

Name(s)

- **Generic:** trazodone (TRAZ oh done) | **Brand:** Desyrel, Oleptro

Therapeutic Category

- Antidepressant | Serotonin Reuptake Inhibitor/Antagonist

Indication(s)

1. **Major Depressive Disorder (Unipolar):** Treats unipolar major depressive disorder
- OFF LABEL | **Insomnia:** Data suggests that patients w/ or w/o comorbid conditions may benefit in short-term usage regarding number of awakenings and sleep quality.
- OFF LABEL | **Aggressive or agitated behavior associated w/ dementia:** Limited data suggests trazodone may be beneficial in decreasing dementia associated aggression or agitation

Dosage Form & Strength

- **Tablet:** 50 mg, 100 mg, 150 mg, 300 mg

Dosing by Indication

- **Dosing for Unipolar Major Depressive Disorder (MDD) in Adults**
 - **Immediate Release (IR):** Initiate 50 mg po bid. May increase in 50 mg/day increments every 3-7 days to a target dose of 75-100 mg bid. May continue to increase in 50-100 mg/day every 2-4 weeks based on patient tolerability. Typical dosing range is 200-400 mg/day with a max of 600 mg/day. Doses of >400 mg/day are associated with an increase in adverse effects. Smaller daytime doses with larger bedtime doses are recommended to avoid the sedative effects of trazodone.
 - **Extended Release (ER):** Initiate 150 mg po qhs. May increase in 75 mg/day every 3 days based on patient response. Max daily dose is 375 mg/day.
- **Dosing for Unipolar MDD in Geriatrics**
 - **IR:** Initiate 25-50 mg qhs w/ 25-50 mg/day increases every 3 days if tolerated. 75-150 mg/day is the common therapeutic range seen in patients.
 - **ER:** Similar to adult dosing.
- OFF LABEL | **Dosing for Insomnia in Adults**
 - **IR:** Initiate 50-100 mg po qhs. A lower dosing range between 12.5-50 mg may be considered in palliative care patients. May increase based on patient response up to 200 mg qhs.
 - **IR: (In pts w/ BOTH depression and insomnia)** Initiate 50-300 mg po qhs.
- OFF LABEL | **Dosing for Insomnia in Pediatrics** ****Although data exists, not approved for use****
 - **Children 18 months to 5 years:** 1.2-6.9 mg/kg/day but in low sample sizes and current literature should always be consulted when initiating.
 - **Children 18 months to <3 years:** Initiate 25 mg po qhs with 25 mg dose increases every 2 weeks. Max dose is 100 mg/dose
 - **Children 3-5 years of age:** Initiate 50 mg po qhs with 25 mg dose increases every 2 weeks. Max dose is 150 mg/dose.
 - **Children >5 years to Adolescents:** Initiate 0.75-1 mg/kg/dose OR 25-50 mg po qhs. Max dose of 200 mg/day. 25-50 mg/day dose increases may be considered with max of 200 mg/day

Mechanism of Action & Pharmacology



- **MOA:** Inhibition of serotonin reuptake through adrenergic receptor subsensitivity. 5HT-**2a** receptor antagonism causes significant changes in the 5-HT presynaptic receptor adrenergic receptors. In addition to serotonin reuptake antagonism trazodone also blocks the H1 histamine receptor as well as the alpha1-adrenergic receptors.
- **Absorption:** Well absorbed. Food increases absorption and decreases peak concentration | **Metabolism:** Hepatically extensively via the CYP3A4 pathway to an active metabolite | **Excretion:** 74% primarily through the urine and 21% fecally | **Onset of Action:** Initial effects w/in 1-2 weeks, w/ full benefits often seen through weeks 4-6 | **Time to Peak:** IR is between 30-100 minutes unless taken w/ food which will extend it to 2.5 hours; ER is approximately 9 hours w/ food no longer being a factor | **Half-Life Elimination:** 5-9 hours and prolonged in obese patients | **Protein Binding:** 89-95%

Special Populations & Considerations

- **Discontinuation of therapy** should be gradual over 2-4 weeks.
- **Switching to/from MAOI** requires 14 days between drugs.

Side Effects

- **Sleepiness, dizziness,** low blood pressure
- **Serotonin syndrome** is of concern w/ symptoms such as agitation, hallucinations, coordination problems, fast heartbeat, sweating, fever, n/v/d, tight muscles
- **Priapism** (erection lasting for more than 6 hours)
- Visual problems such as eye pain, changes in vision, swelling/redness in or around eyes
- **Bleed risk:** Drugs that interfere w/ serotonin reuptake has been associated w/ bleeding and bruising

BLACK BOX WARNING: Suicidal Thoughts and Behaviors – Antidepressants increase the risk of suicidal thoughts/behaviors in pediatric and young patients. Monitor for clinical worsening and emergence of suicidal thoughts and behaviors. **Trazodone is not approved for use in pediatric patients.**

Drug Interactions

- **Alcohol** may enhance adverse/toxic effects such as sleepiness and dizziness
- Other **CNS depressants** may enhance effects of trazodone
- **Drugs that affect serotonin (5HT)** (such as alosetron, amphetamines, antipsychotic agents) may increase risk of serotonin syndrome
- **CYP3A4 inducers/inhibitors** should be monitored or adjusted when used w/ trazodone

Monitoring Parameters

- Clinical worsening and emergence of suicidal thoughts and behaviors.
- Irregular bleeding and bruising; QT prolongation; CNS depression; LFTs, Serotonin syndrome s/sx

Patient Counseling Information

- IR tablets should be administered right AFTER a meal/snack
- ER tablet should be taken on EMPTY stomach
- Used to treat low mood and may be used for insomnia

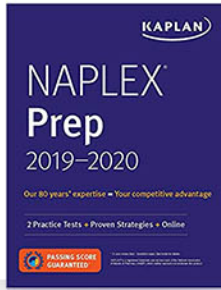
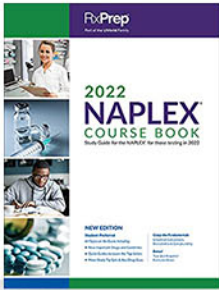
Reference(s)

- <https://www.drugs.com/ppa/trazodone.html>
- <https://www.rxlist.com/desyrel-drug.htm>

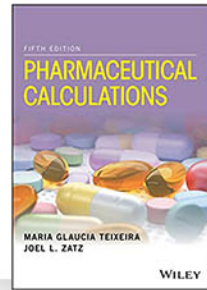
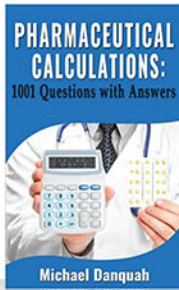
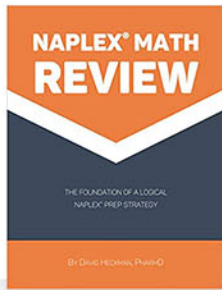
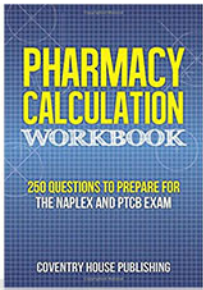


PREPARE FOR SUCCESS!

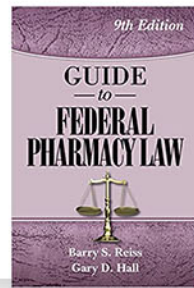
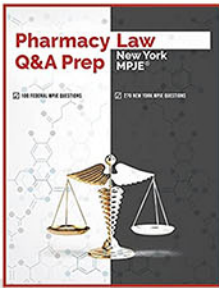
Comprehensive (NAPLEX)



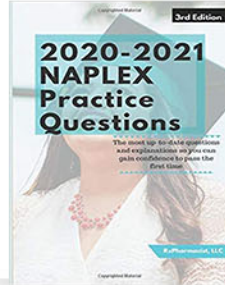
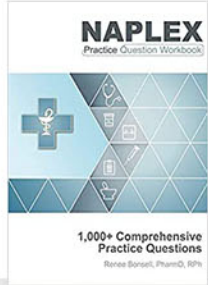
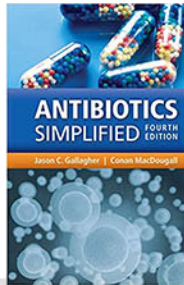
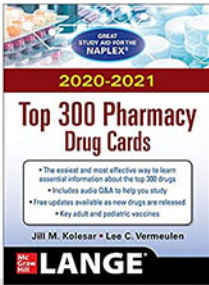
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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