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MEDICATION GUIDE

Sertraline Zoloft

One of the most-prescribed SSRIs and a common first choice — the go-to antidepressant in pregnancy and in people with heart disease.

Tablets: 25, 50, 100 mg | Oral liquid: 20 mg/mL | Once a day, with food | Generic available

WHAT IT'S FOR

Sertraline treats depression and a wide range of anxiety-related conditions — panic disorder, social anxiety, generalized anxiety, OCD, and PTSD — plus PMDD (premenstrual mood symptoms). Ask your prescriber which of these they're treating in you.

HOW IT WORKS

Your brain uses a chemical messenger called serotonin to help regulate mood. Sertraline blocks the "pump" that clears serotonin away, so more of it stays available between brain cells. That happens right away, but your brain takes several weeks to adjust — which is why the benefit builds slowly.

WHAT TO EXPECT — WEEK BY WEEK

WEEKS 1–2
The rocky part — nausea, loose stools, headache, or jitteriness. These usually fade; taking it with food helps.

WEEKS 2–6
Stomach effects settle; mood and anxiety gradually begin to lift. Judge it at 6 weeks, not week one.

WEEKS 6–12
Full effect. Anxiety symptoms can take the longest to settle.

HOW TO TAKE IT

- Take it once a day with food, which cuts down on nausea and loose stools.
- Take it in the morning; if it makes you sleepy, switch to the evening.
- It's often started low and raised slowly, especially if you're anxiety- or panic-prone.
- Give it a real trial — don't judge whether it's working before about 6 weeks.

CALL YOUR DOCTOR OR GO TO THE ER IF…

- **Suicidal thoughts** or a sudden worsening of mood — watch closely the first few weeks and after any dose change (highest risk under age 25)
- **Serotonin syndrome:** agitation or confusion, fast heartbeat, high fever, heavy sweating, muscle twitching or stiffness
- **Unusual bleeding** or bruising — the risk is higher if you also take NSAIDs like ibuprofen
- **Low-sodium signs:** confusion, severe headache, weakness, or fainting — more common at 65+

COMMON SIDE EFFECTS

EARLY — FIRST DAYS TO WEEKS

- Loose stools or diarrhea — sertraline's signature early effect; taking it with food helps
- Nausea or upset stomach
- Headache, jitteriness, restlessness, or trouble sleeping

LONGER-TERM

- Decreased sex drive or difficulty with orgasm — common and manageable, so tell your prescriber
- Weight tends to stay fairly stable
- Feeling emotionally "flat" or muted — usually a sign the dose is too high

This is not a complete list of side effects. See the FDA-approved label or your pharmacy handout for the full list.

WHAT TO KEEP AN EYE ON

Sertraline needs no routine blood tests for most people — monitoring is mostly about how you're doing.

How you're feeling & side effects	At follow-ups, especially the first 6 weeks and after any dose change
Blood sodium	Older adults or those on water pills — a baseline and one recheck about 2 weeks in
Weight & blood pressure	Routine check-ups

MEDICINES & SUBSTANCES TO BE CAREFUL WITH

WHAT	MORE INFO
MAOIs (an older antidepressant class)	Risk of dangerous serotonin syndrome — **Never combine**; needs a 14-day gap either way
Tramadol, migraine triptans, other antidepressants, St. John's Wort	Add up to raise serotonin syndrome risk — Tell your prescriber before combining
Dextromethorphan (DXM, in many cough/cold syrups)	Serotonergic — adds to that risk — Check the label; ask your pharmacist
OTC decongestants (pseudoephedrine, phenylephrine)	Can raise blood pressure and jitteriness — Ask your pharmacist; nasal saline is a safe swap

WHAT	MORE INFO
NSAIDs (ibuprofen, naproxen), aspirin, blood thinners	Raise bleeding risk several-fold — Prefer acetaminophen (Tylenol)
Linezolid (antibiotic) or methylene blue (surgical dye)	Act like MAOIs — serotonin syndrome risk — Make sure any new prescriber knows
Certain heart, antidepressant & ADHD medicines (at higher sertraline doses, about 150 mg+)	Sertraline can raise their blood levels once the dose is high — Your prescriber adjusts and monitors when combining
Alcohol, or any new medicine or supplement	Can worsen side effects; some interact with sertraline — Run it by your prescriber or pharmacist first

This is not every interaction. Always check with your pharmacist or prescriber before starting any new medicine, supplement, or over-the-counter product.

WHAT HELPS IT WORK

- Taking it with food at the same time every day — this alone tames most of the stomach upset.
- Giving it a full 6 weeks before deciding whether it's working.
- Pairing it with therapy — the two work better together than either alone.
- Regular exercise and steady sleep, which lift mood alongside the medication.
- Not stopping suddenly — always taper with your prescriber.
- Speaking up about side effects instead of quietly quitting — most are fixable.

QUICK QUESTIONS

What happens if I miss a dose?
If it's only a few hours late, it's usually worth taking. If it's almost time for the next dose, skip the one you missed — don't double up. Sertraline leaves your body over about a week, so missing several days in a row can trigger withdrawal (dizziness, “brain zaps,” flu-like feelings) — try to stay consistent.

Will it change my personality?
No. Sertraline eases the symptoms of depression and anxiety — it doesn't change who you are. If anything, you should feel more like yourself. Feeling emotionally “flat” usually means the dose is too high; tell your prescriber.

Can I stop once I feel better?
Don't stop suddenly. Sertraline is middle-of-the-pack for withdrawal — easier to come off than paroxetine, but you can still get dizziness or “brain zaps” if you quit abruptly. Taper with your prescriber. Most people stay on 6–12 months after feeling well, longer if symptoms keep returning.

Is it safe in pregnancy or breastfeeding?
Sertraline is the most-studied antidepressant in pregnancy and a top choice while breastfeeding — often the SSRI clinicians reach for first. Untreated depression carries real risks too, so don't stop on your own. Discuss it with your prescriber, and see mothertobaby.org for evidence-based information.

Can I drink alcohol?
There's no strict rule, but alcohol can worsen mood, sleep, and side effects and works against the medication. Talk with your prescriber about what's okay for you.

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