower
- Discuss this fully with your prescriber.

See our handy fact sheets on 'Coming off Medicines' and 'Coming off antidepressants'

What should I do if I forget to take a dose of trazodone at the right time?

- Take the missed dose as soon as you remember unless it is within about 12 hours of your next dose. If you remember after this time, just take the next dose as normal
- Do not try to catch up by taking two doses at once as you may get more side-effects.

If you have problems remembering your doses (as many people do) ask to see our Handy Fact Sheet "Remembering to take your medicines".

Will trazodone affect my other medication?

The main interactions with trazodone are:

- If taken with another medicine boosting serotonin (including opioids such as buprenorphine), you can get some 'flu-like symptoms

- You may need a higher dose of trazodone if you also take carbamazepine
- If it is taken with benzodiazepines, sleeping tablets or alcohol, it may cause more sleepiness.

You **must** also see the Patient Information Leaflet (PIL) for the full list. Some medicines can still be used together but you must follow your doctor's instructions carefully.

Can I drink alcohol while I am taking it?

- If you drink alcohol while taking trazodone it may make you feel more sleepy
- This is important if you need to drive or operate machines and you must seek advice on this.

Will I need any blood or other tests?

- You may need tests to check on your health.

With long-term mental health problems, physical health is also very important. You should have **at least annual** checks on your blood pressure, weight, blood glucose and blood fats. To start with this may be done by a hospital, but your GP should then carry these on. And then act if anything needs treating.

Can I drive or cycle while I am taking it?

- You may feel a bit sleepy at first when taking it so be careful as it may slow down your reactions
- Until this wears off, or you know how trazodone affects you, do not drive or operate machines.

What sort of side-effects might I get if I am taking trazodone?

This table shows some of the most common side effects and any you might need to take action on. You **must** also see the maker's Patient Information Leaflet for the full list of possible side effects but do not be worried by this. Some people get no side effects at all. Some side effects are the brain getting used to a medicine and these usually wear off in a few days or weeks. Starting at a lower dose helps. If you think you might have a side effect to this medicine, you should ask your prescriber, pharmacist or other healthcare professional.

Side effect	What happens	What to do about it
VERY COMMON (<i>more than about 1 in 10 people might get these</i>)		
Nausea and vomiting	Feeling sick and being sick.	Take trazodone after food. This tends to wear off after a few days or a week or so. If it doesn't, contact your prescriber.
Sexual dysfunction	Finding it hard to have an orgasm. No desire for sex.	Discuss with your prescriber.
Sleepiness	Feeling sleepy or sluggish. It can last for a few hours after taking your dose.	Don't drive or use machines. Ask your prescriber if you can take trazodone at a different time of day, or take it at bedtime.
COMMON (<i>fewer than about 1 in 10 people might get these</i>)		
Diarrhoea	Going to the toilet more than usual and passing loose, watery stools.	Drink plenty of water. Get advice from your pharmacist. If it lasts for more than a day, contact your prescriber.
RARE but important (<i>can be serious if not dealt with quickly</i>)		
Priapism	Men can get an erection lasting longer than 4 hours with no stimulus (also, very rarely, of the clitoris in women)	Although it would be embarrassing, you MUST seek treatment straight away. If it lasts more than about 10-15 hours it can cause damage to the penis and mean you might not be able to get an erection again. It probably only happens in about 1 in 1000 men. Let your prescriber know if you have had any prolonged erections before, as this increases the risk of it happening with trazodone.
Thoughts of harming yourself. An increase in suicidal ideation or behaviour	Feeling anxious, restless, poor sleep and feel you might want to harm yourself. This may occur in the first few weeks of starting the medicine	See your prescriber or doctor in the next day, or more quickly if you are under 25 years old, could have bipolar depression, or are paranoid and/or seeing things.
Hyponatraemia (low sodium)	Tiredness, confusion, headaches, unable to concentrate, muscle cramps and fits.	See your prescriber in the next day, more so if you have started it in the last month, after a dose change, or if you are older and female
Serotonin syndrome	Confusion, agitation, restless, sweating, fever, fast heartbeat, shivering	See your prescriber in the next day especially if you have just started, had a dose increase, overdose, or take any other medicines

The small print: This leaflet is to help you understand more about trazodone. You **must** also read the manufacturer's Patient Information Leaflet (PIL). You may find more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else. The 'Handy charts' will help you compare the main medicines for each condition, how they work and their side effects. Go to our website for fuller answers to these and many other questions.