

Sertraline

Patient Information - Hillmorton Hospital Pharmacy

Selective Serotonin Re-uptake Inhibitor Antidepressant

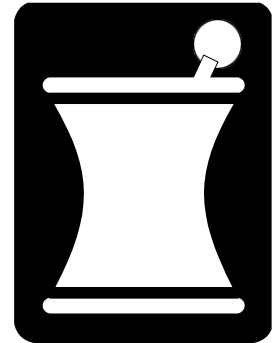
Why have I been prescribed sertraline?

Sertraline is a selective serotonin re-uptake inhibitor (SSRI). These medicines are used for depression but can also be used to treat a variety of other conditions, such as anxiety disorders, eating disorders, panic attacks, obsessive-compulsive disorder and social phobia.

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, and so are changes in appetite. Many people find that they cannot enjoy any of the pleasures of life.

Depression can be treated in many different ways. Antidepressants are often used because they are effective for most people. Other “talking” therapies are also effective in depression.

People with depression and anxiety may sometimes have suicidal thoughts. When starting these medicines, it is recognised that initially these thoughts may increase in intensity. You may need additional support or supervision. Please talk with your mental health provider immediately if these thoughts occur.



Is Sertraline safe to take?

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

- If you have liver or kidney problems or are a heavy drinker.
- If you have diabetes.
- If you have seizures, fits or convulsions.
- If you are pregnant, breastfeeding or wish to become pregnant.
- If you suffer from heart problems or bleeding disorders.

Not all SSRIs are recommended for children or adolescents. Please discuss this with your doctor.

How should I take my sertraline?

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 pharmacist, doctor or nurse.

Your doctor will usually recommend these medicines are taken in the morning as they can give you more energy and make it more difficult to sleep at night. However occasionally some people find they get drowsy and then the medicine should be taken at night.

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 a few hours of the usual dose. Don't double up on a missed dose.

Is sertraline addictive?

Sertraline is not addictive. Some people do get some "discontinuation" effects if they stop their sertraline suddenly. These effects include anxiety, dizziness, feeling sick and not being able to sleep. Some people feel confused and "out of sorts". Others describe "electric shock" like feelings in their body. This can be avoided by reducing the dose slowly over time. Some people can get these symptoms if they miss one or two doses of their medicine but this is uncommon. It is best to discuss this with your doctor or pharmacist.

What will happen to me when I start taking my sertraline?

All antidepressants work slowly. You are likely to feel better over a period of weeks rather than days. Different symptoms may get better at different times. You are likely to find that you feel noticeably better after about two or three weeks. However, the full effects of antidepressants are usually only felt after four to six weeks. It is very important to continue to take the antidepressant so that the full effects can be felt. If you have suicidal thoughts during this time, speak to your doctor or nurse.

You may get some side effects. Many of these can be quite mild and 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 other possible side effects. Ask your doctor, nurse or pharmacist if you are worried about anything else that you think might be a side effect.

Are there any medicines that I should avoid or take care with?

Always tell your doctor what you are taking and ask your pharmacist before you buy any "over-the-counter" medicines. Sertraline can interact with a range of medicines including warfarin, lithium, other antidepressants, St. John's Wort, some cough mixtures, and some pain relief medications, in particular tramadol and sumatriptan.

When I feel better, can I stop taking my sertraline?

No. If you stop taking your sertraline, your original symptoms may return. To reduce the 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 harmful. You and your doctor should decide when you can come off it.

What about alcohol?

It is recommended that when you start taking sertraline you should not drink alcohol. This is because both sertraline and alcohol can cause drowsiness. If the two are taken at the same time, they can cause you to be very drowsy. This can lead to falls and accidents. As well as this, drinking alcohol often makes your depression worse.

Once you are used to your sertraline you can sometimes drink alcohol in small amounts without any harm. Avoid alcohol in the first one to two months. After this if you want a drink, try a glass of your normal drink to see how you feel. If this does not make you drowsy and uncoordinated 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.

It is recognised that many road accidents occur because of mixing alcohol with medicines. This includes SSRIs. Don't stop taking your sertraline just because you fancy a drink at the weekend.

Discuss any concerns you have with your doctor, nurse or pharmacist.

Remember, leaflets like this can only describe some 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. Be careful as internet-based information is not always accurate.

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SIDE EFFECT	WHAT IS IT?	WHAT SHOULD I DO IF THIS HAPPENS TO ME?
Common		
Anxiety or restlessness	Feeling nervous or being more on edge.	This should wear off fairly quickly. Discuss this with your doctor. If it persists, your doctor may give you something.
Insomnia	Difficulty getting to sleep at night.	Discuss this with your doctor who may change your dose time.
Sweating	Sweating more than usual.	Talk to your doctor if this becomes troublesome. Maintain cleanliness and hygiene.
Constipation	Feeling “bunded up” inside. You can’t pass a bowel motion or are passing motions less frequently than normal.	Eat more fibre, e.g. bran, fruit and vegetable and drink more water. Doing more exercise can help also. A mild laxative from a pharmacy may help.
Nausea, vomiting & abdominal pain	Feeling sick, throwing up and having a sore stomach.	This should wear off fairly quickly. Taking each dose with or after food may help. If it is bad, contact your doctor.
Diarrhoea	The “runs” or loose bowel motions.	This should wear off fairly quickly. If it becomes a problem, contact your pharmacist or doctor.
Sexual dysfunction	Lack of libido or no interest in sex. Inability to maintain an erection or have an orgasm.	Discuss this with your doctor when next you meet.
Fairly Common		
Dizziness	Feeling light-headed and faint.	Don’t stand up too quickly. Try and sit or lie down when you feel it coming on. Don’t drive.
Drowsiness	Feeling sleepy or sluggish. It can last for a few hours after taking your dose.	Don’t drive or use machinery. Ask your doctor if you can take your SSRI at another time.
Dry mouth	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.	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.
Headache	When your head is pounding and painful.	This should wear off fairly quickly. It should be safe to take paracetamol. Discuss with your doctor if prolonged.

SIDE EFFECT	WHAT IS IT?	WHAT SHOULD I DO IF THIS HAPPENS TO ME?
Uncommon		
Bruising	The platelets in your blood may not work normally. You may bruise for no reason or bleed easily.	See your doctor.
Loss of appetite	Not feeling hungry. You may lose weight.	If this is a problem, contact your doctor or pharmacist for advice.
Urinary retention	Difficulty in passing urine.	Discuss this with your doctor when you next meet.
Tremor	Feeling shaky. Your muscles may feel stiff.	Your doctor may be able to give you something for it or change your medication to one that doesn't cause this.
Rare		
Allergic reaction	A sudden onset of skin rash, itching, swelling of the face, lips and tongue, difficulty breathing.	Contact your doctor or the emergency department immediately.
SIADH (a low sodium level in the blood)	Feeling generally unwell, lethargy, confusion.	This can be dangerous and usually happens within the first two weeks of treatment. See your doctor.