ABOUT YOUR MEDICINE

Sertraline

Zoloft, an antidepressant called an SSRI

Sertraline lowers the volume on depression, panic, and worry so daily life feels manageable again.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Depression, anxiety, PTSD, OCD	Once daily, with food	1-2 weeks; fuller by 6-8	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

- **Sertraline** is an antidepressant. It helps your brain hold on to serotonin, a chemical that steadies mood, worry, and sleep.
- It treats depression, panic attacks, post-traumatic stress, social anxiety, obsessive thoughts, and severe premenstrual mood swings.
- It does not numb you or change your personality. When it works, you feel more like yourself, not less.
- It is not habit forming and it is not a calming pill you take only when anxiety spikes. It works by being in your system daily.

HOW TO TAKE IT

- Take it once a day at the same time. Morning or evening both work, so pick whichever you will actually remember.
- Taking it with food cuts down on nausea and loose stools, and it helps your body absorb a steady amount each day.
- If you use the liquid form, it must be mixed with water or juice first. Ask your pharmacist to show you exactly how.
- If you miss a dose, take it when you remember that same day. If it is nearly time for the next one, skip it. Never double up.
- Store it at room temperature and keep it somewhere you see daily, like next to your toothbrush or coffee maker.

WHAT TO EXPECT

- Sleep, appetite, and energy usually shift first, in about **1 to 2 weeks**. Mood and interest tend to follow later.
- Give it **4 to 6 weeks** at a steady dose before you decide. For obsessive thoughts, real change can take 8 to 12 weeks.
- Side effects often show up before the benefit does. That gap is the single most common reason people quit too early.
- Working looks quiet: panic comes less often, worry loses its grip, and you get through a day without bracing for it.

COMMON SIDE EFFECTS

- Loose stools or diarrhea in the first week or two is the classic **sertraline** effect. Food, fluids, and time usually fix it.
- Nausea is common early. Take it with a meal and eat smaller, plainer food until your stomach adjusts.
- Sleep can go either way at first, too much or too little. Ask your prescriber about shifting the time of day you take it.
- Sexual side effects are common: less desire, delayed orgasm, or erection trouble. Say so, because there are real fixes.
- Sweating, mild tremor, or jaw clenching at night can happen. Less caffeine helps, and a dentist can fit a night guard.
- A gain of a few pounds over a year is typical. Regular meals, walking, and sleep matter more here than willpower does.

⚠ 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, especially in the first weeks. It undoes the good the medicine is doing and worsens sleep and mood.
- Ask before any new medicine, herb, or supplement. St. John's wort, tramadol, and migraine triptans are the big ones.
- Check before regular ibuprofen, naproxen, or aspirin. With **sertraline** they raise your chance of stomach bleeding.
- Hold off on driving or power tools until you know how it hits you. Most people are back to normal within a week or two.
- Tell your prescriber if you are pregnant, nursing, or planning to be. **Sertraline** is often the preferred choice then.

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 suddenly can bring dizziness, electric-shock feelings, irritability, and a flu-like ache. A slow taper prevents it.
- Your prescriber will step the dose down over **2 to 4 weeks** or longer. That is a plan you make together, never alone.
- 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 long should I give this before we decide whether it is working?
- What can we try if the sexual side effects do not go away on their own?
- Is this still the right choice if I become pregnant or start nursing?
- 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.