psychofarm

MEDICATION HOW-TO

Trazodone for Sleep

Taking it at bedtime, safely

How to take trazodone for sleep, how to avoid grogginess and dizziness, and the one emergency to know about.

Trazodone is an antidepressant. At the lower doses used for sleep, it is a common choice for people who cannot fall or stay asleep and want something that is not habit-forming and not a controlled substance. It makes you sleepy and deepens sleep. Using it for sleep is off label. Your prescriber chooses the dose, and many people do well on a small one.

ANTIDEPRESSANT WARNING

In people under 25, antidepressants can raise the risk of suicidal thoughts, especially early on or after a dose change. Call your prescriber about new or worse low mood, anxiety or agitation. For thoughts of suicide, call or text **988** (US).

HOW TO TAKE IT

1. **Take it at bedtime, once.** Take the whole dose when you are ready for bed, after a light snack or a meal. Once you take it, go to bed: staying up can make you unsteady.
2. **If you feel groggy in the morning.** Tell your prescriber. A lower dose, or taking it 2 to 3 hours before bed, can help. Do not drive until you know how it affects you.
3. **Stand up slowly at night.** It can lower your blood pressure. Sit on the edge of the bed for a minute, then rise slowly, holding furniture if you need to, especially on a trip to the bathroom.
4. **Be careful with alcohol and sedatives.** Alcohol, benzodiazepines and opioids add to the sleepiness and can slow your breathing. Tell your prescriber before you combine them.
5. **Do not stop high doses suddenly.** After a low sleep dose you can usually stop at once, though a few nights of poorer sleep are expected. After higher doses or long use, taper over a week or two.
6. **Keep sleep habits going.** A steady bedtime and wake time, a dark and quiet room and a wind-down routine help the medicine work.

GO TO THE EMERGENCY ROOM

An erection that lasts longer than 4 hours, painful or not, is an emergency. Stop trazodone, and do not wait it out. Call 911 for fainting, or a very fast or irregular heartbeat. Call your prescriber for agitation, heavy sweating, shaking or a fever, especially if you also take an antidepressant, and go to the emergency room if it is severe or comes with confusion or a high fever. For too much, call Poison Help at 1-800-222-1222.

⚠ TELL YOUR PRESCRIBER FIRST IF YOU

IF YOU	WHY IT MATTERS
Take an MAOI antidepressant, or are given linezolid or IV methylene blue	Do not combine them unless your prescriber says so. Wait 14 days after stopping an MAOI.
Take antifungals (ketoconazole, itraconazole), HIV medicines (ritonavir) or clarithromycin, or drink grapefruit juice often	They can raise trazodone levels, causing more sleepiness and heart rhythm effects. The dose may need to be lower.
Take medicines that affect heart rhythm (methadone, ziprasidone), or have a heart rhythm problem or low potassium	Trazodone can lengthen the QT interval, a measure of the heart's rhythm. Your prescriber may check an ECG.
Take an SSRI, SNRI or triptan	The risk of serotonin syndrome is low, but it adds up. Know the signs: agitation, sweating, shaking, fever, diarrhea.
Have bipolar disorder or glaucoma, take blood thinners, aspirin or NSAIDs, or are pregnant or breastfeeding	Trazodone can trigger mania in people with bipolar disorder, can worsen certain kinds of glaucoma, and can raise the risk of bleeding. Tell your prescriber if you are pregnant or breastfeeding.
Have had a painful or long erection, or have sickle cell disease	The risk of priapism is higher. Trazodone may not be a good choice.
Are 65 or older	Dizziness, falls and next-day sedation are more likely. A small dose is the rule.

MY PLAN

My dose and timing (from my prescriber):

What I will do if I feel groggy:

My bedtime and wake-up time:

My prescriber and phone:

Source. Written in new words for patients from the FDA-approved trazodone label. Trazodone is used off label for sleep. The dose is set by your prescriber.

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If you are thinking of harming yourself or ending your life, call or text 988, the Suicide and Crisis Lifeline (US). If you are in immediate danger, call 911. Not for emergencies. This is general information, not about you, and it does not replace your own clinician, who knows your history. Your clinician's instructions come first. It may be incomplete, out of date, or wrong. The FDA-approved label, your prescriber, and your pharmacist are the official sources, so check with them before you act. Do not start, stop, or change any medicine or treatment because of this sheet, except to stop a medicine and get urgent help when the sheet says a danger sign has happened. **PROVIDED "AS IS," WITHOUT WARRANTY OF ANY KIND, INCLUDING OF ACCURACY, MERCHANTABILITY, OR FITNESS FOR A PURPOSE. To the fullest extent the law allows, Psycho.farm, Prospect Park Psychiatry, PLLC, and their owners, clinicians, authors, and staff are not responsible for any injury, loss, or damage from using this sheet, including from any error, omission, or negligence.** Use of this sheet is also covered by the Terms at psycho.farm/terms and psycho.farm/disclaimer.

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