

Doxepin

Sleep tablets • Antidepressant capsules

One medicine, different jobs. Low-dose sleep tablets and antidepressant capsules have different instructions.

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

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

CHECK THE FORMULATION

NO EXTRA SLEEP DOSE DURING THE NIGHT

Sleep tablets: 3 or 6 mg. Antidepressant doses are higher. Skin cream is a separate treatment, not a sleep medicine.

What it is used for

Low-dose tablets treat trouble staying asleep. Capsules treat depression; some older capsule labels also include anxiety.

Selected pain or itch treatment is off-label. A 10-mg capsule used for sleep is not the approved 3–6 mg sleep-tablet regimen.

How it works

Low-dose sleep treatment mainly blocks histamine H1 signals that promote wakefulness. It can still cause next-day impairment.

Higher doses also change serotonin and norepinephrine signaling. Other actions can cause dry mouth, constipation, dizziness or heart risks.

What to expect over time

FIRST NIGHTS

Sleep benefit may begin early. Allow 7–8 hours in bed. Report next-day impairment rather than adding or changing doses yourself.

OVER WEEKS

Depression may start improving over 2–4 weeks. Keep early follow-ups and report worsening mood or suicidal thoughts promptly.

AT REVIEW

If insomnia persists or worsens after 7–10 days, call. Review other causes, sleep habits, daytime function and side effects.

Taking your medication

Follow your exact product and schedule. Sleep tablets go within 30 minutes of bed, at least 3 hours after a meal. Never add an extra overnight dose.

Capsule doses may be once daily or divided. Do not substitute strengths or forms yourself. Liquid requires accurate measurement and pharmacist-guided dilution.

Avoid alcohol. Do not drive after a sleep dose; be fully alert the next day. The antidepressant-capsule guide advises avoiding driving or machinery.

When to get help

Emergency: overdose, seizure, collapse, breathing trouble or immediate self-harm danger. Get help now; low-dose tablets do not make overdose harmless.

Urgent care: fainting, irregular heartbeat, eye pain, inability to urinate, painful severe constipation, or fever with confusion and stiffness.

Stop sleep tablets and call: activity you do not remember, such as sleep-driving. Report worsening mood, unusual high energy or confusion promptly.

Early side effects

Drowsiness can occur even at low doses. Higher doses may cause dry mouth, constipation, blurred vision, sweating or fast pulse. Rise slowly.

Other effects to discuss

Weight, appetite or sexual effects may change at higher doses. Report falls or urinary trouble. Dental care and a bowel plan may help.

What to keep track of

Review mood, alertness, falls, weight, blood pressure, bowels and bladder. ECG or blood tests depend on risks and symptoms. A drug level sometimes helps at antidepressant doses; it is not a routine sleep-dose test. New confusion, weakness or falls may need a sodium check.

Before you start

Discuss glaucoma, trouble urinating, bipolar disorder, seizures, heart disease, fainting, liver/kidney problems, sleep apnea, constipation and pregnancy plans. Capsule and sleep-tablet restrictions differ; glaucoma or urinary retention may rule out treatment. Severe sleep apnea generally calls for another option. Older adults and people with liver disease usually start sleep treatment at 3 mg. Tell the clinician about all medicines and past unusual sleep behaviors.

Medicines & interactions

MAOIs and serotonin medicines

Do not combine with an MAOI; allow 14 days between treatments in either direction. Tell clinicians before linezolid or IV methylene blue. Review antidepressants, tramadol and other serotonin medicines.

Alcohol, sedatives and drying medicines

Avoid alcohol. Opioids, sleeping pills and sedating antihistamines increase impairment. Other anticholinergic medicines can worsen constipation, urinary trouble and confusion.

Medicines that change doxepin levels

Cimetidine raises levels: the sleep-tablet maximum is 3 mg with it. Some antidepressants also raise levels; carbamazepine may lower them. Ask before starting or stopping medicines.

Heart, seizure and diabetes medicines

Review drugs affecting heart rhythm or seizure risk. Tolazamide with doxepin has caused severe low blood sugar. Give every clinician and pharmacist your full medicine and supplement list.

Everyday tips

Keep a steady wake time and a simple sleep log. CBT-I can help persistent insomnia.

For depression, track mood and daily function, not just sleep. Therapy can complement medication.

Use one clear medication list and check the label at each refill. Never share your prescription.

Secure all strengths away from children and anyone at risk of overdose. Ask about a safer supply plan.

Your questions, answered

What if I miss a dose?

For capsules, take it when remembered unless the next dose is near; never double. For sleep tablets, skip if you cannot allow 7-8 hours in bed. Never take an extra dose after waking in the night.

Can I stop when I feel better?

Plan a gradual taper for antidepressant doses. Low-dose 3-6 mg sleep treatment usually does not need a taper, but discuss returning insomnia. Do not apply one formulation's stopping advice to another.

Pregnant or breastfeeding?

Contact your prescriber before pregnancy or promptly if pregnant; make an individual plan. Late-pregnancy exposure may affect a newborn's breathing, feeding or alertness. Do not breastfeed during treatment; discuss alternatives.

What if too much is taken?

Get help immediately, even before symptoms. In the US call Poison Help, 1-800-222-1222; call 911 for collapse, seizure, breathing trouble or inability to wake. Elsewhere use local emergency services.

Storage & safety

Keep the original pack at the labeled room temperature, protected from light and secured out of sight and reach of children and pets. Ask the pharmacist how to dispose of unused medicine.

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/medguide.cfm?setid=1bec1223-5239-4eb6-a9e8-62444106d2c0>
 2. <https://dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=f3c242dd-426e-4c69-8f21-2645361d5f27>
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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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