

Maprotiline

Ludiomil / historical U.S. reference

An older antidepressant with a long-lasting effect. Slow dose changes and seizure precautions matter.

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

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

Never raise the dose yourself

Historical U.S. product; confirm local availability

Four qualified targets are retained. Maprotiline mainly blocks norepinephrine reuptake; it is not a modern SNRI.

What it is used for

Historically used in the U.S. for depressive illness and anxiety linked to depression. It is not FDA approved for bipolar depression or children.

The sole U.S. supplier stopped selling tablets in 2021. This reference does not confirm current supply. Other uses have limited, condition-specific evidence.

How it works

Maprotiline slows the recycling of norepinephrine, a brain messenger. This may help mood; the full mechanism is not established.

Other actions can cause sleepiness, appetite changes, dry mouth, constipation or dizziness on standing. These are not separate treatment benefits.

What to expect over time

EARLY ON

Drowsiness or dizziness may appear before mood improves. Report troublesome effects; do not adjust the dose on your own.

OVER WEEKS

Benefit usually takes several weeks. The historical U.S. label holds the starting dose for 2 weeks before small increases.

ONGOING

Keep follow-up after improvement. Your team reviews mood, daily function, side effects and whether continued treatment is useful.

Taking your medication

Follow your prescription exactly, whether once daily or divided. Tablets may be taken with or without food. Ask before changing dose timing.

Do not increase the dose, double doses or stop abruptly. The drug clears slowly, so problems may build up after a change. Plan changes with your team.

Avoid alcohol. Do not drive or use dangerous equipment until you know the effects. Rise slowly; use sun protection if your skin becomes sensitive.

When to get help

Emergency: seizure, collapse, chest pain, severe trouble breathing, or an overdose. Toxicity can be delayed; get help even if you initially feel well.

Urgent assessment: painful red eyes or vision changes, blistering rash, inability to urinate, or severe constipation with belly pain or vomiting.

Contact your team promptly: fever or sore throat, yellow skin/eyes, palpitations, major agitation or unusually high energy with little need for sleep.

Early side effects

Dry mouth, sleepiness, dizziness, constipation, blurred vision, nausea, fatigue or tremor can occur. Ask for help if these affect daily life or persist.

Other effects to discuss

Appetite, weight, sweating and sexual function can change. Discuss bothersome effects rather than quietly stopping. Confusion and falls need review.

What to keep track of

Keep mood, weight, pulse and blood-pressure checks; heart tracing or blood tests may be needed. Report worsening mood or suicidal thoughts at any age, especially early or after dose changes. The antidepressant warning highlights people through age 24. Keep close contact with your team and someone you trust.

Before you start

Review seizures or suspected seizures, bipolar symptoms, suicide/overdose risk, heart disease or fainting, glaucoma, severe constipation and trouble urinating. Discuss head injury, thyroid, liver or kidney problems, pregnancy/feeding plans and all medicines. Known or suspected seizure disorder rules out treatment under the historical U.S. label; recent heart attack and major heart-rhythm risks also need review.

Medicines & interactions

MAO inhibitors

Do not combine. At least 14 days must pass after stopping an MAOI before maprotiline. Switching in the other direction needs a product-specific plan because maprotiline clears slowly.

Seizure risk and sedatives

Tramadol and some antipsychotics increase seizure concerns. Rapid benzodiazepine withdrawal also raises risk. Do not suddenly stop a benzodiazepine; avoid alcohol and unapproved sedatives.

Medicines that change exposure

Fluoxetine, paroxetine, bupropion, duloxetine or cimetidine may raise levels; some seizure medicines may lower them. Review new medicines and changes in smoking with your team.

Heart, thyroid and cold remedies

Heart-rhythm medicines, thyroid hormone, decongestants and some blood-pressure drugs need review. Allergy or bladder medicines can add constipation, urinary trouble or confusion.

Surgery, dental care and ECT

Tell every treatment team about maprotiline before procedures. They must plan medicines and monitoring; do not stop treatment yourself.

Everyday tips

Track mood, sleep, energy and daily function briefly.

Use reminders; ask how to avoid running out.

Try sugar-free gum and dental care for dry mouth.

Ask for a bowel plan and help preventing falls.

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 several doses were missed.

Can I stop when I feel better?

Agree on a gradual taper with your team. Abrupt stopping may cause nausea, sleep problems or agitation. Serious reactions or overdose need urgent assessment, not a routine taper.

Is it a sleeping pill or an SNRI?

No. Drowsiness does not establish a sleep-treatment benefit. This tetracyclic medicine mainly affects norepinephrine; it is not classified with modern SNRIs.

Pregnancy or breastfeeding?

Discuss treatment and untreated-depression risks before changing anything. Pregnancy and milk data are limited; a better-studied option may be preferred, especially with a newborn or premature baby.

Storage & safety

Store tightly closed at room temperature, protected from light, heat and moisture. Lock away from children and pets; ask about smaller supplies when overdose risk is present. Never share; use pharmacy take-back. Overdose: Poison Help 1-800-222-1222. Collapse, seizure or breathing trouble: 911. U.S. crisis support: 988.

A final reminder

Read the product's full information 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://medlineplus.gov/druginfo/meds/a682158.html>
 2. https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/072285s021lbl.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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