

Clomipramine

Anafranil • capsules: 25, 50 and 75 mg

An older antidepressant used mainly for OCD. It can help, but careful dosing and side-effect monitoring are essential.

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

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

TAKE ONLY AS PRESCRIBED

OVERDOSE NEEDS IMMEDIATE HELP

Children have lower, weight-based dose limits. This sheet is not an individual dosing or switching plan.

What it is used for

FDA-approved for OCD in adults and children age 10 and older.

Often considered when SSRIs have not helped enough or caused problems. Depression, panic and other uses are off-label; evidence varies.

How it works

Slows serotonin reuptake. Its active breakdown product acts mainly on norepinephrine.

Other actions can cause sleepiness, dry mouth, constipation and dizziness. These are not proof that treatment is working.

What to expect over time

EARLY TREATMENT

Side effects can come before benefit. Some improve; others persist or worsen with dose changes. Report them rather than pushing through.

OVER WEEKS

OCD improvement can take 6–12 weeks. Review rituals, avoidance and daily function along the way; serious symptoms cannot wait.

LONGER TERM

Use the lowest effective dose and review benefits and harms regularly. Exposure and response prevention therapy remains important.

Taking your medication

Follow the prescribed gradual increase. Doses are often divided with meals at first, then moved to bedtime after titration. Do not make that change yourself.

Do not double missed doses or stop abruptly. Avoid alcohol. Ask about driving, machinery, swimming or climbing because sleepiness or seizures can make them dangerous.

Tell your team before changing other medicines or smoking. Clomipramine and its active metabolite accumulate slowly.

When to get help

Call 911: seizure, collapse, breathing trouble or immediate self-harm danger. Suspected overdose needs help even without symptoms; see the “Storage & safety” section.

Urgent care: fainting, palpitations, severe belly/eye pain, inability to urinate, or fever with confusion, sweating, tremor or stiffness.

Call promptly: rash with fever/facial swelling, infection symptoms, new confusion, suicidal thoughts or unusually high energy with little sleep. Severe reactions need emergency care.

Early side effects

Dry mouth, nausea, constipation, blurred vision, sweating, sleepiness and dizziness can occur. Rise slowly. Dental care and sugar-free gum may help dry mouth; agree on a bowel plan.

Other effects to discuss

Weight gain, sexual difficulties, persistent constipation or feeling groggy or flat deserve review. Do not assume they will fade or always mean the dose is too high. Treatment changes may help.

What to keep track of

Track OCD, mood, weight, pulse, blood pressure and bowel/urinary symptoms. ECGs, electrolytes or drug levels may be needed based on risks, dose or interactions. Monitor children's growth and weight. Report fever or sore throat.

Before you start

Review seizures, fainting, heart disease/recent heart attack, bipolar/suicide history, glaucoma, constipation, urinary problems, liver/kidney disease and thyroid treatment. Mention surgery, pregnancy, breastfeeding and all medicines. Older/frail adults have greater falls, confusion and heart risks; consider alternatives. Do not use during acute heart-attack recovery or with an MAOI.

Medicines & interactions

MAOIs and antidepressant switches

Antidepressant MAOIs need at least 14 days' separation in either direction. After fluoxetine, at least 5 weeks may be needed. Linezolid or IV methylene blue requires a supervised plan.

SSRIs and other serotonin medicines

Fluoxetine, paroxetine and fluvoxamine can raise exposure; other serotonin medicines add toxicity risk too. No SSRI is a do-it-yourself safe combination. Check tramadol, triptans and St. John's wort.

Seizure, rhythm and bowel risks

Clozapine, bupropion, tramadol, rhythm-affecting drugs and anticholinergics need review. OTC sleep/allergy products can worsen constipation, confusion and urinary problems. Avoid alcohol and check sedatives.

Other medicines and smoking

Check cimetidine, methylphenidate, thyroid medicines, seizure medicines and blood-pressure treatments. Starting or stopping smoking can change exposure. Tell your team; do not adjust doses yourself.

Everyday tips

Track time spent on rituals and what OCD stops you from doing, not just whether you feel calmer.

Exposure and response prevention means practicing facing triggers without rituals, with trained support.

Keep visits and heart/blood-test appointments. Report sexual effects, constipation and dizziness.

Agree on safe storage, how much to keep at home, and a plan for worsening mood or medication emergencies.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is near; then skip it. Never double. Ask your pharmacist if unsure.

Can I stop when I feel better?

Agree on a taper over weeks or longer. Sudden stopping can cause nausea, dizziness, poor sleep, irritability or vivid dreams; OCD or mood symptoms may return. Emergency reactions need urgent assessment.

What about pregnancy or breastfeeding?

Plan changes with your clinicians. Balance relapse risk with limited reproductive data. Newborn withdrawal/adaptation can occur. Milk exposure is usually low, but data are limited; monitor infant feeding and alertness.

What if I take too much?

Call Poison Help (1-800-222-1222) immediately, even if well. Fatal heart-rhythm problems, seizures or coma can follow. Call 911 for collapse, seizure or breathing trouble. Do not induce vomiting.

Storage & safety

Keep securely in the labeled container, away from children, pets, heat and moisture. Never share. Use a pharmacy take-back program for leftovers.

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/fda/fdaDrugXsl.cfm?setid=db752dbd-be41-4cdd-8a13-ed1ff9ef7461&type=display>
 2. <https://medlineplus.gov/druginfo/meds/a697002.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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