

Bupropion

Wellbutrin SR, Wellbutrin XL, Aplenzin, Forfivo XL, Zyban, Auvelity, an antidepressant that works on energy and drive

Bupropion lifts mood and energy without the weight gain or sexual side effects most antidepressants bring.

WHAT IT TREATS

Depression, quitting smoking

HOW YOU TAKE IT

Morning; last dose by 3 pm

WHEN IT WORKS

1-2 weeks; fuller by 6-8

HABIT FORMING

No

⚠ IMPORTANT SAFETY WARNING

Antidepressants can raise the risk of suicidal thoughts in people under **25**, mostly in the first weeks or after a dose change. Tell someone right away and call your prescriber. Do not stop the medicine on your own.

① WHAT THIS MEDICINE DOES

- **Bupropion** is an antidepressant. It works on norepinephrine and dopamine, chemicals tied to energy, drive, and interest.
- It treats depression, prevents the winter form of it, and helps people quit smoking. It is sold under several names.
- It stands out for what it does not do: it rarely causes sexual side effects, and it does not usually cause weight gain.
- It is sometimes added on purpose to fix sexual side effects caused by another antidepressant you are already taking.

🕒 HOW TO TAKE IT

- Take it in the morning. Take the last dose of the day by mid-afternoon, or it will very likely keep you awake at night.
- Swallow long-acting tablets whole. Do not split, crush, or chew them, or the whole dose lands at once and raises risk.
- If you take it twice a day, space the doses **at least 8 hours** apart. Do not crowd them together to catch up.
- You can take it with or without food. Taking it with breakfast helps if it makes your stomach feel unsettled.
- If you miss a dose, skip it and take the next one at its normal time. Never take two doses close together.

📈 WHAT TO EXPECT

- Energy, drive, and interest often pick up first, in about **1 to 2 weeks**. Mood usually catches up over the next month.
- Give it **4 to 6 weeks** at a steady dose before you judge it. The fullest benefit can take 8 to 12 weeks.
- Side effects often arrive before the benefit does. That gap is the single most common reason people quit too early.
- For quitting smoking, start it **1 to 2 weeks** before your quit date, then keep taking it for 7 to 12 weeks after.

💡 COMMON SIDE EFFECTS

- Trouble sleeping is the most common complaint. Taking it early in the day and cutting evening caffeine fixes most cases.
- Dry mouth is common. Sip water, chew sugar-free gum, and keep up with dental visits, since dry mouth invites cavities.
- Feeling jittery, restless, or on edge can happen at first. It usually fades, but tell your prescriber if it does not.
- Headache and nausea are common early. Food, water, and a plain pain reliever your pharmacist approves usually cover it.
- Appetite often drops and some people lose weight. Keep eating regular meals rather than skipping them entirely.
- A mild hand tremor can appear. Less caffeine helps, and mention it if it interferes with writing or holding a cup.

⚠ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- New or worse thoughts of suicide, especially early or after a dose change: call or text **988** now and tell someone today.
- Call **911** for any seizure. **Bupropion** slightly raises that risk, which is why the dose is capped and spaced out.
- Call your prescriber for a rash, hives, or swelling of the face or tongue. Swelling with trouble breathing means 911.
- Call your prescriber if you feel unusually wired, sleep very little for days, or your thoughts start racing.

🚫 WHAT TO AVOID

- Tell your prescriber if you have ever had a seizure or an eating disorder such as bulimia or anorexia. This is not for you.
- Do not stop heavy drinking or sedative medicines suddenly while on this. That combination raises seizure risk sharply.
- Keep alcohol low or skip it. It works against the medicine and, in binges or sudden stops, raises seizure risk.
- Ask before any new medicine or supplement. Tramadol, theophylline, and some steroids stack on top of the seizure risk.
- Tell your prescriber about tamoxifen or a heart medicine like metoprolol. **Bupropion** changes how those work.

⏸ STOPPING IT SAFELY

- Never stop on your own, even when you feel great. Feeling well is the medicine working, not proof you are finished with it.
- The good news is that this one causes little to no withdrawal, so coming off it is usually easier than with other options.
- Even so, your prescriber decides the plan. Stopping early is the most common reason depression comes right back.
- If you quit smoking on it, talk about how long to stay on before your urge to smoke has settled for good.

❓ QUESTIONS TO ASK

- Is there anything in my history that makes seizures more likely for me?
- Could adding this help the sexual side effects from my other medicine?
- What time of day should I take my last dose so I can still sleep?
- Who do I call after hours if I start feeling worse instead of better?

Where this information comes from

988 Suicide & Crisis Lifeline. (2025). *Talk to someone now*. <https://988lifeline.org/>

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.