

Fluvoxamine

Luvox / Luvox CR

An SSRI commonly used for OCD. Check every medicine and supplement for interactions.

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

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

IR tablets and ER capsules differ

Follow the schedule for your exact formulation

Diagram: sigma-1 activity is supported experimentally; a separate anxiety or sleep benefit is unproven.

What it is used for

Current U.S. labels list obsessive-compulsive disorder (OCD). Depression and several anxiety disorders are other uses; ask what your prescription is treating.

Pediatric OCD evidence comes from IR studies at ages 8-17. ER has not been directly studied in children; its lowest strength may not suit a child starting treatment.

How it works

Fluvoxamine slows serotonin reuptake between brain cells. Changes over time are thought to help reduce obsessive thoughts and compulsive behaviors.

It also slows the breakdown of many other medicines. That is why your full medicine list matters when starting, changing or stopping fluvoxamine.

What to expect over time

EARLY DAYS

Nausea, loose stools or sleep changes may come before benefit. Tell your team if they are severe or persistent.

OVER WEEKS

Improvement builds gradually. Track time lost to obsessions and compulsions, not just whether a day feels better.

OCD REVIEW

An adequate trial may take 10-12 weeks. Keep follow-up; do not wait that long to report worsening mood or serious effects.

Taking your medication

IR tablets may be taken at bedtime or split morning and bedtime, depending on the dose. ER capsules are taken once nightly. Follow your own schedule.

Swallow ER capsules whole; do not crush, chew or split them. Do not switch formulations or combine IR and ER yourself. Food is optional and may help nausea.

Avoid alcohol. Do not drive until you know the effects. Refill before running out and discuss missed doses or side effects rather than changing the plan yourself.

When to get help

Call promptly: suicidal thoughts, sudden mood worsening, marked agitation or little sleep with unusual energy. Immediate danger: 911; U.S. crisis help: 988.

Emergency care: fever with confusion, sweating and stiff or twitching muscles; collapse, seizure, trouble breathing, severe allergy or blistering rash.

Urgent assessment: unusual bleeding, black stools, painful vision changes, palpitations, severe headache, confusion, weakness or unsteadiness.

Early side effects

Nausea, diarrhea, sleepiness or insomnia, jitteriness, headache, sweating and tremor may occur. Food and a slower prescribed increase may help nausea.

Other effects to discuss

Sexual difficulties, appetite or weight changes and feeling emotionally muted can occur. Feeling flat does not prove the dose is too high; discuss it.

What to keep track of

Review mood, sleep, OCD symptoms and side effects early and after changes. Follow growth in children. Sodium, ECG, INR or levels of interacting medicines may be needed according to your risks. Mood checks matter at every age, especially through age 24. Tell your team when smoking or other medicines change.

Before you start

Tell your prescriber about bipolar symptoms, seizures, liver disease, bleeding, low sodium, heart problems, narrow-angle glaucoma risk, pregnancy or breastfeeding. Bring every prescription, over-the-counter medicine and supplement to the interaction review, including melatonin and caffeine. Do not start, stop or change another medicine without checking: its dose may need review when fluvoxamine is stopped too.

Medicines & interactions

MAOIs, linezolid & IV methylene blue

Do not combine with antidepressant MAOIs; at least 14 days are needed in either direction. Urgent linezolid or IV methylene blue treatment requires clinician management.

Other prohibited combinations

Do not combine with tizanidine, ramelteon, alosetron, pimozide or thioridazine. These interactions can be serious; check before taking a new prescription.

Clozapine, theophylline & sedatives

Clozapine and theophylline may need large dose changes and level checks. Alprazolam, diazepam and other sedatives can cause excess sedation. Specialist planning is needed; do not adjust them yourself.

Serotonin medicines & supplements

Tramadol, triptans, other antidepressants, dextromethorphan cough products and St. John's wort may add serotonin toxicity. Also check methadone, carbamazepine and heart medicines.

Pain medicines & blood thinners

Ibuprofen, naproxen, aspirin and anticoagulants add bleeding risk; warfarin may need closer INR testing. Ask before adding a pain reliever, and do not stop prescribed blood thinners yourself.

Everyday tips

Use reminders and keep the same prescribed daily schedule.

For OCD, include exposure and response prevention therapy.

Tell your pharmacist, dentist and other clinicians about fluvoxamine.

Bring a short symptom and side-effect record to follow-up.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next is nearly due; then skip it. Never double. Missing doses can cause dizziness, nausea or electric-shock sensations.

Can I stop when I feel better?

Plan a gradual taper with your prescriber. Withdrawal and relapse can occur; smaller reductions may be needed near the end. Do not use self-directed drug holidays.

What about coffee or energy drinks?

Fluvoxamine slows caffeine clearance. Your usual amount may cause more jitteriness or insomnia. Reduce excessive caffeine and discuss a sensible limit with your team.

What about pregnancy or breastfeeding?

Discuss benefits and risks; do not stop on your own. Newborn effects are possible with late exposure. If breastfeeding, ask about watching feeding, sleep, agitation, vomiting or diarrhea.

Storage & safety

Keep tightly closed at room temperature, away from heat and moisture, securely away from children and pets. Never share; ask about pharmacy take-back. Overdose: Poison Help 1-800-222-1222 promptly. Collapse, seizure, trouble breathing or inability to wake: 911.

A final reminder

Read the Medication Guide for your exact product.

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=0a6836ab-bd0e-410b-82af-07720e386532>
 2. <https://medlineplus.gov/druginfo/meds/a695004.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.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC