

Sertraline

Zoloft / SSRI antidepressant

Helps treat depression and several anxiety-related conditions. Benefits build over time; side effects deserve attention early.

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

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

Usually once daily

Tablets, oral concentrate and higher-dose capsules

Use the formulation and schedule prescribed for you · Do not change doses on your own

What it is used for

Tablets and solution treat adult depression, OCD, panic disorder, PTSD, social anxiety and PMDD. Pediatric approval is for OCD from age 6.

Generalized anxiety is a common off-label use. Higher-dose capsules have narrower approvals and are not used to start treatment.

How it works

Reduces serotonin reuptake, changing how this messenger signals between brain cells. The helpful changes are gradual, not immediate.

It is not a sedative or a quick rescue treatment. Other laboratory binding findings do not establish a separate memory or focus benefit.

What to expect over time

FIRST DAYS

Nausea, loose stools, sleep changes or restlessness may appear before benefit. Report severe or worsening symptoms promptly.

NEXT SEVERAL WEEKS

Mood and anxiety may improve gradually. OCD can take longer. Review progress with your clinician; a calendar cannot guarantee response.

ONGOING CARE

Keep taking it as prescribed when feeling better. Check benefit, side effects and the need for continued treatment together.

Taking your medication

Take at a consistent time, with or without food. Food may ease nausea. Discuss morning versus evening timing if sleep is affected.

Swallow 150/200 mg capsules whole; do not open, crush or chew. Lower doses or tapering require a different prescribed formulation.

PMDD may use daily dosing or a cycle-based plan. Do not copy another person's schedule. Oral concentrate must be diluted; see the "Everyday tips" section.

When to get help

Report new suicidal thoughts, worsening depression, extreme agitation or unusually high energy promptly. Immediate danger needs emergency help.

Fever with agitation/confusion, sweating, muscle stiffness or jerking can be serotonin syndrome. Get urgent medical help; do not wait it out.

Emergency care for seizures, fainting, trouble breathing or severe bleeding. Severe headache/confusion, weakness or painful red eyes need prompt care.

Early side effects

Nausea, diarrhea, sweating, tremor, insomnia or sleepiness can occur. Persistent restlessness or inability to sleep needs review.

Other effects to discuss

Sexual changes, weight change or emotional blunting may occur. Feeling flat does not automatically mean the dose is too high.

What to keep track of

Track mood, sleep, energy, GI effects and sexual function. Watch mood changes at every age, especially early or after dose changes; risk is increased under 25. Sodium tests or an ECG depend on medical risks, not a universal schedule. Children need height and weight monitoring.

Before you start

Discuss bipolar symptoms, seizures, low sodium, bleeding, narrow-angle glaucoma, heart-rhythm or liver problems, pregnancy and nursing. Liver disease may require a lower tablet/solution dose or avoiding treatment; higher-dose capsules are not recommended with liver impairment. Kidney disease alone usually does not require a dose change.

Medicines & interactions

MAOIs / pimozone

Do not combine with MAOIs or pimozone. Allow at least 14 days between sertraline and an MAOI in either direction. Flag linezolid and IV methylene blue.

Other serotonin medicines

Check tramadol, dextromethorphan, triptans, buspirone, lithium, stimulants, other antidepressants and St John's wort before combining.

Bleeding / drug levels

Check aspirin, ibuprofen, naproxen, blood thinners, phenytoin, atomoxetine, metoprolol and heart-rhythm medicines. Interactions can occur at lower doses too.

Concentrate precautions

The 20 mg/mL concentrate contains 12% alcohol: do not combine with disulfiram. Zolof's dropper contains latex; tell the pharmacist about allergy.

Alcohol / drug screens

Avoid alcohol. Do not drive until your response is known. Sertraline may cause a false-positive benzodiazepine screen; request confirmation, not assumptions.

Everyday tips

For concentrate, measure the prescribed dose and mix with 4 oz water, ginger ale, lemon/lime soda, lemonade or orange juice only. Drink immediately; never mix ahead.

Ask the pharmacist for a suitable measuring device if your dose is not marked. Do not swallow concentrate undiluted or use an unapproved mixing liquid.

Tell someone you trust what changes to watch for. Bring a complete medicine and supplement list to visits; check new products before starting them.

For sleep, sexual, weight or stomach problems, discuss practical options. Do not abruptly stop, skip doses for sex or change the dose without a plan.

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 up.

Can I stop when I feel better?

Plan a gradual taper. Sudden stopping can cause dizziness, nausea, irritability or electric-shock sensations. Withdrawal is not proof of addiction.

Pregnancy or breastfeeding?

Discuss promptly; do not stop suddenly. Sertraline can be a reasonable option, not universally risk-free. Avoid alcohol-containing concentrate in pregnancy. Monitor a nursing baby's feeding and growth.

What if it is not helping?

Review dose, time taken, missed doses, side effects and diagnosis. Longer OCD trials may be needed, but never wait weeks to report worsening mood or serious effects.

Storage & safety

Store at room temperature, away from children and pets. Suspected overdose: call U.S. Poison Help, 1-800-222-1222, promptly. Call 911 for collapse, seizure, breathing difficulty or immediate self-harm danger. Do not induce vomiting.

A final reminder

Read the 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/fda/fdaDrugXsl.cfm?setid=fda754f6-d0f3-4dce-a17a-927d64f912f7>
 2. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a6d0f35c-f4f4-456d-b8d9-d56297261ad6>
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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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