

sertraline hydrochloride

Zoloft

Pharmacologic class: Selective serotonin reuptake inhibitor (SSRI)

Therapeutic class: Antidepressant

Pregnancy risk category C

Action

Inhibits neuronal uptake of serotonin in CNS, potentiating serotonin activity; has little effect on norepinephrine or dopamine uptake

Availability

Capsules: 50 mg, 100 mg

Oral concentrate: 20 mg/ml

Tablets: 25 mg, 50 mg, 100 mg

Indications and dosages

➤ Depression, obsessive-compulsive disorder

Adults: Initially, 50 mg/day P.O. as a single dose in morning or evening; depending on response, may increase at weekly intervals to a maximum of 200 mg/day

➤ Panic disorder, post-traumatic stress disorder

Adults: Initially, 25 mg/day P.O.; after 1 week, may increase to 50 mg/day

Off-label uses

- Social phobia
- Premenstrual dysphoric disorder
- Premature ejaculation

Contraindications

- Hypersensitivity to drug or its components
- Monoamine (MAO) inhibitor use within 14 days

Administration

⚠ Don't use rubber dropper when giving concentrate to patients with latex allergy.

- Don't administer within 14 days of MAO inhibitors.

Route	Onset	Peak	Duration
P.O.	Unknown	4.5-8.5 hr	Unknown

Adverse reactions

CNS: dizziness, drowsiness, fatigue, headache, insomnia, agitation, anxiety, confusion, emotional lability, poor concentration, mania, nervousness, weakness, yawning, tremor, hypertension, hypoesthesia, paresthesia

CV: chest pain, palpitations

EENT: vision abnormalities, tinnitus, rhinitis, pharyngitis

GI: nausea, vomiting, diarrhea, constipation, dyspepsia, flatulence, abdominal pain, dry mouth, anorexia, altered taste

GU: urinary disorders, urinary frequency, sexual dysfunction, menstrual disorders

Hepatic: increased alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels

Musculoskeletal: back pain, myalgia

Skin: diaphoresis, rash

Other: increased appetite, fever, thirst, hot flashes

Interactions

Drug-drug. *Adrenergics:* increased adrenergic sensitivity, increased risk of serotonin syndrome

Cimetidine: increased sertraline blood level and effects

Clozapine, most benzodiazepines, phenytoin, tricyclic antidepressants, tolbutamide, warfarin: increased blood levels and effects of these drugs

Disulfiram: disulfiram reaction (nausea, vomiting, flushing, throbbing headache, diaphoresis, chest pain, palpitations, dyspnea, hyperventilation, tachycardia, hypotension, syncope,

weakness, vertigo; in severe cases, respiratory depression, cardiovascular collapse, myocardial infarction, acute heart failure, seizures and death) with oral concentrate

Drugs metabolized by CYP450-2D6 or CYP450-3A4: increased blood levels of these drugs

MAO inhibitors: potentially fatal reaction (hyperthermia, rigidity, myoclonus, autonomic instability with fluctuating vital signs and extreme agitation, which may proceed to delirium and coma)

Pimozide: increased pimozide blood level

Sumatriptan: weakness, hyperreflexia, incoordination

Drug-diagnostic tests. *ALT, AST:* increased levels

Drug-herb. *S-adenosylmethionine (SAM-e), St. John's wort:* increased risk of serotonergic side effects, including serotonin syndrome

Drug-behaviors. *Alcohol use:* increased CNS effects

Precautions

Use cautiously in:

- seizures disorders, severe hepatic or renal impairment
- history of mania
- patients at increased risk for suicide
- pregnant or breastfeeding patients
- children.

Patient monitoring

 Monitor patient's mental status carefully; stay alert for mood changes and any indications of suicidal ideation.

- Evaluate neurologic status regularly; institute safety measures as appropriate to prevent injury.
- Monitor temperature; stay alert for fever and other signs or symptoms of infection.

Patient teaching

- Advise patient to take drug once a day, either in morning or night, with or without food.
- If the evening dose causes insomnia, recommend switching to a morning dose.
- Instruct patient to mix oral concentrate with 4 oz of recommended liquid only. Advise him to swallow diluted drug immediately after mixing.
-  Caution patient not to stop taking drug suddenly; dosage must be tapered.
- Tell patient drug may cause serious interactions with common drugs. Instruct him to tell all prescribers he's taking it.
-  Teach patient (and significant other as appropriate) to monitor his mental status carefully and to immediately report increased depression or suicidal thoughts or behavior.
- Instruct patient to avoid driving and other hazardous activities until he knows how drug affects concentration and alertness.
- As appropriate, review all other significant adverse reactions and interactions, especially those related to the drugs, tests, herbs, and behaviors mentioned above.