

Vortioxetine

Trintellix

An antidepressant for adults with depression. Nausea is common early on; benefit takes longer to assess.

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

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

US tablets: 5, 10, 20 mg

Once daily · With or without food

Follow your prescribed dose · Cognitive or sexual benefits are not guaranteed · Discuss stopping before making a change

What it is used for

Treats major depression in adults, including continued treatment after improvement. It is not approved for children or for primary anxiety disorders.

Concentration may improve with depression treatment. It is not an established treatment for dementia, ADHD or isolated concentration problems.

How it works

Slows serotonin reuptake and acts at several serotonin receptors. These actions change signaling; the full antidepressant mechanism is not settled.

Individual receptor actions do not prove separate benefits for mood, anxiety or memory. Blocking one nausea-related receptor does not prevent nausea.

What to expect over time

EARLY ON

Nausea may start before mood improves and often eases, but can persist. Report severe or troublesome symptoms rather than pushing through.

OVER SEVERAL WEEKS

Track mood, sleep and daily function with your clinician. Benefit takes time; worsening symptoms need attention before the next visit.

AFTER DOSE CHANGES

Review nausea, sexual function and activation. Drug levels take about two weeks to settle; avoid changing doses on your own.

Taking your medication

Take once daily, with or without food. A meal or snack may help nausea, but is not required for absorption or a guaranteed fix.

Keep a consistent schedule. Adults usually start at 10 mg; tolerability or interacting medicines may require a different prescribed dose.

Do not raise the dose yourself. Avoid alcohol. Use caution with driving until you know your response; it may affect alertness.

When to get help

Suicidal thoughts, worsening mood or unusual overactivity with little need for sleep need urgent review. Call 911 for immediate danger.

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

Black stools, major bleeding, eye pain/vision changes or new confusion need urgent care. Call 911 for trouble breathing or facial/throat swelling.

Early side effects

Nausea, vomiting, constipation, headache or dizziness can occur. Tell your clinician if effects persist, worsen or interfere with eating.

Other effects to discuss

Sexual problems can still occur, even at lower doses. Discuss emotional flattening, sleep or weight changes; do not assume they mean the dose is too high.

What to keep track of

Review mood, suicidal thoughts, sleep, concentration, nausea and sexual function, especially early or after dose changes. Tests depend on risk and symptoms: sodium may need checking, particularly with older age or diuretics. Warfarin may require closer clotting checks. Routine gene testing is not required; known results can affect dosing.

Before you start

Discuss personal or family bipolar history, suicidal thoughts, seizures, bleeding, low sodium, narrow-angle glaucoma and pregnancy or breastfeeding plans. Review all medicines and supplements. Record sexual function, stomach symptoms, sleep and concentration before starting so later changes can be assessed.

Medicines & interactions

MAOIs / urgent antibiotics

Minimum gaps: 14 days MAOI → vortioxetine; 21 days vortioxetine → MAOI. Get written switch dates. Linezolid or IV methylene blue needs a supervised urgent-care plan, not routine overlap.

Other serotonin medicines

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

Medicines that raise levels

Bupropion, fluoxetine, paroxetine and quinidine usually require halving the vortioxetine dose. This is not simply a 10-mg cap; the prescriber must manage changes.

Medicines that lower levels

Rifampin, carbamazepine and phenytoin may require dose adjustment when started or stopped. Do not compensate yourself; their effect can last beyond the last dose.

Bleeding / other products

Aspirin, ibuprofen, naproxen and blood thinners raise bleeding risk. Ask which pain treatment is suitable, and check every new medicine or supplement first.

Everyday tips

A meal may ease nausea. Ask about slower titration or another plan if it remains troublesome; you do not need to endure severe effects to prove it works.

Keep a steady sleep routine and use therapy or physical activity as appropriate. Bring brief notes about mood and day-to-day function to visits.

For constipation, ask about appropriate fluids, fiber and activity. Report persistent vomiting or inability to keep fluids down promptly.

Tell a drug-testing clinician you take vortioxetine: some methadone screens can be falsely positive. A specific confirmatory test is needed.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next is nearly due; then skip. Never double. A long half-life is not a reason to take it irregularly.

Will it help focus or sexual effects?

Some depression studies suggest benefit, including after a switch from certain SSRIs. Neither outcome is guaranteed, and sexual side effects remain possible.

How do I stop it?

Arrange a taper. The label recommends 10 mg for one week before stopping 15 or 20 mg, but some people need longer. Withdrawal symptoms can occur.

Pregnancy or breastfeeding?

Discuss plans promptly; do not stop automatically. Pregnancy data are limited. Small studies found low milk transfer, but infant safety is not established; monitor feeding and growth.

Storage & safety

Store securely at room temperature, out of children's reach; never share. For suspected overdose, call U.S. Poison Help 1-800-222-1222 immediately. Call 911 for seizure, collapse, breathing difficulty, inability to wake or imminent self-harm. Follow your own prescription, not someone else's dose.

A final reminder

Not a guarantee of benefit or safety.

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/lookup.cfm?setid=1a5b68e2-14d0-419d-9ec6-1ca97145e838>
 2. <https://www.ncbi.nlm.nih.gov/books/NBK500835/>
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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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