

Name(s)

- **Generic:** setraline (SER tra leen) | **Brand:** Zoloft

Therapeutic Category

- Selective Serotonin Reuptake Inhibitor (SSRI) | Antidepressant

Dosage Form & Strength

- **Tablet:** 25 mg, 50 mg, 100 mg | **Concentrated Solution:** 20 mg/mL (contains alcohol) – Must dilute before use immediately before administration. Given w/ 4 ounces of water, ginger ale, lemon/lime soda, lemonade, orange juice only. Admin immediately after mixing. Slight haze in liquid is normal.

Indication(s)

1. **Unipolar, Major Depressive Disorder (MDD):** Treats unipolar major depressive disorder in adults.
2. **Obsessive Compulsive Disorder (OCD):** Treats patients with OCD.
3. **Panic Disorder:** Treats patients with panic disorder with or without agoraphoria
4. **Post-Traumatic Stress Disorder (PTSD):** Treats patients with PTSD
5. **Pre-Menstual Dysphoric Disorder (PMDD):** Treats adults with PMDD
6. **Social Anxiety Disorder:** Treats social phobia in adults
- **OFF LABEL |** Binge eating disorder; Body dysmorphic disorder; Bulimia nervosa; Generalized anxiety disorder; & Premature ejaculation

Dosing by Indication

1. Dosing Adults for **Unipolar, Major Depressive Disorder (MDD):**
 - Initiate 50 mg po once daily and may increase dose by 25-50 mg increments every week based on patient response. The max dose is 200 mg/day according to the manufacturer. Daily doses of 300 mg/day have been used in practice and have appeared to provide further benefit in patients. Rapid titrations of every 3 days have also been used in practice.
2. Dosing Adults for **Obsessive Compulsive Disorder (OCD):**
 - Initiate 50 mg po once daily with 25-50 mg weekly dose increases based on patient response. Manufacturer max daily dosing is 200 mg/day but in the clinical setting up to 400 mg/day have been used.
3. Dosing Adults for **Panic Disorder:**
 - Initiate 25 mg po qd for 3-7 days. Increase to 50 mg/day thereafter. May increase weekly in increments of 25-50 mg based on patient response to a maximum of 200 mg/day.
4. Dosing Adults for **Post-Traumatic Stress Disorder (PTSD):**
 - Initiate 25-50 mg po once daily. May increase weekly in 25-50 mg increment based on patient response to a max of 200 mg/day (manufacturer recommendation) or 250 mg/day (clinical practice).
5. Dosing Adults for **Pre-Menstual Dysphoric Disorder (PMDD):**
 - **Continuous daily dosing regimen:** Initiate 25 mg po once daily for 1 month, then increase to 50 mg once daily in following menstrual cycles. May increase in 50 mg increments every cycle up to 200 mg/day.



- **Intermittent regimens (Luteal phase):** Initiate 25 mg po qd during luteal phase beginning therapy 14 days before onset of menstruation and continued to the onset of menses. Increase dose to 50 mg/day over the first month. For following months 50 mg po qd and may increase in 50 mg increments up to 150 mg/day based on patient response.
 - **Symptom-onset dosing regimen (OFF LABEL):** Initiate 25 mg po once daily from day of symptom onset until a few days after menses. Increase to 50 mg po once daily during the first month and in following cycles. May increase to max of 150 mg/day based on patient response. If 100 mg/day or higher was established in previous cycles may begin w/ 50 mg po once daily for 2-3 days in following cycles.
6. Dosing Adults for **Social Anxiety Disorder:**
- Initiate 25-50 mg po once daily for 6 weeks. May increase weekly in 25-50 mg increments up to max 200 mg/day per manufacturer or 250 mg/day which is often seen clinical practice. Dose increases are based on patient response.
- OFF LABEL | Binge eating disorder; Body dysmorphic disorder; Bulimia nervosa; Generalized anxiety disorder; & Premature ejaculation
 - Examples: (Binge eating disorder) Initiate 25 mg po once daily, may increase in 25 mg increments every 3 days to dose range of 100-200 mg/day. Max dose of 200 mg/day. (Premature ejaculation) Initiate 50 mg po once daily with 50 mg incremental increased in 3-4 weeks up to 200 mg/day.
 - Dosing **Pediatrics** for Depression:
 - **Children (ages 6-12):** 12.5-25 mg po once daily with weekly titration in 25-50 mg increments up to 100-200 mg/day.
 - **Adolescents (ages 13-17):** 25-50 mg po once daily with weekly titration in 50 mg increments up to 100-200 mg/day.
 - Dosing **Pediatrics** for OCD:
 - **Children (ages 6-12):** 25 mg po once daily with weekly titration in 25-50 mg increments up to 25-200 mg/day.
 - **Adolescents (ages 13-17):** 50 mg po once daily with weekly titration in 50 mg increments up to 50-200 mg/day.

Mechanism of Action & Pharmacology

- **MOA/Pharmacology:** Selective inhibition of presynaptic serotonin (5-HT) reuptake with weak effects on norepinephrine uptake and dopamine neuronal uptake. There appears to be no affinity for adrenergic, cholinergic, GABA, dopaminergic, histaminergic, serotonergic, or benzodiazepine receptors.
- **Metabolism:** Hepatically via the CYP2C19 and CYP2D6 pathway. Children 6-17 years of age may metabolize sertraline better than adults. | **Excretion:** Equally through the urine (40-45%) and feces (40-45%) | **Onset of Action:** For treatment of anxiety, initial effects observed w/in 2 weeks with continued improvements through 4-6 weeks w/ some experts suggesting proper response may need up to 12 weeks of treatment. Varies based on indication. | **Time to Peak:** 4.5 to 8.4 hours in the plasma | **Half-Life Elimination:** Average of 26 hours with the metabolite between 62-104 hours. | 98% **Protein Bound**

Special Populations & Considerations

- Sertraline clearance reduced in **hepatically** or **renally impaired** patients.



- **Children** clear sertraline better than adults and **elderly** have decreased clearance of sertraline.
- Contraindicated in patients using MAOIs during or within 14 days of stopping a MAOI or sertraline.
- When discontinuing therapy that has lasted >3 weeks, gradually taper the dose down over 2-4 weeks.
- If switching antidepressants consider cross-titration over 1-4 weeks based on patient response unless switching from a MAOI in which use is contraindicated and one must wait for 14 days to elapse.
- Sertraline crosses the human placenta and studies have not shown an increased risk of major birth defects, however effects in newborns were seen such as respiratory distress, cyanosis, apnea, seizures and others. Dosing may require adjusted dosing regimens based on individualized therapy.

Side Effects

- **Overview:** Nausea, dizziness, dry mouth, sweating, diarrhea, upset stomach, & trouble sleeping

BLACK BOX WARNING: Suicidality and antidepressant drugs – Increased risk of suicidal thoughts and behavior in pediatric and young adult patients were seen in short term studies. Closely monitor for clinical worsening and emergence of suicidal thoughts and behaviors. NOTE: increased risk was not seen in patients >24 years and risk was decreased in patients 65 years and older.

Drug Interactions

- **Overview:** Pimozide, antiplatelet agents (clopidogrel, NSAIDs), MAOIs (isocarboxazide, linezolid, phenelzine, rasagiline), other substances that effect serotonin (St. John's wort, fluoxetine, paroxetine, MDMA), SNRIs (duloxetine, venlafaxine), & substances that cause drowsiness (cannabis, antihistamines, benzos, opioids)

Monitoring Parameters

- Clinical worsening of symptoms; Heart conditions; Medication adherence

Patient Counseling Information

- Sertraline is used for treating a variety of indications which include depression, OCD, anxiety, PTSD, & mood issue caused by monthly periods
- If below 24 years of age closely monitor for emergence of suicidal thoughts and behaviors.

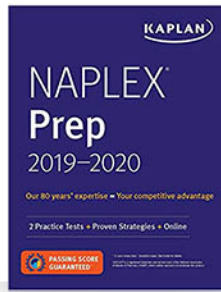
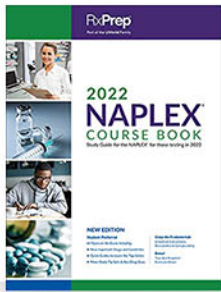
Reference(s)

- <https://www.drugs.com/ppa/sertraline.html>
- <https://www.webmd.com/drugs/2/drug-1/sertraline-oral/details>

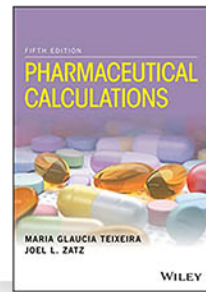
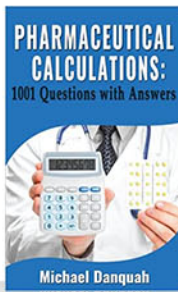
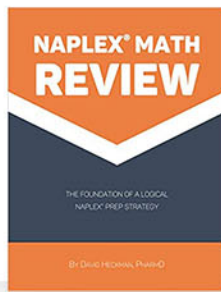
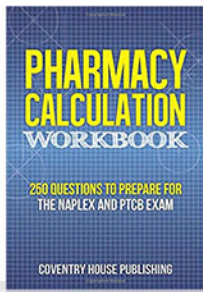


PREPARE FOR SUCCESS!

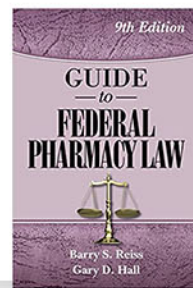
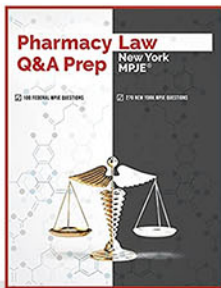
Comprehensive (NAPLEX)



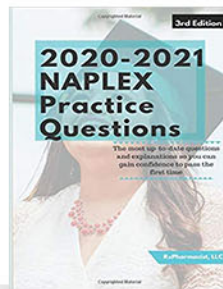
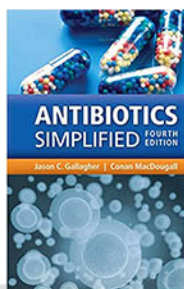
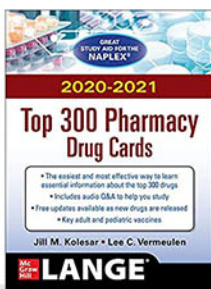
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

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

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