

Amoxapine

Asendin • tablets: 25, 50, 100 and 150 mg

An older antidepressant. Treatment needs regular checks for mood, movement symptoms and unwanted effects.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

FOLLOW YOUR DOSE SCHEDULE

REPORT NEW INVOLUNTARY MOVEMENTS

This is an antidepressant, not a general substitute for an antipsychotic. Asendin is a former US brand.

What it is used for

Treats depression, including depression with anxiety, agitation or psychotic symptoms. It is not approved for schizophrenia.

Pain and anxiety uses have limited evidence. Ask what symptoms your prescription is meant to treat.

How it works

Changes norepinephrine and serotonin signals; the full mechanism remains uncertain.

It also blocks dopamine signaling. This may help psychotic depression but can cause movement or hormone problems.

What to expect over time

STARTING OUT

Sleepiness, dry mouth or lightheadedness may appear early. Tell your clinician if these interfere with daily life.

OVER SEVERAL WEEKS

Mood improvement can take time. Review sleep, anxiety and function as well as mood; do not increase the dose yourself.

CONTINUING CARE

Keep movement and mood checks even when you feel well. Periodically review whether benefits still outweigh unwanted effects.

Taking your medication

Follow your schedule, with or without food. Divided doses or a bedtime regimen may be prescribed once tolerability is established.

Do not combine doses yourself. Never take more than 300 mg at once. Higher daily totals require divided doses and clinician supervision.

Avoid alcohol. Do not drive until you know your response. Rise slowly. Ask for a gradual stopping plan rather than stopping abruptly.

When to get help

Any suspected overdose: get help now, even if you feel well. Poison Help: 1-800-222-1222. Do not induce vomiting. See the overdose question on the “Your questions, answered” section.

Urgent care: fever with stiffness/confusion, fainting, severe belly pain, inability to urinate or painful vision changes. Call 911 for seizure, collapse or breathing trouble.

Report promptly: new involuntary movements, rash, fever, marked agitation or worsening mood.
Immediate self-harm danger needs emergency help.

Early side effects

Dry mouth, constipation, blurred vision, sweating, sleepiness and dizziness can occur. Sugar-free gum, dental care, suitable fluids and fiber may help. Report persistent constipation or excessive sedation.

Other effects to discuss

Discuss weight gain, sexual problems, breast discharge or menstrual changes. Report new restlessness, tremor, stiffness or mouth/tongue movements; these need assessment, not just reassurance.

What to keep track of

Review mood, movement symptoms, weight, pulse, blood pressure and bowel/bladder function. ECGs and blood tests depend on your risks and symptoms. Routine drug levels are not usually needed.

Before you start

Discuss seizures, bipolar disorder, fainting or heart disease, recent heart attack, glaucoma risk, urinary trouble, constipation, kidney/liver disease and overdose risk. Older or frail adults may need lower doses or an alternative. Discuss pregnancy, breastfeeding and planned surgery or ECT. Pediatric safety and effectiveness are not established.

Medicines & interactions

MAO inhibitors

Do not overlap. At least 14 days are needed after stopping an MAOI before starting amoxapine. The reverse switch follows the new medicine's instructions; ask for a written plan.

Medicines that raise levels or add risk

Fluoxetine, paroxetine, bupropion and quinidine can increase exposure. Fluoxetine's effect can persist for weeks. Check medicines affecting heart rhythm, seizure risk, serotonin or blood pressure.

Alcohol, sedatives and OTC products

Avoid alcohol. Check sleep aids, cold/allergy medicines, other sedatives and cimetidine before use. Some combinations worsen drowsiness, confusion, constipation or urinary difficulty.

Everyday tips

Track sleep, mood, anxiety and everyday function. Bring your complete medicine list to appointments.

Report sudden mood changes or suicidal thoughts promptly at any age; closer attention matters through age 24 and after dose changes.

Ask a trusted person to help notice changes if you want support. New movements or severe restlessness deserve a call.

Keep only the agreed supply and store it securely. A smaller supply can reduce access but does not make an overdose safe.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is near; then skip it. Never double. Check before restarting after several missed days.

Why the movement checks?

Dopamine blockade can cause restlessness, stiffness or involuntary movements. Tardive dyskinesia can persist after stopping. Report changes early so your treatment can be reassessed.

Can I stop when I feel better?

Plan a gradual taper with your clinician. Sudden stopping can cause nausea, headache, feeling unwell and sometimes abnormal movements. Do not assume new symptoms are harmless withdrawal.

Does a normal heart tracing rule out overdose?

No. Serious seizures can occur without typical ECG changes, and kidney injury may appear later. Any suspected overdose needs immediate emergency advice.

Storage & safety

Keep the labeled container secure from children and pets, away from heat and moisture. Never share tablets. Ask a pharmacy about safe take-back disposal.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a16297df-3158-48db-85e5-5cd506885556>
 2. <https://medlineplus.gov/druginfo/meds/a682202.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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Jeffrey Panko, PMHNP-BC