

Trazodone

Desyrel • historical brand name

An antidepressant also prescribed off-label for sleep. The dose and schedule depend on the treatment goal.

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

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

Tablets: 50, 100, 150, 300 mg

Take shortly after a meal or light snack

Sleep doses are not the same as depression treatment • Do not combine with an MAOI, even at a low dose

What it is used for

Approved for major depression in adults. Depression treatment often uses divided doses; a low bedtime sleep dose is not equivalent.

Sleep treatment is off-label. Evidence for chronic insomnia is limited; cognitive behavioral therapy for insomnia (CBT-I) is usually the first choice.

How it works

Changes serotonin signaling by blocking certain receptors and slowing serotonin reuptake. The full antidepressant mechanism is not settled.

Several receptor effects may contribute to drowsiness. Feeling sleepy does not prove restorative sleep or an antidepressant benefit.

What to expect over time

EARLY ON

Sleepiness may appear with the first doses. Next-day grogginess and standing dizziness can affect driving and increase fall risk.

AT FOLLOW-UP

Review sleep quality, alertness and mood. If you remain foggy, ask about dose or timing; do not adjust the prescription yourself.

OVER SEVERAL WEEKS

Mood benefit develops more gradually. Reassess benefit and side effects; steady sleep benefit or freedom from tolerance is not guaranteed.

Taking your medication

Follow your own dose schedule shortly after food. Bedtime use for sleep does not mean all depression doses should be taken together at night.

Swallow tablets whole, or split only as that product permits. Do not crush or chew. Rise slowly, avoid alcohol, and do not drive while impaired.

Raldesy liquid is 10 mg/mL: use its adapter and oral syringe, never a kitchen spoon. Confirm both mg and mL; 50 mg equals 5 mL.

When to get help

An erection lasting 4 hours needs emergency care, even without pain: stop trazodone. A painful persistent erection needs earlier assessment.

Fainting with palpitations, severe bleeding, or fever with confusion and stiff/twitching muscles needs urgent assessment; severe symptoms warrant 911.

Report suicidal thoughts, unusual overactivity, new confusion or painful/red eyes with vision changes urgently. Call 911 for immediate danger.

Early side effects

Drowsiness, dizziness, dry mouth, nausea, headache or constipation can occur. Report falls or next-day impairment rather than pushing through.

Other effects to discuss

Weight change, swelling and sexual effects can occur. Low doses do not eliminate heart-rhythm or other serious risks. Discuss persistent or new symptoms.

What to keep track of

Review sleep, mood, suicidal thoughts, alertness, blood pressure and falls, especially early or after dose changes. An ECG and sodium or other electrolyte tests depend on risk and symptoms, not age alone. Some interacting medicines require blood-level or clotting checks. Tell the team about new products.

Before you start

Discuss bipolar symptoms, self-harm risk, fainting, heart rhythm or QT problems, recent heart attack, seizures, bleeding, narrow-angle glaucoma, prior prolonged erections, and liver or kidney disease. Review all medicines and substances. For insomnia, assess sleep apnea and other causes of poor sleep, not just a need for sedation.

Medicines & interactions

MAOIs / urgent antibiotics

Allow at least 14 days between trazodone and an antidepressant MAOI in either direction. Linezolid or IV methylene blue requires a supervised plan, not routine overlap.

Serotonin medicines / supplements

Other antidepressants, tramadol, triptans, lithium, dextromethorphan and St. John's wort may raise serotonin-syndrome risk. Check before adding anything.

Sedatives / alcohol / BP medicines

Alcohol, opioids and benzodiazepines can worsen impairment. Blood-pressure medicines may worsen faintness. Avoid alcohol and review all sedating products.

Heart rhythm / metabolism

Some antibiotics, antifungals, ritonavir and QT-prolonging medicines raise risk. Carbamazepine may lower levels; changes need review. Ask about grapefruit.

Bleeding / other monitored drugs

Aspirin, ibuprofen, naproxen and blood thinners increase bleeding risk. Warfarin, digoxin and phenytoin may need closer testing. Do not stop them yourself.

Everyday tips

Keep a regular sleep schedule and track next-day function. Ask about CBT-I rather than relying only on a sedating medicine for chronic insomnia.

Stand slowly, especially during the night; keep the path to the bathroom clear. Discuss dizziness or falls and review other sedating medicines.

For dry mouth, sugar-free gum may help. Appropriate fluids and fiber can help constipation. Report severe or persistent symptoms rather than adding remedies blindly.

Tell a drug-testing clinician you take trazodone. Some amphetamine or MDMA screening tests can be falsely positive; confirmation is needed before conclusions.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is near; then skip. Never double. Ask before taking a missed bedtime dose during the day.

Can I stop it suddenly?

Plan a gradual taper. Withdrawal can occur even with sleep doses. Not being a controlled substance does not mean stopping is always symptom-free.

What about the liquid?

Follow the supplied instructions. Mark the opening date, protect from light and discard after 30 days. Ask the pharmacist to demonstrate measurement.

Pregnancy or breastfeeding?

Discuss plans promptly; data are limited. It enters milk, so review infant feeding, alertness and growth with the team. Do not stop abruptly on your own.

Storage & safety

Store securely at room temperature away from light; keep out of children's reach and never share. For suspected overdose, call U.S. Poison Help 1-800-222-1222 immediately. Call 911 for collapse, seizure, breathing difficulty, inability to wake or imminent self-harm. Overdose can be fatal.

A final reminder

Follow your own prescription.

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=5605e909-dc75-4578-94c6-41bb96ba3e2a&type=display>
 2. <https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=34708cc1-b0b2-4fd0-b9f3-7f008b457fc9>
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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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