

Mirtazapine

Remeron / RemeronSolTab

An antidepressant that can affect sleep and appetite well before its full effect on mood is clear.

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

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

Usually once at bedtime

Discuss daytime sleepiness and weight changes

Seven targets are retained. These are possible contributions, not separate proven benefits or a prediction of your response.

What it is used for

FDA approved for adult major depression, not children. Poor sleep or appetite may favor its use if sleepiness and weight gain are acceptable.

It is sometimes used off-label for sleep, anxiety, nausea or other problems. Evidence varies. Better sleep or appetite alone does not prove mood recovery.

How it works

It blocks several receptors involved in norepinephrine and serotonin signaling. Unlike an SSRI, it does not work by blocking serotonin reuptake.

Histamine blockade contributes to sleepiness and appetite. Other actions may cause dizziness or dry mouth. How it improves mood is not fully understood.

What to expect over time

FIRST DAYS

Sleepiness and appetite changes may come early. Morning grogginess can affect driving, balance and work; tell your team if it is troublesome.

OVER WEEKS

Mood benefit often takes several weeks. Keep follow-up visits while waiting; report worsening symptoms rather than waiting for a set deadline.

REVIEWING BENEFIT

Review mood, daily function, sleep and weight together. A higher dose is not reliably less sedating; do not raise it to treat grogginess yourself.

Taking your medication

Take your dose once daily, usually at bedtime, with or without food. Your prescriber generally waits at least 1–2 weeks between dose changes.

For a dissolving tablet: use dry hands, remove it only when ready, and place the whole tablet on your tongue right away. Do not split, chew or crush it.

Let the dissolving tablet melt and swallow with saliva; no water is needed. Avoid alcohol and driving until effects are known. Do not stop treatment abruptly.

When to get help

Call promptly: fever, sore throat, mouth sores or other infection signs need assessment and a blood count. Report yellow skin/eyes or unusual bruising too.

Stop and get urgent help: rash with fever or swollen glands; or fever with agitation, stiff/twitching muscles, confusion and fast heartbeat.

Emergency: seizure, fainting with palpitations, severe confusion or weakness, sudden eye pain/vision changes, breathing trouble or inability to stay safe.

Early side effects

Sleepiness, dizziness on standing, increased appetite, dry mouth, constipation or vivid dreams may occur. Report falls or persistent daytime impairment.

Other effects to discuss

Weight may increase and does not always level off. Discuss weight goals early. Sexual effects and nausea are less common than with some drugs, not impossible.

What to keep track of

Track mood, alertness, appetite, weight and falls. Blood pressure and lab checks depend on your risks. Report worsening mood or suicidal thoughts at any age, especially before age 25 and after dose changes. High or irritable mood with little sleep needs prompt review. Ask someone you trust to notice changes with you.

Before you start

Review bipolar symptoms, seizures, low white blood cells, low sodium, heart-rhythm problems or fainting, glaucoma, kidney/liver disease and alcohol use. Discuss pregnancy, feeding and all medicines. Older adults or people with organ impairment may need lower doses. RemeronSolTab contains phenylalanine: check suitability if you have phenylketonuria (PKU).

Medicines & interactions

MAO inhibitors

Do not combine or cross-taper. An antidepressant MAOI needs at least a 14-day gap in either direction. Urgent linezolid or IV methylene blue requires a separate supervised plan.

Alcohol and sedating medicines

Avoid alcohol and benzodiazepine combinations. Opioids, sleep aids and sedating antihistamines can add impairment. If already taking a benzodiazepine, ask for a plan rather than stopping it suddenly.

Serotonin and heart-rhythm drugs

Tramadol, triptans, other antidepressants, lithium, St. John's wort and tryptophan need review. Some antibiotics and antipsychotics add heart-rhythm risk. Check all new medicines.

Medicines that change exposure

Carbamazepine, phenytoin and rifampin may lower levels; some antifungals, antibiotics and cimetidine may raise them. Starting or stopping these can require a dose review.

Warfarin and nonprescription products

Warfarin needs closer INR monitoring. Ask before using allergy, cold or PM sleep products. Bring a complete medicine and supplement list, including occasional treatments.

Everyday tips

Pair treatment with therapy and a steady sleep routine.

Track weight without waiting for a large change.

Discuss nutrition and manageable activity early.

Report grogginess; do not solve it by changing doses.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is near; then skip. Never double. Ask your pharmacist about a late dose if daytime sleepiness could make driving or other activities unsafe.

Can I stop when I feel better?

Make a gradual tapering plan with your prescriber. Withdrawal can be troublesome; there is no universal 1–2 week schedule. How long to continue depends on your illness and relapse risk.

Will I feel like myself?

The aim is better mood and daily function. Feeling persistently flat, overly sleepy or unusually energized needs review. Do not assume a dose increase is the answer.

Pregnancy or breastfeeding?

Discuss benefits, limited pregnancy data and untreated illness with your team. Small amounts enter milk; individualize feeding plans and monitor infant alertness, feeding and growth.

Storage & safety

Keep in its original container at room temperature, away from light and moisture; secure from children and pets. Never share. Suspected overdose: call Poison Help, 1-800-222-1222, immediately. Call 911 for collapse, seizure, breathing trouble or imminent self-harm. U.S. crisis support is also available through 988.

A final reminder

read the full Medication Guide.

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=98ad1917-a094-44f5-a28f-a64a8cfd887>
 2. <https://medlineplus.gov/druginfo/meds/a697009.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.

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