ABOUT YOUR MEDICINE

Clomipramine

Anafranil, an older antidepressant that is the strongest one for OCD

Clomipramine is the medicine with the longest track record for obsessive-compulsive disorder, and it also treats depression.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
OCD, depression	By mouth, often at bedtime	OCD 4-6 wks; full by 12	No

⚠ IMPORTANT SAFETY WARNING

Antidepressants can bring on new or worse thoughts of suicide, most often in people under **25** and in the first weeks. Anyone taking it should be watched closely for a darkening mood, and should call or text **988** if those thoughts start.

WHAT THIS MEDICINE DOES

- **Clomipramine** strongly raises serotonin, the brain chemical most tied to the loops of obsessive thoughts and rituals.
- It is often tried when other OCD medicines have not been enough, and it remains the yardstick others are measured against.
- It does not erase intrusive thoughts. It turns down the volume so the thoughts stop demanding that you act on them.
- It works best paired with talk therapy that helps you face triggers without doing the ritual.

HOW TO TAKE IT

- Take **clomipramine** at the same time daily. Bedtime suits most people, since it tends to make you sleepy.
- Take it with food, especially at the start. That single habit cuts down on nausea more than anything else.
- Swallow capsules whole with water. Do not open or chew them unless your pharmacist tells you that is fine.
- If you miss a dose and the next is close, skip the missed one. Never take two doses together to catch up.
- Keep it in its bottle, up high or in a locked box. It is dangerous in **overdose**, so safe storage matters.

WHAT TO EXPECT

- OCD symptoms take longer than mood to shift. Expect **4 to 6 weeks** for a first change and up to **12** for the most.
- Progress usually shows up as less time lost to rituals, not as the thoughts disappearing completely.
- Depression symptoms, when present, often begin lifting a bit sooner, in about **2 to 4 weeks**.
- Dry mouth, sleepiness, and nausea are strongest in the first two weeks and usually settle a good deal after that.

COMMON SIDE EFFECTS

- Dry mouth: sip water often, chew sugar-free gum, and keep up dental visits, because a dry mouth invites cavities.
- Constipation: drink more water, add fruit and whole grains, walk daily, and use a gentle stool softener if needed.
- Drowsiness: a bedtime dose usually turns this into an advantage, so ask before you shift the timing yourself.
- Dizziness when you stand: rise in two stages, sit on the edge of the bed first, then stand holding something firm.
- Sexual side effects such as delayed climax are common with this one. Bring it up, because there are real options.
- Sweating and weight gain: lighter layers, regular meal times, and a daily walk take the edge off both over time.

⚠ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- New or worse thoughts of suicide: call or text **988** now, and tell your prescriber today.
- A seizure, chest pain, or fainting means call **911**. This medicine slightly raises seizure risk.
- If anyone takes too much of this, call **911** at once. An **overdose** can harm the heart fast.
- Trouble passing urine, or sudden confusion, needs a same-day call to your prescriber.

WHAT TO AVOID

- Skip alcohol with **clomipramine**. It adds to the drowsiness and can also make a seizure more likely.
- Do not drive or use machinery until you know how it affects you, especially in the first couple of weeks.
- Tell every prescriber and pharmacist, since it clashes with other antidepressants and with some cold remedies.
- Skip grapefruit juice, which can raise the amount of medicine in your blood more than your prescriber planned.
- If you are pregnant, nursing, or hoping to be, raise it early so you and your prescriber can plan it together.

STOPPING IT SAFELY

- Do not stop on your own. OCD symptoms tend to come back, and often quickly, when the medicine stops abruptly.
- A sudden stop can bring headache, nausea, chills, vivid dreams, and a restless feeling that lasts days.
- Your prescriber will step it down over **several weeks**, and slower if you have been on it a long time.
- If a side effect is the sticking point, say so at your visit. There are other paths, and switching is planned.

QUESTIONS TO ASK

- Am I also getting therapy for OCD, and how do the two work together?
- How many weeks should I give this before we judge it?
- Is there anything I can do about the sexual side effects?
- Does anything I take now raise my risk of a seizure?

Where this information comes from

American Association of Poison Control Centers. (2024). *Poison Control: Get help online or by phone*. https://www.poison.org/

International OCD Foundation. (2024). *Medications for OCD*. https://iocdf.org/about-ocd/treatment/meds/

National Alliance on Mental Illness. (2023). *Mental health medications*. https://www.nami.org/treatments-and-approaches/mental-health-medications/

National Institute of Mental Health. (2024). *Mental health medications*. https://www.nimh.nih.gov/health/topics/mental-health-medications

National Library of Medicine. (2025). *Clomipramine*. MedlinePlus. https://medlineplus.gov/druginfo/meds/a697002.html

U.S. Food and Drug Administration. (2025). *Drugs@FDA: Approved drug labels and medication guides*. https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm

U.S. National Library of Medicine. (2025). *DailyMed: Prescribing information for approved drugs*. https://dailymed.nlm.nih.gov/dailymed/

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.