

Lofepramine

Gamanil / international reference

A tricyclic antidepressant used outside the U.S. Follow the instructions for your exact product.

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

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

Keep a steady dosing routine

Check new medicines and report heart symptoms

The five diagram targets show possible actions, not guaranteed benefits or a measure of overdose safety.

What it is used for

Lofepramine is used for depressive illness in the UK and other countries. This is an international reference, not an FDA-approved U.S. treatment guide.

Approvals and other uses vary by country and product. Ask what treatment is targeting. It is not recommended for children or adolescents under 18.

How it works

It mainly slows the reuptake of norepinephrine, one of the brain's chemical signals. Your body also converts it to an active medicine, desipramine.

Other actions can affect alertness, blood pressure, memory, bowels and bladder. Fewer effects than some older drugs does not mean these risks disappear.

What to expect over time

EARLY DAYS

Dry mouth, dizziness or sleep changes may appear before benefit. Report problems rather than increasing or stopping doses yourself.

OVER WEEKS

Improvement may take several weeks. Follow-up looks at mood, sleep and daily function, not just whether you feel sleepy.

STAYING WELL

Continue the agreed plan when you feel better. Arrange refills early. A planned stop should be gradual to reduce withdrawal symptoms.

Taking your medication

Take your prescribed doses consistently. Tablet instructions use water; the score is a swallowing aid, not a promise of equal half-doses. Ask before splitting.

Avoid alcohol. Do not drive if sleepy, dizzy or visually affected. Rise slowly, take care with falls, and use sun protection if your skin becomes sensitive.

Tell dentists and surgical teams you take lofepramine. Keep the pack leaflet and check every new prescription, cold, allergy, sleep or supplement product.

When to get help

Emergency: collapse, seizure, fainting with palpitations, breathing trouble or facial swelling, or fever with confusion and stiff/twitching muscles.

Urgent assessment: inability to urinate, severe constipation with pain/vomiting, sudden eye pain or vision changes, or severe confusion.

Call now: suicidal thoughts, worsening mood, unusually high energy with little sleep, yellow skin/eyes, unexplained bruises, or fever with a sore throat.

Early side effects

Dry mouth, constipation, nausea, dizziness, blurred vision or sleep changes can occur. Slow position changes, dental care and sugar-free gum may help.

Other effects to discuss

Sexual, weight or thinking changes deserve review. Treat constipation early with a suitable plan. Do not dismiss persistent urinary or heart symptoms.

What to keep track of

Keep mood, blood-pressure and pulse checks. An ECG and blood counts may be needed; report liver-warning symptoms promptly. New weakness or confusion may need sodium testing. Mood monitoring matters at every age, especially under 25, early in treatment and after dose changes. Ask someone you trust to help notice changes.

Before you start

Review heart disease or fainting, liver/kidney disease, glaucoma, urinary difficulty, constipation, seizures, bipolar symptoms, blood disorders, thyroid problems or an adrenal tumour. Some conditions rule this drug out. Discuss allergies, all medicines, pregnancy or feeding plans and overdose risk. Tell your team about planned surgery or ECT. Product ingredients differ: check sugar intolerance, dyes and other excipients with your pharmacist.

Medicines & interactions

MAOIs and antidepressant switches

Do not combine with an MAOI or start within 14 days after one. The reverse switch follows the new MAOI's instructions. Fluoxetine and other antidepressants need a tailored switching plan.

Heart-rhythm and blood-pressure drugs

Amiodarone and other high-risk rhythm combinations must be avoided. Some antibiotics, antipsychotics and water pills add risk. Clonidine, diltiazem and verapamil need review.

Serotonin medicines / opioids

Tramadol, buprenorphine and other serotonin drugs add toxicity risk. Have your team review them; do not change treatment yourself.

Sedating, allergy and cold products

Sleeping medicines, sedating antihistamines and some bladder medicines can worsen confusion, constipation or urinary problems. Decongestants may add heart risks. Avoid alcohol.

Other medicines

Warfarin may need extra INR tests. Cimetidine, seizure, HIV and thyroid medicines also need review. Ask before adding any product.

Everyday tips

Track mood, sleep and troublesome effects for follow-up.

Use a reminder and arrange refills before you run out.

Keep dental care and an early constipation plan in place.

Store securely; agree on a limited supply if overdose risk exists.

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 how to restart after several missed doses.

Can I stop when I feel better?

Plan a gradual taper with your clinician. Sudden stopping may cause insomnia, irritability or sweating. Keep follow-up to distinguish withdrawal from returning depression.

What if I use a liquid?

Check its concentration and measured dose; shake suspension first and use an oral measuring device. Ingredients and storage differ from tablets. Do not substitute products yourself.

Pregnancy or breastfeeding?

Another option is generally preferred unless there is a compelling reason. Discuss plans early; do not stop abruptly. Late-pregnancy exposure can affect newborn breathing and adaptation.

Storage & safety

Follow your pack's storage instructions; protect tablets from light and moisture. Keep secured from children and pets, never share, and return leftovers to a pharmacy. Any overdose needs emergency assessment now, even without symptoms. U.S.: Poison Help 1-800-222-1222; emergency 911; crisis support 988. Elsewhere use local services.

A final reminder

Read the full leaflet for your product and country with your care team.

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://www.medicines.org.uk/emc/files/pil.13706.pdf?view=pil>
 2. <https://www.medicines.org.uk/emc/files/pil.13878.pdf>
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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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