

Desvenlafaxine

Pristiq, Khedezla, an antidepressant called an SNRI

Desvenlafaxine lifts depression with one steady daily dose, and most people never need it raised.

WHAT IT TREATS

Depression in adults

HOW YOU TAKE IT

Once daily, any food

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.

🕒 WHAT THIS MEDICINE DOES

- **Desvenlafaxine** is an antidepressant. It raises serotonin and norepinephrine, two chemicals that steady mood and energy.
- It is approved for depression in adults. Prescribers also use it for hot flashes at menopause and for anxiety.
- It is the active part of venlafaxine, already broken down. That means fewer clashes with other medicines you take.
- It is not habit forming, but your body does adjust to it, so it must be stopped slowly with your prescriber's help.

🕒 HOW TO TAKE IT

- Take it once a day at about the same time. You can take it with or without food, so pick a time you will keep.
- Swallow the tablet whole. Do not split, crush, or chew it, or the whole day's dose is released all at once.
- You may see the empty tablet shell in your stool. That is normal and does not mean the medicine did not work.
- Most people stay on the same amount the whole time. Do not raise it yourself hoping for a faster result.
- If you miss a dose, take it when you remember that day. If it is nearly time for the next one, skip it. Never double up.

📈 WHAT TO EXPECT

- Sleep, appetite, and energy usually shift first, in about **1 to 2 weeks**. Mood and interest tend to follow after.
- 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.
- Higher is not better here. Studies found bigger doses added side effects without adding relief for most people.

💡 COMMON SIDE EFFECTS

- Nausea is common in the first two weeks. Taking it with food and eating smaller, plainer meals usually settles it.
- Sweating more than usual is one of the most stubborn effects. Layers, cool drinks, and cotton clothing help most.
- Dry mouth, headache, and dizziness are common early. Sip water, stand up slowly, and cut back on caffeine.
- Trouble sleeping happens for some people. Ask your prescriber about taking it earlier in the day rather than at night.
- Sexual side effects can happen: less desire, delayed orgasm, or erection trouble. Say so, because there are real fixes.
- Blood pressure and cholesterol can creep up over time. Both get checked routinely, and both are treatable.

⚠️ 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 agitation with fever, stiff muscles, a racing heart, or twitching. That can mean too much serotonin.
- Call **911** for sudden eye pain with blurred vision and halos around lights. That can be dangerous eye pressure.
- Call your prescriber for blood pressure readings that keep climbing, or for new confusion in an older adult.

🚫 WHAT TO AVOID

- Never take this together with venlafaxine. They are effectively the same medicine, so the effects simply double up.
- Skip alcohol. It works against the medicine, adds to dizziness, and makes sleep and low mood harder to fix.
- Ask before any new medicine, herb, or supplement. St. John's wort, tramadol, and migraine triptans are the big ones.
- Tell your prescriber about stimulants or decongestants. With **desvenlafaxine** they can push blood pressure higher.
- Check before regular ibuprofen, naproxen, or aspirin. Together they raise your chance of stomach bleeding.

🛑 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.
- Stopping fast can bring dizziness, electric-shock feelings, nausea, and irritability, much like venlafaxine does.
- Your prescriber will step you down slowly, often using the smallest tablet for the final drops. Never rush that part.
- Most people stay on it at least **6 to 12 months** after they feel well. Stopping early is the top reason symptoms return.

❓ QUESTIONS TO ASK

- How often should my blood pressure and kidney tests be checked?
- How slowly will we lower the dose when it is time to stop?
- What can we try if the sweating or sexual side effects do not ease up?
- 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.