Why have I been prescribed moclobemide?

Moclobemide is used to treat depression. Depression is a common condition. It is different from the normal “ups and downs” of everyday life. People with depression may feel sad most of the time and may be lacking in motivation. Tiredness and poor sleep are very common, as are changes in appetite. Many people also find that they simply cannot enjoy any of life’s pleasures.

Depression is treated in many ways. Antidepressants are often used because they are effective for most people. Certain “talking” therapies are also effective in depression. Antidepressants can generally be relied upon to relieve the symptoms of depression in most people.

What exactly is moclobemide?

Moclobemide is an antidepressant. It is not a tranquilliser or a sleeping tablet. It belongs to a group of medicines called the monoamine oxidase inhibitors (or MAOIs). Moclobemide is a newer kind of MAOI called a RIMA (Reversible Inhibitor of Monoamineoxidase-A).

Thousands of people with depression have taken mocobemide and now lead normal lives.

Is moclobemide safe to take?

It is usually safe to take moclobemide regularly as prescribed by your doctor, but it doesn’t suit everyone. Let your doctor know if any of the following apply to you, as extra care may be needed:

a) If you have Parkinson's disease or phaeochromocytoma, or suffer from heart or liver trouble;

b) If you are pregnant, breastfeeding, or wish to become pregnant.

How should I take my moclobemide?

Look at the label on your medicine; it should have all the necessary instructions on it. Follow this advice carefully. If you have any questions, speak to your doctor or pharmacist.

What should I do if I miss a dose?

Never change your dose without checking with your doctor. If you forget a dose, take it as soon as you remember, as long as it is within a few hours of the usual time.
Is moclobemide addictive?
Moclobemide is not addictive, although some people do get some “discontinuation” effects if they stop taking moclobemide. These effects include anxiety, dizziness, feeling sick and not being able to sleep. Some people feel confused and “out of sorts”. These symptoms are rare with moclobemide. It is best to discuss this with your doctor.

What will happen to me when I start taking moclobemide?
All antidepressants work slowly. People tend to feel better over a period of weeks rather than days. Different symptoms may get better at different times. Most people find that they feel noticeably better after about two or three weeks.

However, the full effect of antidepressants is usually felt only after about four to six weeks. It is very important to continue to take antidepressants so that the full effects can be felt. Speak to your doctor, pharmacist or nurse if you have any questions about this.

You might get some side effects before your mood gets better. Most of these should go away after a week or so. Look at the table over the page. It tells you what to do if you get any side effects. Not everyone will get the side effects shown. There are many other possible side effects. Ask your pharmacist, doctor or nurse if you are worried about anything else that you think might be a side effect.

Are there any foods or drinks that I should avoid?
Few foods cause problems for people on moclobemide. However, it is best to avoid eating or drinking large amounts of mature cheese, yeast extracts, fermented soy bean products, aged meats and home brewed beer.

Are there any medicines that I should avoid or take care with?
Always tell your doctor what you are taking. Moclobemide can interact with a range of prescribed medicines including other antidepressants, lithium and pain relief such as pethidine and tramadol.

Always ask your pharmacist before buying any ‘over-the-counter’ medicines, especially cough, cold and ‘flu remedies, pain relief medication and St John’s Wort. In particular, avoid products containing pseudoephedrine, phenylephrine, dextromethorphan, codeine and sumatriptan.

Always get advice from your pharmacist if you are not sure.

What about alcohol?
It is recommended that people taking moclobemide should not drink alcohol. This is because both moclobemide and alcohol can cause drowsiness. If the two are taken at the same time, severe drowsiness can result. This can lead to falls or accidents. As well as this, drinking alcohol often makes depression worse. Excessive drinking is especially likely to do this.

Once people are used to taking medication, they can sometimes drink alcohol in small amounts without any harm. Avoid alcohol altogether for the first one or two months. After this time if you want a drink, try a glass of your normal drink and see how you feel. If this doesn’t make you drowsy, then it is probably okay to drink small amounts. It pays to be very cautious because alcohol affects people in different ways, especially when they are taking medication.

Don’t stop taking your medication because you fancy a drink at the weekend. If you do drink alcohol, drink only small amounts. Never drink any alcohol and drive while on moclobemide. Discuss any concerns you may have with your doctor or pharmacist.
When I feel better, can I stop taking them?

No. If you stop taking moclobemide, your original symptoms may return. To reduce your chances of becoming depressed again, you may need to take your antidepressant for at least six months after you feel better, and sometimes longer. This is not thought to be harmful. You and your doctor should decide when you can come off it.

*Remember, leaflets like this can only describe some of the effects of medication. You may also find other books or leaflets useful. If you have access to the internet, you may find a lot of information there as well, but be careful as internet-based information is not always accurate.*

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Annex Road, Christchurch
Telephone: (03) 339 1169

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<table>
<thead>
<tr>
<th>Side Effect</th>
<th>What is it?</th>
<th>What should I do if this happens to me?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>Feeling ‘bunged up’ inside. You cannot pass a bowel motion.</td>
<td>Eat more fibre, e.g. bran and vegetables. Do more walking. Drink plenty of fluid. A mild laxative from the pharmacy may help.</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>The ‘runs’ or loose bowel motions.</td>
<td>This should wear off fairly quickly. If it becomes a problem, contact your pharmacist or doctor.</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Feeling light-headed and faint.</td>
<td>Don’t stand up too quickly. Try and lie down when you feel it coming on. Don’t drive.</td>
</tr>
<tr>
<td>Headache</td>
<td>When your head is pounding and painful.</td>
<td>It should be safe to take paracetamol. Don’t take anything containing codeine. If it persists, see your doctor.</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Not being able to sleep or stay asleep.</td>
<td>Take your last dose by midday. Discuss this with your doctor.</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>Your mouth will feel dry and you will not produce much saliva (spit). Dry mouth can cause problems with speech, taste, chewing and swallowing. It can also increase the risk of getting dental decay and infection in your mouth.</td>
<td>To help prevent dental problems sip water regularly to moisten your mouth. Brush your teeth twice a day with fluoride toothpaste. Avoid sugary drinks and snacks between meals. Try sugar free chewing gum to stimulate saliva or discuss using an oral lubricant with your pharmacist or dentist.</td>
</tr>
<tr>
<td>Nausea</td>
<td>The feeling in your stomach when you think you are about to vomit.</td>
<td>Taking each dose with or after food may help. If it is bad, contact your doctor.</td>
</tr>
<tr>
<td><strong>Uncommon</strong></td>
<td></td>
<td></td>
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<tr>
<td>Agitation</td>
<td>Feeling restless or on edge.</td>
<td>Try and relax by taking deep breaths. Contact your doctor if it worries you.</td>
</tr>
<tr>
<td><strong>Rare</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash</td>
<td>Rashes anywhere on the skin. These may be itchy.</td>
<td>Stop taking the drug and contact your doctor.</td>
</tr>
</tbody>
</table>