

Bupropion

Wellbutrin / Zyban / Aplenzin

A different kind of antidepressant. A practical guide to taking it safely and knowing what to watch for.

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

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

FOLLOW YOUR FORMULATION

MISSED DOSE? SKIP IT. NEVER DOUBLE.

IR, SR and XL have different schedules. Aplenzin uses a different salt strength; do not switch them yourself.

What it is used for

Treats depression. Certain XL products help prevent seasonal depression. A specific SR form helps adults stop smoking.

Sometimes added to another antidepressant for residual depression or sexual side effects. These uses are off-label; ask about your goal.

How it works

Bupropion slows reuptake (recycling) of norepinephrine and dopamine, two brain messengers. It does not mainly target serotonin.

This may support mood and energy; the full mechanism is uncertain. Feeling stimulated does not prove benefit.

What to expect over time

WEEKS 1-2

You may notice sleep, appetite or energy changes. Jitters or nausea can occur before mood improves.

WEEKS 2-4

Look for gradual changes in daily function. Tell your prescriber about persistent or worsening side effects.

WEEKS 4-8+

Mood and interest may take longer. Review progress together; benefit and timing vary, and some people need a different plan.

Taking your medication

Follow your prescription: XL is usually taken each morning; SR/IR may need more doses. Keep the prescribed spacing. Food may help nausea. Avoid driving until you know your response. Do not change the dose yourself.

Swallow tablets intact. Never crush them for inhalation or injection. Do not chew or split SR/XL.

Missed dose? Skip it. Take the next at its usual time. Never double up or crowd doses together.

When to get help

Emergency care: seizure, trouble breathing, facial/throat swelling, severe chest pain, or sudden eye pain with vision changes. After a seizure, stop bupropion and do not restart.

Contact your prescriber right away: new suicidal thoughts, severe agitation, hallucinations, or unusually high energy with little need for sleep or risky behavior.

Immediate danger: 911. US crisis support: call or text 988.

Early side effects

Jitters, anxiety, trouble sleeping, dry mouth, nausea, headache or constipation may occur. Report symptoms that are severe, persistent or worsening; do not just push through them.

Other effects to discuss

Sexual side effects and weight gain are less common than with many antidepressants, but are not impossible. Appetite or weight may decrease. Report unwanted changes.

What to keep track of

Track mood, sleep, anxiety and appetite; have blood pressure checked. Watch closely after starting or dose changes. Antidepressants can increase suicidal thoughts in people under 25; report mood changes at any age.

Before you start

Do not take bupropion if you have a seizure disorder or current/past anorexia or bulimia. Tell your prescriber about bipolar symptoms, head injury, liver/kidney problems, pregnancy or breastfeeding before starting. It is not approved for children. Ask before switching formulations or salt strengths.

Medicines & interactions

Another bupropion product

Do not take two bupropion-containing medicines together. Examples include Wellbutrin, Auvelity and Contrave. Extra bupropion increases seizure risk.

MAOIs; linezolid; IV methylene blue

MAOI antidepressants generally need a 14-day gap in either direction. Linezolid and IV methylene blue also require special management. Check before treatment.

Alcohol or sedative withdrawal

Limit or avoid alcohol. If you drink heavily, or take benzodiazepines or seizure medicines, do not stop abruptly. Get a safe plan from your prescriber.

Other prescriptions & supplements

Some medicines increase seizure risk or have altered effects, including tramadol and several psychiatric or heart medicines. Ask your pharmacist to review the whole list.

Nicotine patches & quitting smoking

Patches can be combined with bupropion under medical guidance; blood pressure needs attention. Tell your prescriber when you quit because other medicines may need adjustment.

Everyday tips

Use a routine or reminder, and plan refills before you run out. An empty XL shell in stool does not mean the medicine failed.

Keep follow-ups. Bring a short record of benefits, sleep and side effects. Tell staff before a urine drug screen: an unexpected amphetamine result needs a confirmatory test.

Use therapy, sleep routines and other supports in your treatment plan.

For quitting cigarettes, combine the prescribed plan with coaching: 1-800-QUIT-NOW.

Your questions, answered

Will it change my personality?

The goal is to help you feel more like yourself. Report feeling emotionally different, unusually activated or unlike yourself so your treatment can be reviewed.

Can I stop when I feel better?

Do not stop on your own. Feeling better often means treatment is helping. Agree with your prescriber on how long to continue and how to stop.

Can I drink alcohol?

Limit or avoid it. Heavy drinking and sudden withdrawal raise seizure risk. Discuss a safe plan if alcohol is part of your routine.

What if I take too much?

Call US Poison Control at 1-800-222-1222 right away, even if you feel okay. Call 911 for a seizure, collapse, trouble breathing or inability to wake.

Storage & safety

Keep tablets in their labeled container, away from children and pets. Do not share them. Ask a pharmacist about safe disposal.

A final reminder

Follow your prescription and pharmacy Medication Guide.

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=a435da9d-f6e8-4ddc-897d-8cd2bf777b21>
 2. <https://medlineplus.gov/druginfo/meds/a695033.html>
 3. <https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quit-smoking-medications/how-to-use-quit-smoking-medicines/how-to-use-bupropion-sr.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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