

Duloxetine

Cymbalta • Drizalma Sprinkle

An SNRI used for depression, anxiety and certain chronic pain conditions. Your treatment goal determines the plan.

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

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

DO NOT STOP SUDDENLY

ASK BEFORE OPENING A CAPSULE

Pain treatment does not require depression. The dose limit for pain is different from the psychiatric maximum.

What it is used for

Adults: depression, generalized anxiety, diabetic nerve pain, fibromyalgia and chronic muscle, joint or back pain.

Pediatric approval depends on product and condition: GAD from age 7; Cymbalta fibromyalgia from age 13. Not approved for pediatric depression.

How it works

Slows serotonin and norepinephrine reuptake. Changes in these signals are thought to help mood, anxiety and the nervous system's pain control.

It does not guarantee pain relief or repair every cause of pain. The same signaling changes can also cause nausea, sweating or sexual effects.

What to expect over time

FIRST DAYS

Nausea, dizziness or sleep changes may appear first. Food may help nausea; call about persistent vomiting or poor intake.

OVER WEEKS

Mood and anxiety improvement usually takes several weeks. Pain may improve earlier. Timing and degree of benefit vary.

AT REVIEW

Track function as well as symptoms. Review benefit, side effects and trial length before a dose increase; more is not always better.

Taking your medication

Take your prescribed schedule consistently, with or without food. Some doses are divided. Ask before changing timing or increasing the dose.

Swallow Cymbalta whole. Drizalma may be opened onto a tablespoon of applesauce and swallowed at once without chewing. Check other products first.

Never crush pellets. Rise slowly; report falls or fainting. Do not drive while impaired. Discuss alcohol: heavy drinking raises the risk of serious liver injury.

When to get help

Emergency: seizure, collapse, breathing trouble, major bleeding or immediate self-harm danger. Fever with confusion and muscle stiffness needs urgent care.

Stop and get help: yellow skin/eyes or other signs of liver injury; blistering or peeling rash or mouth sores. Report dark urine or upper belly pain promptly.

Call promptly: mood worsening, suicidal thoughts, unusual high energy, confusion or urinary difficulty. Inability to urinate or acute eye pain needs urgent care.

Early side effects

Nausea, appetite loss, dry mouth, constipation, sweating, dizziness or sleep changes may occur. Food, dental care and a bowel plan can help.

Other effects to discuss

Discuss sexual effects, weight changes or feeling emotionally flat. These deserve review; they do not automatically mean the dose is too high.

What to keep track of

Keep blood-pressure and follow-up checks. Review mood, falls, weight and sexual effects; monitor growth in children and glucose with diabetes. Liver tests, sodium and ECG depend on risks or symptoms. Blood pressure can rise, but standing pressure can also fall.

Before you start

Discuss bipolar disorder, suicidal thoughts, liver or kidney disease, alcohol, blood pressure, heart disease, stroke, seizures, bleeding, narrow-angle eye problems, low sodium and trouble urinating. Duloxetine is generally avoided with chronic liver disease, substantial alcohol use or severe kidney impairment. List every medicine and supplement. Tell the prescriber about pregnancy, breastfeeding and any change in smoking; do not adjust doses yourself.

Medicines & interactions

MAOIs, linezolid and methylene blue

Never combine with an antidepressant MAOI: wait at least 14 days after it before duloxetine, and 5 days after duloxetine before an MAOI. Linezolid or IV methylene blue needs a separate supervised plan.

Other serotonin medicines

Review antidepressants, tramadol, migraine triptans, dextromethorphan cough remedies, lithium, buspirone, stimulants and St. John's wort. Combinations can increase serotonin-syndrome risk.

Bleeding and liver risks

Check aspirin, ibuprofen, naproxen and blood thinners; bleeding risk increases. Discuss all alcohol use. Ask which pain reliever is appropriate rather than automatically substituting one.

Medicines affecting drug levels

Fluvoxamine and ciprofloxacin can raise duloxetine levels and are generally avoided. Review CYP2D6-related medicines, including some antidepressants, heart drugs and atomoxetine. Do not combine with thioridazine.

Everyday tips

Refill before running out. Missed doses can trigger dizziness, nausea or electric-shock sensations.

Track a few practical goals: walking, sleep, daily tasks, mood or worry. Therapy and activity plans can complement treatment.

Tell your doctor, dentist and pharmacist that you take duloxetine before new medicines or procedures.

Speak up about side effects early. Do not push through severe symptoms or change the prescription on your own.

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. If doses are repeatedly missed or withdrawal symptoms appear, contact the prescriber.

Why not stop suddenly?

Withdrawal can include dizziness, nausea, shock-like sensations, anxiety or poor sleep. Plan a gradual taper; some people need longer. Do not crush pellets or improvise a bead-counting schedule.

Pregnant or breastfeeding?

Contact your prescriber to weigh treatment and untreated illness. Late exposure may affect a newborn's adaptation or increase bleeding after delivery. It enters breast milk; discuss feeding and watch infant alertness, feeding and growth.

What if too much is taken?

Overdose can be dangerous. In the US call Poison Help, 1-800-222-1222, immediately. Call 911 for seizure, collapse, breathing trouble or inability to wake. Elsewhere use local emergency services.

Storage & safety

Store at the labeled room temperature in a tightly closed container, secured away from children and pets. Never share; ask your pharmacist about disposal 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://pi.lilly.com/us/cymbalta-pi.pdf>
 2. <https://dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=b41423b8-dfec-4d79-ba3c-e43a87803d85>
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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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