

- **Zoloft®**
  - Tablets: 25 mg, 50 mg, 100 mg
  - Liquid: 20 mg/mL
- **Sertraline**
  - Tablets: 25 mg, 50 mg, 100 mg
  - Capsule: 150 mg, 200 mg
  - Liquid: 20 mg/ml

*If you or someone you know is in crisis, please call/text 988 to speak with a trained crisis counselor 24/7. A helpline and other resources are also available through the National Alliance on Mental Illness at [nami.org](https://www.nami.org).*



## What is sertraline and what does it treat?

Sertraline is an antidepressant medication that works in the brain. It is approved for the treatment of unipolar major depressive disorder (MDD), posttraumatic stress disorder (PTSD), premenstrual dysphoric disorder (PMDD), panic disorder with or without agoraphobia, and social anxiety disorder. It is also approved to treat obsessive-compulsive disorder (OCD) in adults, children and adolescents aged 6-17 years.

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation ('nervous energy')
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

PTSD occurs when a person experiences a traumatic event (e.g., assault, combat experience) and then later feels on edge; avoids situations that remind them of the event and experiences flashbacks or nightmares.

PMDD is a condition where a woman experiences depression, tension, and irritability for a few days prior to menstruation that end when menstruation begins. These symptoms are more severe than those of premenstrual syndrome (PMS).

Panic Disorder occurs when a person experiences unexpected and repeated episodes of intense fear. These episodes have physical symptoms including chest pain, shortness of breath, heart palpitations, sweating, dizziness, and nausea. Fear of future episodes is also part of panic disorder.

OCD occurs when a person experiences the following symptoms at the same time:

- Obsessions (unwanted, recurrent, and disturbing thoughts)
- Compulsions (repetitive, ritualized behaviors that the person feels driven to perform in order to lessen the anxiety produced by the obsessions)

Social phobia/social anxiety disorder is a fear of situations where one may feel as if they are being judged by others. Symptoms include:

- Blushing
- Difficulty talking
- Nausea
- Sweating
- Shaking

All FDA warnings are at the end of this fact sheet. Please consult them before taking this medication.

Sertraline may also be helpful when prescribed “off-label” for binge-eating disorder, bulimia nervosa, generalized anxiety disorder (GAD), body dysmorphic disorder, and premature ejaculation. “Off-label” means that it hasn't been approved by the Food and Drug Administration for this condition. Your mental health provider should justify their thinking in recommending any “off-label” treatment. They should be clear about limits of the research around that medication and if there are any other options.

### What is the most important information I should know about sertraline?

Do not stop taking sertraline, even when you feel better. With input from you, your healthcare provider will assess how long you will need to take the medicine.

Missing doses of sertraline may increase your risk for relapse in your symptoms.

Stopping sertraline abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, feeling dizzy, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin).

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self-esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Medical attention should be sought if serotonin syndrome is suspected. Please refer to serious side effects for signs/symptoms.

### Are there specific concerns about sertraline and pregnancy?

If you are planning on becoming pregnant, notify your healthcare provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers. For women who take antidepressant medications during weeks 13 through the end of their pregnancy (second and third trimesters), there is a risk the baby can be born before fully developed (before 37 weeks).

For mothers who have taken SSRIs during their pregnancy, there appears to be less than a 1% chance of infants developing persistent pulmonary hypertension. This is a potentially fatal condition that is associated with use of the antidepressant in the second half of pregnancy. However, women who discontinued antidepressant therapy were five times more likely to have a depression relapse than those who continued their antidepressant. If you are pregnant, please discuss the risks and benefits of antidepressant use with your health care provider.

Caution is advised with breastfeeding since sertraline does pass into breastmilk.

### What should I discuss with my health care provider before taking sertraline?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- If you are sensitive to latex; the oral liquid comes with a latex rubber dropper
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breastfeeding
- If you drink alcohol or use drugs

## How should I take sertraline?

Sertraline is usually taken one time per day with or without food.

Typically, patients begin at a low dose of medicine and the dose is increased slowly over several weeks.

The dose usually ranges from 25 mg to 200 mg. Only your healthcare provider can determine the correct dose for you.

If you are taking it for PMDD, sertraline can be taken once daily (everyday) or intermittently (usually starting 14 days prior to menstruation through the first full day of menses of each cycle).

The liquid should be measured with an oral syringe or dropper which you can get from your pharmacy. It should be added to 4 ounces of water, ginger ale, lemon/lime soda, lemonade, or orange juice immediately prior to taking the medication. It should not be mixed in advance.

Consider using a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

## What happens if I miss a dose of sertraline?

If you miss a dose of sertraline, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your healthcare provider. Do not double your next dose or take more than what is prescribed.

## What should I avoid while taking sertraline?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

## What happens if I overdose with sertraline?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of sertraline does not exist.

## What are the possible side effects of sertraline?

### Common side effects

- Headache, nausea, diarrhea, dry mouth, increased sweating
- Feeling nervous, restless, fatigued, sleepy or having trouble sleeping (insomnia)

These will often improve over the first week or two as you continue to take the medication.

Sexual side effects, such as problems with orgasm or ejaculatory delay often do not diminish over time.

### Rare/serious side effects

Low sodium blood levels (symptoms of low sodium levels may include headache, weakness, difficulty concentrating and remembering), teeth grinding, angle closure glaucoma (symptoms of angle closure glaucoma may include eye pain, changes in vision, swelling or redness in or around eye).

Serotonin syndrome (symptoms may include shivering, diarrhea, confusion, severe muscle tightness, fever, seizures, and death), seizure

SSRI antidepressants including sertraline may increase the risk of bleeding events. Combined use of aspirin, nonsteroidal anti-inflammatory drugs (e.g., ibuprofen, naproxen), warfarin, and other anti-coagulants may increase this risk. This may include gums that bleed more easily, nose bleed, or gastrointestinal bleeding. Some cases have been life threatening.

SSRI antidepressants including sertraline may be associated with low bone mineral density (a measure of bone strength) and an increased risk of fractures (bone breaks). This risk may be higher in older adults and with long-term use of the medication. However, depression itself may also cause these effects on bones.

## Are there any risks for taking sertraline for long periods of time?

To date, there are no known problems associated with long term use of sertraline. It is a safe and effective medication when used as directed.

## What other medications may interact with sertraline?

Sertraline should not be taken with or within two weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegiline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when sertraline is used with other medications that increase serotonin, such as other antidepressants, migraine medications called “triptans” (e.g., Imitrex®), some pain medications (e.g., tramadol [Ultram®]), and the antibiotic linezolid (Zyvox®).

Sertraline should not be taken with pimozide (Orap®).

Sertraline may **increase** the effects of other medications that can cause bleeding (e.g., ibuprofen (Advil®, Motrin®), warfarin (Coumadin®) and aspirin.

Sertraline liquid should **NOT** be taken in combination with disulfiram (Antabuse®) due to the alcohol content of the concentrate.

## How long does it take for sertraline to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

## Summary of Black Box Warnings

### Suicidal Thoughts or Actions in Children and Adults

Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients with MMD, both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications. This risk may persist until significant remission occurs.

In short-term studies, antidepressants increased the risk of suicidality in children, adolescents, and young adults when compared to placebo. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24. Adults age 65 and older taking antidepressants have a decreased risk of suicidality. Patients, their families, and caregivers should be alert to the emergence of anxiety, restlessness, irritability, aggressiveness and insomnia. If these symptoms emerge, they should be reported to the patient’s prescriber or health care professional. All patients being treated with antidepressants for any indication should watch for and notify their healthcare provider for worsening symptoms, suicidality and unusual changes in behavior, especially during the first few months of treatment.

**Important Disclosure:** This information is being provided as a community outreach effort of the American Association of Psychiatric Pharmacists. This information is for educational and informational purposes only and is not medical advice. This information contains a summary of important points and is not an exhaustive review of information about the medication. Always seek the advice of a physician or other qualified medical professional with any questions you may have regarding medications or medical conditions. Never delay seeking professional medical advice or disregard medical professional advice as a result of any information provided herein. The American Association of Psychiatric Pharmacists disclaims any and all liability alleged as a result of the information provided herein.