ABOUT YOUR MEDICINE

Trazodone

Desyrel, Oleptro (brands discontinued; generics available), an antidepressant that is also widely used as a sleep aid

Trazodone treats depression, and in smaller amounts it is one of the most common medicines used to help people sleep.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Depression, trouble sleeping	By mouth, usually at bedtime	Sleep in a night; mood 2-4 wks	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

- **Trazodone** changes how your brain handles serotonin, a natural chemical that helps steady both your mood and your sleep.
- In smaller amounts it is used mostly as a sleep aid. In larger amounts your prescriber may use it to treat depression.
- It is not a sedative like zolpidem, and it is not habit forming. You do not need more and more of it to get the same sleep.
- It does not knock you out. It quiets the alerting signals in your brain so that sleep comes more easily on its own.

WHAT TO EXPECT

- Most people notice sleep improving the **first or second night**. That is the fastest thing this medicine does.
- For depression, give it **2 to 4 weeks** for your mood to shift and up to **6 weeks** for the fullest effect.
- Morning grogginess is common at the start. For most people it eases within a week or two as the body adjusts.
- Working looks like falling asleep faster, waking up less at night, and having a bit more energy the next day.

HOW TO TAKE IT

- Take **trazodone** right before bed. It starts working quickly, so plan on a full night of sleep after every dose.
- Take it with a light snack or just after a meal. Food helps it absorb evenly and lowers the chance of feeling dizzy.
- Swallow long-acting tablets whole. Do not split or crush one unless your pharmacist tells you that yours can be split.
- If you miss your bedtime dose and it is already close to morning, skip it. Never take two doses to catch up.
- Store it at room temperature, away from bathroom steam, and out of reach of children, teens, and pets.

COMMON SIDE EFFECTS

- Daytime sleepiness: ask your prescriber about shifting the timing earlier in the evening rather than changing it yourself.
- Dizziness on standing: sit on the edge of the bed and count slowly to **10** before you stand up and start walking.
- Dry mouth: sip water through the day, chew sugar-free gum, and use a fluoride rinse so your teeth stay protected.
- Headache in the first week: it is usually mild, and plain acetaminophen with a full glass of water often settles it.
- Nausea or an unsettled stomach: taking the dose with crackers or a small snack instead of on an empty stomach helps.
- Blurry vision or a foggy head: this often fades within a week or two, so hold off on driving until you know your pattern.

⚠ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for an erection that is painful or lasts past **4 hours**. It is rare but needs care fast.
- Fainting, a pounding or racing heartbeat, or chest pain means call **911** and do not drive yourself.
- New or worse thoughts of suicide: call or text **988** now, and tell your prescriber the same day.
- Fever, stiff muscles, heavy sweating, and confusion all at once need an ER visit, not a phone call.

WHAT TO AVOID

- Skip alcohol. It stacks with **trazodone** and can leave you deeply groggy, unsteady on your feet, and likely to fall.
- Do not drive or use machinery until you know how your mornings feel. The sleepy effect can carry past sunrise.
- Tell every prescriber and pharmacist you take this, since it interacts with other antidepressants and migraine medicines.
- Skip grapefruit and grapefruit juice, which can push the amount of medicine in your blood higher than intended.
- If you are pregnant, nursing, or hoping to be, bring it up early so you and your prescriber can weigh it together.

STOPPING IT SAFELY

- Do not stop on your own. Even when it is only for sleep, a sudden stop can bring sleepless nights back harder.
- If you have taken it for a while, your prescriber will lower it in small steps over **1 to 2 weeks** to keep you steady.
- Stopping all at once can cause anxiety, restlessness, and jittery sleep. These pass, but they are unpleasant.
- If you feel ready to come off it, say so at your next visit and plan the step-down together instead of alone.

QUESTIONS TO ASK

- Am I taking this for sleep, for depression, or for both of those?
- How long do you expect me to stay on this medicine?
- Which of my other medicines could interact with this one?
- What should I do on a night when I forget my dose?

Where this information comes from

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

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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.