

Venlafaxine

Effexor XR

An antidepressant for depression and certain anxiety disorders. The formulation matters for how you take it.

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

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

Immediate- or extended-release

Take with food · Keep the same daily schedule

Check your exact product and directions · Extended-release tablets and capsules are not all labeled for the same uses

What it is used for

Immediate-release tablets treat major depression in adults. Extended-release capsules also treat generalized anxiety, social anxiety and panic disorder.

Other uses, including PTSD, are off-label. Ask what symptom is being treated and how benefit will be measured; evidence varies by condition.

How it works

Slows the reuptake of serotonin and norepinephrine, changing their signaling. Its active breakdown product also contributes to treatment effects.

Norepinephrine effects generally increase with dose, not at one exact cutoff. More medication does not automatically mean more benefit.

What to expect over time

EARLY ON

Nausea, sweating or sleep changes may appear before benefit. Discuss troublesome effects rather than changing the dose yourself.

OVER SEVERAL WEEKS

Mood and anxiety may improve gradually. Keep follow-up; do not wait for a scheduled visit if symptoms are worsening.

AT EACH REVIEW

Track mood, anxiety, sleep, sexual effects and daily function. Blood pressure needs checking at all doses, especially after increases.

Taking your medication

Take with food. XR capsules are usually once daily; immediate-release doses are divided. Follow your own directions, not another formulation's schedule.

Do not crush or chew ER products. If your capsule allows opening, take all pellets on applesauce immediately, without chewing, then drink water.

ER tablets stay whole. Ask before switching products or changing timing. Avoid alcohol, and do not drive until you know how the medicine affects you.

When to get help

Fever with agitation, confusion and stiff or twitching muscles may be serotonin syndrome: get urgent help. Severe symptoms or seizure warrant 911.

Get urgent help for severe bleeding, painful red eyes or vision changes, new confusion, or worsening cough, breathing difficulty or chest discomfort.

Report suicidal thoughts, unusual overactivity or very little need for sleep urgently. Call 911 for immediate danger; do not wait for routine follow-up.

Early side effects

Nausea, dry mouth, constipation, sweating, dizziness, appetite loss or sleep changes can occur. Tell the team about persistent effects.

Other effects to discuss

Sexual problems, emotional flattening or weight changes deserve review. Do not assume the cause or stop suddenly; treatment can be adjusted.

What to keep track of

Check blood pressure before treatment and regularly afterward. Review mood, alertness, weight and sexual effects. Sodium tests depend on symptoms and risk; cholesterol checks may be useful during longer treatment. Warfarin may need closer monitoring. Keep appointments and report new or worsening symptoms between visits.

Before you start

Discuss bipolar symptoms, self-harm risk, high blood pressure, heart disease or stroke, seizures, low sodium, bleeding, narrow-angle glaucoma, and kidney or liver disease. Bring all medicine and supplement details, including any other venlafaxine or desvenlafaxine product; these may change the plan or dose.

Medicines & interactions

MAOIs / urgent antibiotics

Minimum gaps: 14 days MAOI → venlafaxine; 7 days venlafaxine → MAOI. Longer may apply: get written dates. Linezolid or IV methylene blue needs urgent specialist review.

Other serotonin medicines

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

Bleeding / pain medicines

Aspirin, ibuprofen, naproxen and blood thinners can increase bleeding. Ask which pain treatment fits your situation; do not stop prescribed medicines yourself.

Stimulants / weight-loss products

Stimulants, decongestants and phentermine may add blood-pressure or other risks. Do not add weight-loss products without review; avoid alcohol.

Medicines affecting drug levels

Some antifungals, antibiotics and other medicines change drug exposure. Kidney or liver disease also matters. Ask a pharmacist to check the complete combination.

Everyday tips

Keep a steady routine and request refills early. Even one missed dose can cause withdrawal. Contact the team if doses are interrupted.

Record blood pressure if asked, plus mood, sleep and side effects. Bring readings to visits; do not adjust the dose based on one reading yourself.

Small meals may ease nausea. Ask about fluids and fiber for constipation, or sugar-free gum for dry mouth. Report persistent symptoms.

Tell a drug-testing clinician you take venlafaxine. Some PCP or amphetamine screens can be falsely positive; confirmation is needed.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next is near; then skip. Never double. If several doses are missed or symptoms develop, ask for advice.

Can I stop when I feel better?

Agree on a gradual taper first. Withdrawal may include dizziness, nausea or electric-shock sensations and can be severe or prolonged. Some tapers take months.

What if I see pellets in stool?

Empty remnants from XR capsules can pass in stool after drug release. Do not take an extra dose. Ask if you are unsure what you are seeing.

Pregnancy or breastfeeding?

Discuss plans promptly; do not stop abruptly. Review pregnancy risks and benefits individually. It enters milk; the team may monitor infant feeding, alertness and growth.

Storage & safety

Store securely at room temperature in a dry place, out of children's reach; never share. For possible overdose, call U.S. Poison Help 1-800-222-1222 immediately, even if feeling well. Call 911 for seizure, collapse, severe breathing difficulty, inability to wake or imminent self-harm.

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://www.dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=b1d21366-f686-4e20-a10f-0c25f517db38&type=display>
-

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.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC