

Desvenlafaxine

Pristiq · extended-release tablets: 25, 50 and 100 mg

An SNRI for adult depression. Steady dosing, blood-pressure checks and a planned taper are part of treatment.

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

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

SWALLOW TABLETS WHOLE

DO NOT STOP OR CHANGE DOSES ON YOUR OWN

Follow your prescription; kidney problems can change the dose or schedule. Not FDA-approved for children.

What it is used for

FDA-approved for major depression in adults. Menopausal hot flashes are a supported off-label use.

Other uses have different, sometimes limited evidence. Benefits shown for venlafaxine do not automatically apply to desvenlafaxine.

How it works

Slows serotonin and norepinephrine reuptake, changing communication between nerve cells.

It is an active breakdown product of venlafaxine, taken directly. The drugs are not interchangeable milligram for milligram, and important interactions still occur.

What to expect over time

FIRST DAYS

Nausea, dizziness or sleep changes may come before benefit. Food may help nausea; report effects that persist or interfere with daily life.

OVER WEEKS

Mood and functioning improve gradually. Keep early follow-ups; do not wait several weeks to report worsening mood or serious symptoms.

AT REVIEW

For depression, 50 mg daily is the recommended dose. Higher doses have not shown added average benefit and cause more adverse effects.

Taking your medication

Take at the prescribed time, with or without food. Swallow ER tablets whole with fluid; do not split, crush, chew or dissolve them.

Plan refills before running out. An empty tablet shell in stool is expected; it does not mean the dose failed. Do not take an extra tablet for this.

Avoid alcohol. Do not drive or use machinery until you know its effects. Check before starting or stopping any other medicine.

When to get help

Call 911: seizure, collapse, severe breathing trouble or immediate self-harm danger. Overdose needs immediate help even if well; see the “Storage & safety” section.

Urgent care: fever with confusion or stiffness; major bleeding/black stools; chest pain, severe headache, eye pain or blistering rash.

Call promptly: suicidal thoughts, worse mood, little sleep with high energy, confusion, unsteadiness, unusual bruising, new cough or breathlessness.

Early side effects

Nausea, lower appetite, dry mouth, sweating, dizziness, constipation and either insomnia or sleepiness can occur. Food, dental care and a bowel plan may help; symptoms do not always fade.

Other effects to discuss

Sexual difficulties, persistent sleep problems, weight changes or higher blood pressure deserve review. There may be ways to help without abrupt stopping. Report marked restlessness or reduced need for sleep.

What to keep track of

Check blood pressure before and regularly during treatment; review mood, weight, sleep and sexual effects. Kidney, sodium or cholesterol tests may be needed, but drug levels are not routine. Tell testing staff: unexpected PCP/amphetamine screens need confirmation.

Before you start

Discuss high blood pressure, heart disease/stroke, bipolar/suicide history, seizures, bleeding, low sodium, narrow-angle glaucoma, kidney/liver problems and pregnancy or breastfeeding. Review allergies to desvenlafaxine or venlafaxine and every medicine. Control high blood pressure first; older adults may be more prone to dizziness on standing and low sodium.

Medicines & interactions

MAOIs and switching

Wait at least 14 days after an antidepressant MAOI before starting, or 7 days after desvenlafaxine before an MAOI. Linezolid or IV methylene blue requires supervised management; never combine on your own.

Serotonin medicines

Check other antidepressants, tramadol, dextromethorphan cough products, triptans, lithium, buspirone and St. John's wort. Do not add venlafaxine or another desvenlafaxine product.

Bleeding risk

Ibuprofen, naproxen, aspirin and blood thinners can increase bleeding. Ask which pain medicine is suitable; do not stop a prescribed blood thinner on your own. Warfarin may need closer INR checks.

Blood pressure and other risks

Check stimulants, decongestants and weight-loss products. Fewer metabolism interactions does not mean none; your pharmacist should review the full list. Avoid alcohol.

Everyday tips

Use a daily reminder and refill early. Report symptoms after missed doses rather than doubling up.

Track mood, sleep and daily function. Therapy and practical supports can complement medication.

Keep blood-pressure and follow-up checks, including after dose changes. Speak up about sexual effects.

Ask about any changed dose or schedule. An alternate-day kidney regimen is not a general tapering plan.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is nearly due; then skip it. Never double. Ask your pharmacist if your kidney-adjusted schedule makes timing unclear.

Why plan a taper?

Sudden stopping can cause dizziness, nausea, imbalance, brain-zap sensations, anxiety or poor sleep. Symptoms can be severe or prolonged. Some tapers take months; do not cut ER tablets to taper.

What about pregnancy or breastfeeding?

Discuss illness and treatment risks without stopping on your own. Pregnancy data are limited; newborn adaptation and bleeding around delivery need planning. It enters milk; discuss infant feeding, alertness and growth.

What if I take too much?

Call Poison Help (1-800-222-1222) immediately or go to an emergency department, even without symptoms. Call 911 for collapse, seizure, severe breathing trouble or immediate self-harm danger.

Storage & safety

Store securely at room temperature, away from children and pets. Never share. Ask your pharmacy about take-back disposal of 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://labeling.pfizer.com/showlabeling.aspx?id=497>
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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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