

# Trazodone (Desyrel)

Serotonin Antagonist and Reuptake Inhibitor (SARI)



**FDA INDICATIONS**  
Major Depressive Disorder



## MECHANISM OF ACTION

Low Doses: Blockade of H1 receptors,  $\alpha$ 1-receptors, and serotonin 5HT2A receptors  
High Doses: Blockade of 5HT2C receptors and serotonin transporters (weak)  
Partial agonist at 5HT1A receptors



## HALF-LIFE

7-10 hours. Peaks in plasma at 1-2 hours.



## PREGNANCY/BREASTFEEDING

Little Safety Data Available (Not a contraindication)



## METABOLISM

Hepatic. CYP3A4.  
Active metabolite.



## LABS

### BASELINE AND EVERY 12 MONTHS:

Weight, blood pressure, pulse  
Electrolytes (Na, Cl, K, PO<sub>4</sub>, Mg, Ca)  
Kidney function (Creatinine, GFR)  
Liver function (Albumin, AST/ALT, Bili)  
Thyroid function (TSH)  
HbA1c  
Lipid Panel (Cholesterol)



## DOSING

### STARTING DOSE:

IR: 50mg TID

ER: 150mg QHS

### HOW TO DOSE:

IR: Initial 50mg TID for 1 wk.

Increase by 50mg/d every wk until response. Max dose 600mg/d.

ER: Initial 150mg QHS for 1 wk.

Increase by 75mg/d every 3 days.

Max dose 375mg/d.



## SIDE EFFECTS

Nausea, sedation, drowsiness, lightheadedness upon standing, morning drowsiness, heartburn, diarrhea, upset stomach, sweating, headache, fatigue, low libido (delayed ejaculation in men; anorgasmia in women), restlessness, vivid dreams, priapism.



## DRUG INTERACTIONS

Tramadol increases risk of seizures  
Fluoxetine may increase trazodone levels.  
Avoid using with monoamine oxidase inhibitors (MAOIs).  
False positive urine tests for MDMA  
Trazodone may block the hypotensive effects of some antihypertensive drugs  
Trazodone may increase digoxin or phenytoin concentrations  
Trazodone may interfere with the antihypertensive effects of clonidine