

ANTIDEPRESSANTS, TRICYCLIC

Some commonly used brand names are:

Anafranil (clomipramine), Asendin (amoxapine), Aventyl or Pamelor (nortriptyline), Elavil or Endep (amitriptyline), Norfranil or Tipramine or Tofranil (imipramine), Norpramin (desipramine), Sinequan (doxepin), Surmontil (trimipramine), Vivactil (Protriptyline)

Before Using This Medicine

In deciding to use a medicine, the risks of taking the medicine must be weighed against the good it will do. This is a decision you and your doctor will make. For tricyclic antidepressants, the following should be considered:

Allergies: Tell your doctor if you have ever had any unusual or allergic reaction to any tricyclic antidepressant or to carbamazepine, maprotiline, or trazodone. Also tell your health care professional if you are allergic to any other substances, such as foods, preservatives, or dyes.

Pregnancy: Studies have not been done in pregnant women. However, there have been reports of newborns suffering from muscle spasms and heart, breathing, and urinary problems when their mothers had taken tricyclic antidepressants immediately before delivery. Also, studies in animals have shown that some tricyclic antidepressants may cause unwanted effects in the fetus.

Older adults: Drowsiness, dizziness, confusion, vision problems, dryness of mouth, constipation, and problems in urinating are more likely to occur in elderly patients, who are usually more sensitive than younger adults to the effects of tricyclic antidepressants.

Other medicines: When you are taking a tricyclic antidepressant, it is especially important that your health care professional know if you are taking any of the following:

- Amphetamines
- Appetite suppressants (diet pills)
- Ephedrine
- Epinephrine (e.g., Adrenalin)
- Isoproterenol (e.g., Isuprel)
- Medicine for asthma or other breathing problems
- Medicine for colds, sinus problems, or hay fever or other allergies

- Phenylephrine (e.g., Neo-Synephrine) Using these medicines with tricyclic antidepressants may increase the risk of serious effects on the heart
- Antipsychotics (medicine for mental illness)
- Clonidine (e.g., Catapres) Using these medicines with tricyclic antidepressants may increase the Central Nervous System depressant effects and increase the chance of serious side effects
- Antithyroid agents (medicine for overactive thyroid)
- Cimetidine (e.g., Tagamet) Using these medicines with tricyclic antidepressants may increase the chance of serious side effects
- Central nervous system (CNS) depressants (medicine that causes drowsiness) Using these medicines with tricyclic antidepressants may increase the CNS depressant effects
- Guanadrel (e.g., Hylorel)
- Guanethidine (e.g., Ismelin) Tricyclic antidepressants may keep these medicines from working as well
- Methyldopa (e.g., Aldomet)
- Metoclopramide (e.g., Reglan)
- Metyrosine (e.g., Demser)
- Pemoline (e.g., Cylert)
- Pimozide (e.g., Orap)
- Promethazine (e.g., Phenergan)
- Rauwolfia alkaloids (alseroxylon [e.g., Rauwiloid], deserpidine [e.g., Harmony], rauwolfia serpentina [e.g., Raudixin], reserpine [e.g., Serpasil]) or
- Trimeprazine (e.g., Temaril) Tricyclic antidepressants may cause certain side effects to be more severe and occur more often
- Metrizamide The risk of seizures may be increased.
- Monoamine oxidase (MAO) inhibitors (furazolidone [e.g., Furoxone], isocarboxazid [e.g., Marplan], phenelzine [e.g., Nardil], procarbazine [e.g., Matulane], selegiline [e.g., Eldepryl], tranylcypromine [e.g., Parnate]) Taking tricyclic antidepressants while you are taking or within 2 weeks of taking MAO inhibitors may cause sudden high body

temperature, extremely high blood pressure, severe convulsions, and death; however, sometimes certain of these medicines may be used together under close supervision by your doctor

Other medical problems: The presence of other medical problems may affect the use of tricyclic antidepressants. Make sure you tell your doctor if you have any other medical problems, especially:

- Alcohol abuse (or history of) Drinking alcohol may cause increased CNS depressant effects
- Asthma
- Bipolar disorder (manic-depressive illness)
- Blood disorders
- Convulsions (seizures)
- Difficult urination
- Enlarged prostate
- Glaucoma or increased eye pressure
- Heart disease
- High blood pressure (hypertension)
- Schizophrenia
- Kidney disease
- Liver disease Higher blood levels of tricyclic antidepressants may result, increasing the chance of side effects
- Overactive thyroid
- Stomach or intestinal problems Tricyclic antidepressants may cause an increased chance of serious side effects

Proper Use

To lessen stomach upset, take this medicine with food, even for a daily bedtime dose, unless your doctor has told you to take it on an empty stomach.

Take this medicine only as directed by your doctor. Do not take more of it, do not take it more often, and do not take it for a longer time than your doctor ordered.

Sometimes this medicine must be taken for several weeks before you begin to feel better. Your doctor should check your progress at regular visits.

Dosing:

The dose of tricyclic antidepressants will be different for different patients. Follow your doctor's orders or the directions on the label. The following information includes only the average doses of tricyclic antidepressants. If your dose is different, do not change it unless your doctor tells you to do so.

- For desipramine
 - For depression:

- Adults 100 to 200 milligrams (mg) a day. Your doctor may increase your dose gradually as needed. However, the dose is usually not more than 300 mg a day.
 - Older adults 25 to 50 mg a day. Your doctor may increase your dose gradually as needed. However, the dose is usually not more than 150 mg a day.
 - For doxepin
 - For depression:
 - Adults, at first, 25 milligrams (mg) three times a day. Your doctor may increase your dose gradually as needed. However, the dose is usually not more than 150 mg a day, unless you are in the hospital. Some hospitalized patients may need higher doses.
 - Older adults, at first, 25 to 50 mg a day. Your doctor may increase your dose gradually as needed.
 - For nortriptyline
 - For depression:
 - Adults 25 milligrams (mg) three to four times a day. Your doctor may increase your dose gradually as needed. However, the dose is usually not more than 150 mg a day.
 - Older adults 30 to 50 mg a day. Your doctor may increase your dose gradually as needed.

Missed dose:

If you miss a dose of this medicine and your dosing schedule is:

One dose a day at bedtime: Do not take the missed dose in the morning since it may cause side effects during waking hours. Instead, check with your doctor.

More than one dose a day: Take the missed dose as soon as possible. However, if it is almost time for your next dose, skip the missed dose, and go back to your regular dosing schedule. Do not double doses.

If you have any questions about this, check with your doctor.

Precautions

It is very important that your doctor check your progress at regular visits to allow dosage adjustments and to help reduce side effects.

This medicine will add to the effects of alcohol and other CNS depressants (medicines that make you drowsy or less alert). Some examples of CNS depressants are antihistamines or medicine for hay fever, other allergies, or colds; sedatives, tranquilizers, or sleeping medicine; prescription pain medicine or narcotics; barbiturates; medicine for seizures; muscle relaxants; or anesthetics, including some dental anesthetics. Check with your medical doctor or dentist before taking any of the above while you are taking the tricyclic antidepressant medicine.

This medicine may cause some people to become drowsy. If this occurs, do not drive, use machines, or do anything else that could be dangerous if you are not alert .

Dizziness, lightheadedness, or fainting may occur , especially when you get up from a lying or sitting position. Getting up slowly may help. If this problem continues or gets worse, check with your doctor.

This medicine may cause dryness of the mouth. For temporary relief, use sugarless gum or candy, melt bits of ice in your mouth, or use a saliva substitute. However, if your mouth continues to feel dry for more than 2 weeks, check with your medical doctor or dentist. Continuing dryness of the mouth may increase the chance of dental disease, including tooth decay, gum disease, and fungal infections.

Tricyclic antidepressants may cause your skin to be more sensitive to sunlight than it is normally. Exposure to sunlight, even for brief periods of time, may cause a skin rash, itching, redness or other discoloration of the skin, or a severe sunburn. When you begin taking this medicine:

Stay out of direct sunlight, especially between the hours of 10:00 a.m. and 3:00 p.m., if possible. Wear protective clothing, including a hat. Also, wear sunglasses.

Apply a sun block product that has a skin protection factor (SPF) of at least 15. Some patients may require a product with a higher SPF number, especially if they have a fair complexion. If you have any questions about this, check with your health care professional.

Apply a sun block lip balm or lipstick that has an SPF of at least 15 to protect your lips.

Do not use a sunlamp or tanning bed or booth.

If you have a severe reaction from the sun, check with your doctor.

Before you have any medical tests, tell the medical doctor in charge that you are taking this medicine. The results of the metyrapone test may be affected by this medicine.

Before having any kind of surgery, dental treatment, or emergency treatment, tell the medical doctor or dentist in charge that you are using this medicine. Taking tricyclic antidepressants together with medicines used during surgery or dental or emergency treatments may increase the risk of side effects.

For diabetic patients :

This medicine may affect blood sugar levels. If you notice a change in the results of your blood or urine sugar tests or if you have any questions, check with your doctor.

Do not stop taking this medicine without first checking with your doctor. Your doctor may want you to reduce gradually the amount you are using before stopping completely. This may help prevent a possible worsening of your condition and reduce the possibility of discontinuation symptoms such as headache, nausea, and/or an overall feeling of discomfort.

The effects of this medicine may last for 3 to 7 days after you have stopped taking it. Therefore, all the precautions stated here must be observed during this time.

Side Effects

Along with its beneficial effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention.

Stop taking this medicine and check with your doctor as soon as possible if any of the following side effects occur:

- **Less common**
 - Blurred vision; confusion or delirium; constipation (especially in the elderly); decreased sexual ability (more common with amoxapine and clomipramine); difficulty in speaking or swallowing; eye pain; fainting; fast or irregular heartbeat (pounding, racing, skipping); hallucinations; loss of balance control; mask-like face; nervousness or restlessness; problems in urinating; shakiness or trembling; shuffling walk; slowed movements; stiffness of arms and legs

- **Rare**
 - Anxiety; breast enlargement in both males and females; hair loss; inappropriate secretion of milk in females; increased sensitivity to sunlight; irritability; muscle twitching; red or brownish spots on skin; ringing, buzzing, or other unexplained sounds in the ears; seizures (more common with clomipramine); skin rash and itching; sore throat and fever; swelling of face and tongue; swelling of testicles (more common with amoxapine); trouble with teeth or gums (more common with clomipramine); weakness; yellow eyes or skin

Symptoms of acute overdose:

- Confusion; convulsions (seizures); disturbed concentration; drowsiness (severe); enlarged pupils; fast, slow, or irregular heartbeat; fever; hallucinations (seeing, hearing, or feeling things that are not there); restlessness and agitation; shortness of breath or troubled breathing; unusual tiredness or weakness (severe); vomiting

Other side effects may occur that usually do not need medical attention. These side effects may go away during treatment as your body adjusts to the medicine. However, check with your doctor if any of the following side effects continue or are bothersome:

- **More common**
 - Dizziness; drowsiness; dryness of mouth; headache; increased appetite (may include craving for sweets); nausea; tiredness or weakness (mild); unpleasant taste; weight gain

- **Less common**
 - Diarrhea; heartburn; increased sweating; trouble in sleeping (more common with protriptyline, especially when taken late in the day); vomiting

Certain side effects of this medicine may occur after you have stopped taking it. Check with your doctor if you notice any of the following effects:

- Headache; irritability; nausea, vomiting, or diarrhea; restlessness; trouble in sleeping, with vivid dreams; unusual excitement

Other side effects not listed above also may occur in some patients. If you notice any other effects, check with your doctor.