

Duloxetine

Cymbalta, Drizalma Sprinkle, Irenka, an antidepressant called an SNRI

Duloxetine treats depression and anxiety, and it is one of the few that also eases nerve and body pain.

WHAT IT TREATS

Depression, anxiety, pain

HOW YOU TAKE IT

Once daily, any food

WHEN IT WORKS

Pain 1-2 wks; mood 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

- **Duloxetine** is an antidepressant. It raises serotonin and norepinephrine, two chemicals that steady mood and dial down pain.
- It treats depression, constant worry from age 7, nerve pain from diabetes, fibromyalgia, and ongoing back or joint pain.
- It is often the choice when low mood and physical pain travel together, because one medicine can cover both.
- It is not habit forming and it is not a painkiller you take as needed. It works by being in your system every day.

🕒 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 capsule whole. Never crush, chew, or open it into liquid, because the coating protects your stomach.
- One version is made to be sprinkled on applesauce. Only do that if your pharmacist confirms you have that exact form.
- Your prescriber may start you low for a week or two. That step exists to keep nausea from knocking you off the medicine.
- 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

- Pain often eases sooner than mood, sometimes within **1 to 2 weeks**. Depression and worry usually take longer.
- Give it **4 to 6 weeks** at a full 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.
- Do not expect pain to vanish. A realistic win is pain that drops enough to sleep, move, and get through a workday.

♥ COMMON SIDE EFFECTS

- Nausea is common in the first week and usually the worst on day one or two. Food and a slow start both help a lot.
- Dry mouth and constipation are common. Water, fiber, fruit, and moving daily handle most of it well.
- Feeling sleepy or drained can happen early. Ask your prescriber about switching the dose to bedtime instead.
- Sweating more than usual is common and can be stubborn. Layers, cool drinks, and cotton clothing are the practical fix.
- Sexual side effects are common: less desire, delayed orgasm, or erection trouble. Say so, because there are real fixes.
- Appetite may drop and urinating may feel slower to start. Both are worth mentioning at your next visit.

⚠ 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 your prescriber for yellow skin or eyes, dark urine, or right-side belly pain. **Duloxetine** can affect the liver.
- 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.

🚫 WHAT TO AVOID

- Avoid alcohol. Combining it with **duloxetine** puts real strain on the liver, and heavy drinking rules this medicine out.
- Tell your prescriber about liver or kidney problems. This one is usually avoided when either is significantly impaired.
- Ask before any new medicine, herb, or supplement. St. John's wort, tramadol, and migraine triptans are the big ones.
- Mention the antibiotic ciprofloxacin. It can raise your levels several times over and is best avoided together.
- 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 is rough with this one: dizziness, nausea, headache, electric-shock feelings, and a short fuse are common.
- Your prescriber will taper you down over **at least 2 weeks**, often longer, using smaller capsule sizes for the last steps.
- If your pain was the target, expect it to creep back as you come down. Bring that up before you stop, not after.

❓ QUESTIONS TO ASK

- Should my liver and kidney tests be checked before I start this?
- How slowly will we lower the dose when it is time to stop?
- What can we try if the sexual side effects do not go away on their own?
- Who do I call after hours if I start feeling worse instead of better?

Where this information comes from

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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.