

Mianserin

Tolvon / international reference

An antidepressant used outside the United States. Blood tests are an essential part of treatment.

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

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

Keep blood-test appointments

Fever, sore throat or mouth ulcers: act promptly

Six targets are retained. Their effects are qualified; a separate clinical contribution from 5-HT₃ is not established.

What it is used for

Mianserin treats depressive illness under the reviewed UK product information. It is not FDA approved. This companion follows UK guidance; local rules differ.

Anxiety, insomnia and add-on depression use appear in prescribing references. These are not all licensed uses, and sleepiness alone is not a treatment benefit.

How it works

It blocks certain receptors involved in norepinephrine and serotonin signaling. These actions may help mood; no single receptor explains the whole effect.

Histamine blockade contributes to sleepiness and may increase appetite. Other actions may contribute to dizziness or weight gain, but effects vary by person.

What to expect over time

FIRST DAYS

Drowsiness may start early and can affect driving, balance and daytime function. Tell your team if it remains troublesome.

OVER WEEKS

Mood benefit usually takes 2–4 weeks. Keep appointments during this period; do not raise the dose because benefit feels slow.

BLOOD TESTS

The UK label recommends a blood count every 4 weeks for the first 3 months. Symptoms need urgent review between tests too.

Taking your medication

Swallow tablets whole with water; do not chew. Follow the prescribed bedtime or divided-dose schedule. Do not change your dose on your own.

Avoid alcohol. The UK leaflet says not to drive or use machinery because of drowsiness or blurred vision. Discuss when it is safe to resume with your team.

Rise slowly. Check before adding any medicine, including sleep aids and eye drops. Routine stopping needs a plan; serious reactions are different.

When to get help

Stop and seek urgent advice: fever, sore throat, mouth ulcers or other infection signs. You need a blood count even if your last result was normal.

Stop and get prompt assessment: yellow skin/eyes, unusual bruising or bleeding, or markedly high/irritable mood with little sleep. Do not wait for a visit.

Emergency: seizure, collapse, severe confusion, trouble breathing, suspected overdose, or inability to stay safe from self-harm. Get immediate help.

Early side effects

Sleepiness, dizziness on standing, dry mouth or constipation can occur. Report falls, blurred vision or effects that keep disrupting daily life.

Other effects to discuss

Appetite or weight may increase. Discuss sexual or breast changes, swelling, rash or joint symptoms. Fewer effects than some drugs does not mean no risk.

What to keep track of

Keep blood tests and checks of weight, blood pressure, alertness and mood. Report infection symptoms after the first 3 months too. Seek prompt help for worsening mood or suicidal thoughts at any age; risk needs special attention before age 25 and after dose changes. Ask someone you trust to notice changes with you.

Before you start

Review past mania or bipolar symptoms, blood disorders, liver or kidney disease, seizures, heart problems, glaucoma, urinary difficulty, diabetes and adrenal tumors. Severe liver disease and mania rule out the reviewed UK product. Discuss pregnancy, feeding, alcohol use and every medicine. Do not suddenly stop alcohol or seizure-protecting medicines if dependent; arrange medical help with withdrawal.

Medicines & interactions

MAO inhibitors

Do not combine or cross-taper. UK professional guidance requires 2 weeks after an MAOI before mianserin; the reverse switch needs a product-specific gap. Moclobemide has separate instructions: get a written plan.

Alcohol and sedating medicines

Alcohol, sleep/anxiety medicines, antipsychotics and sedating antihistamines can worsen impairment. Tramadol and other medicines can raise seizure or serotonin-toxicity concerns.

Seizure medicines and atomoxetine

Carbamazepine and phenobarbital may lower exposure; phenytoin levels need monitoring. Atomoxetine can increase seizure concerns. Do not adjust any of these medicines yourself.

Warfarin and blood-pressure drugs

Warfarin needs closer clotting-test monitoring. Blood-pressure drugs may worsen dizziness. Dry mouth may affect under-the-tongue nitrate medicines; discuss this with your team.

Eye drops and other treatments

The UK label advises avoiding apraclonidine, brimonidine, sibutramine and artemether/lumefantrine. Check allergy/bladder medicines too. Tell your dentist and anesthesia team about mianserin.

Everyday tips

Put blood-test and follow-up dates in your calendar.

Track mood, sleep, alertness and appetite briefly.

Build in regular meals and manageable movement.

Arrange refills; ask for help if doses are hard to take.

Your questions, answered

What if I miss a dose?

Follow your exact product's leaflet. For the reviewed UK tablets, take it when remembered unless the next is nearly due; then skip. Never double. Ask if timing would cause daytime drowsiness.

Can I stop when I feel better?

Plan a gradual taper for routine stopping. Suspected blood problems, jaundice, a seizure or mania need stopping and urgent assessment instead; do not wait to taper through a serious reaction.

What if my blood test was normal?

A normal result does not rule out a later problem. Stop and get urgent advice for fever, sore throat, mouth ulcers or another infection sign, even between scheduled tests.

Pregnancy or breastfeeding?

UK guidance permits pregnancy use only for compelling reasons and prohibits breastfeeding with this product. Limited milk studies differ; get specialist advice on treatment and feeding rather than assuming safety.

Storage & safety

For reviewed UK tablets: store below 25°C in the original pack, protected from light and moisture. Secure from children and pets. Never share; return unwanted tablets to a pharmacy. Overdose: contact emergency care or your local poison service immediately. In the U.S.: Poison Help 1-800-222-1222; emergencies 911; crisis support 988.

A final reminder

Read the full local leaflet; brand availability and instructions differ.

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.2741.pdf>
 2. <https://www.medicines.org.uk/emc/product/2741/smpc>
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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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