

Paroxetine

Paxil, Paxil CR, Pexeva, Brisdelle, an antidepressant called an SSRI

Paroxetine turns down constant worry, panic, and low mood so your days stop feeling like a fight.

WHAT IT TREATS

Anxiety, panic, PTSD, OCD

HOW YOU TAKE IT

Once daily, morning

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

- **Paroxetine** is an antidepressant. It helps your brain hold on to serotonin, a chemical that steadies mood and calms worry.
- It covers more anxiety conditions than any other medicine in its family: panic, social anxiety, constant worry, and PTSD.
- A low-dose version called Brisdelle is used only for hot flashes at menopause. It is not meant to treat depression.
- It is not habit forming, but your body does get used to it, so it must be stopped slowly with your prescriber's help.

🕒 HOW TO TAKE IT

- Take it once a day, usually in the morning. Keeping the same time every day matters more with this one than with most.
- You can take it with or without food. If it upsets your stomach, take it with breakfast and it usually settles.
- Swallow controlled-release tablets whole. Do not crush, split, or chew them, or the whole day's dose lands at once.
- If you miss a dose, take it as soon as you remember that day, then go back to normal. Never take two to catch up.
- Even one missed day can make you feel dizzy or off. Refill early so you never run out over a weekend or holiday.

📈 WHAT TO EXPECT

- Sleep and physical tension often ease first, in about **1 to 2 weeks**. Mood and worry usually improve after that.
- Give it **4 to 6 weeks** at a steady dose before you judge it. Panic and obsessive thoughts 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.
- Working feels like room to breathe: fewer panic waves, less rehearsing conversations, less bracing for the day ahead.

💡 COMMON SIDE EFFECTS

- Feeling sleepy or slowed down is common with **paroxetine**. Ask your prescriber about taking it at bedtime instead.
- Dry mouth and constipation happen often. Water, fiber, fruit, and moving your body daily handle most of it.
- Nausea is common in the first week or two. Take it with food and eat smaller, plainer meals until it passes.
- Weight gain is more likely with this medicine than others in its family. Tell your prescriber early, because switching is an option.
- Sexual side effects are very common: less desire, delayed or absent orgasm, erection trouble. Say so, there are real fixes.
- Sweating and mild tremor can show up. Cutting caffeine, dressing in layers, and staying hydrated usually cover it.

⚠️ 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 your prescriber for new confusion, bad headache, or unsteadiness, especially in an older adult. Salt levels are fixable.
- Call your prescriber for a restless, cannot-sit-still feeling, or for bruising and bleeding that is new for you.

🚫 WHAT TO AVOID

- Skip alcohol. **Paroxetine** already makes many people drowsy, and alcohol stacks on top of that and worsens mood.
- Ask before any new medicine, herb, or supplement. St. John's wort, tramadol, and migraine triptans are the big ones.
- Tell your prescriber if you take tamoxifen for breast cancer. This medicine blocks it from working and must be swapped.
- Check before regular ibuprofen, naproxen, or aspirin. Together they raise your chance of stomach bleeding.
- Tell your prescriber if you are pregnant or planning to be. This one is usually avoided then, and safer options exist.

🛑 STOPPING IT SAFELY

- Never stop on your own. **Paroxetine** has the hardest stop of its family, and quitting suddenly feels genuinely awful.
- Stopping fast can bring dizziness, electric-shock feelings in your head, irritability, vivid dreams, and a flu-like ache.
- Those feelings are not addiction and not a relapse. They are your body adjusting, and a slow taper prevents them.
- Your prescriber will lower the dose in small steps over months, often using the liquid at the end. Do not rush it.

❓ QUESTIONS TO ASK

- How slowly will we lower the dose when it is time to stop this?
- What can we try if the sexual side effects do not go away on their own?
- Should I be on a different medicine if I might become pregnant?
- 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.