Trazodone (traz-o-done)

**Indications**
- Insomnia, chronic pain syndromes, including headaches, musculoskeletal pain, and anxiety.
- Unlabeled use: Insomnia, chronic pain syndromes, including headaches, musculoskeletal pain, and anxiety.

**Contraindications/Precautions**
- Pregnancy category C
- Contraindicated in: Cardiovascular disease; Suicide risk may be greater in children and adolescents; safe use not established; Geri: Initial dose is recommended; use extended-release tablets with caution.

**Pharmacokinetics**
- Absorption: Well absorbed after oral administration.
- Distribution: Widely distributed.
- Protein Binding: 89–95%.
- Metabolism and Excretion: Extensively metabolized by the liver (CYP3A4 enzyme system); minimal excretion of unchanged drug by the kidneys.
- Half-life: 5–9 hr (immediate-release).

**Interactions**
- Drug-drug: MAO inhibitors or MAO-like drugs; concurrent use of MAO-inhibitor like drugs, such as linezolid or methylene blue; concurrent use with MAO-inhibitor like drugs, such as linezolid or methylene blue; trazodone therapy. Trazodone should be stopped at least 14 days before MAO inhibitor therapy. Concurrent use with MAO-inhibitor like drugs, such as linezolid or methylene blue; trazodone therapy. Trazodone should be stopped at least 14 days before MAO inhibitor therapy. Concurrent use with MAO-inhibitor like drugs, such as linezolid or methylene blue.

**Contraindicated in:**
- Cardiovascular disease; Suicide risk may be greater in children and adolescents; safe use not established; Geri: Initial dose is recommended; use extended-release tablets with caution.

**Adverse Reactions/Side Effects**

**Concomitant Use of**
- Drugs that affect serotoninergic neurotransmitter systems, including triptans, SSRI, cyclic antidepressants, duloxetine, buspirone, trazodone, and sertraline; risk of serotonin syndrome.
- Drugs that induce the CYP3A4 enzyme system, including rifampin, phenobarbital, phenytoin, rifapentine, and bergamot; risk increased.
- Drugs that inhibit the CYP3A4 enzyme system, including ketoconazole, ritonavir, lopinavir, and grapefruit juice; risk decreased.

**Adverse Reactions/Side Effects**
- CNS:
  - Headache
  - Insomnia
  - Nightmares
  - Slurred speech
  - Syncope
  - Weakness
- CV:
  - Hypertension
  - Arrhythmias
  - Chest pain
  - Hypotension
- GI:
  - Nausea
  - Vomiting
  - Diarrhea
  - Excess salivation
- Derm:
  - Rash
- Hemat:
  - Anemia
  - Leukopenia
- MS:
  - Hypersensitivity
- Neuromuscular:
  - Nausea
  - Tremor
- Other:
  - Cardiac arrest
  - Respiratory failure

**Drug Interactions**
- Cautions: Use extended-release tablets with caution.
- Use with caution: Drug interactions with trazodone can interfere with the metabolism of other drugs, leading to increased or decreased levels and risk of toxicity.
- Drug-drug: Tramadol, warfarin, cyclobenzaprine, albuterol, aspirin, disulfiram, valproate, digoxin, and alcohol can interact with trazodone, affecting its efficacy.

**Contraindications/Precautions**
- Cardiovascular disease; Suicide risk may be greater in children and adolescents; safe use not established; Geri: Initial dose is recommended; use extended-release tablets with caution.
Route/Dosage
Depression
PO (Adults): Immediate-release—150 mg/day in 3 divided doses; may be increased by 50 mg/day q 3–4 days until desired response (not to exceed 400 mg/day in outpatients or 600 mg/day in hospitalized patients).
PO (Geriatric Patients): 75 mg/day in divided doses initially; may be increased by 50 mg/day q 3–4 days.

Insomnia
PO (Adults): 25–100 mg at bedtime.

NURSING IMPLICATIONS
Assessment
● Monitor BP and pulse rate before and during initial therapy. Monitor ECGs in patients with pre-existing cardiac disease before and periodically during therapy to detect arrhythmias.
● Assess for possible sexual dysfunction.
● Assess for serotonin syndrome (mental changes [agitation, hallucinations, coma], autonomic instability [tachycardia, labile BP, hyperthermia], neuromuscular aberrations [hyper-reflexia, incoordination], and/or GI symptoms [nausea, vomiting, diarrhea]), especially in patients taking other serotonergic drugs (SSRIs, SNRIs, triptans).

Implementation
● Do not confuse trazodone with tramadol.
● PO: Administer with or immediately after meals to minimize side effects (nausea, dizziness) and allow maximum absorption of trazodone. A larger portion of the total daily dose may be given at bedtime to decrease daytime drowsiness and dizziness.
● Observe patient administered an empty stomach at bedtime and swallowed whole or broken along scored lines. Do not chew.

Patient/Family Teaching
● Instruct patient to take medication as directed. If a dose is missed, take as soon as remembered. Do not take if within 4 hr of next scheduled dose; do not double doses. Observe patient to avoid drowsiness and blurred vision. Caution patient to avoid driving and other activities requiring alertness until response to drug is known.
● Caution patient to change positions slowly to minimize orthostatic hypotension.
● Advise patient to avoid concurrent use of alcohol or other CNS depressant drugs.
● Advise patient to notify health care professional if thoughts about suicide or dying, attempts to commit suicide, new or worse depression or anxiety, agitation or restlessness, panic attacks, insomnia, new or worse irritability, aggressiveness, acting on dangerous impulses, mania, or other changes in mood or behavior or if symptoms of serotonin syndrome occur.

Potential Nursing Diagnoses
Indications for nursing diagnoses: (Side Effects)
● Ineffective coping (Indications)
● Sexual dysfunction (Side Effects)
Why was this drug prescribed for your patient?

- Canadian drug name
- Genetic Implication. CAPI TALS indicate life-threatening, underline indicates most frequent. Strikethrough
- Discontinued.

**traZODone**

Instruct patient to notify health care professional if signs of serotonin syndrome (mental status changes: agitation, hallucinations, coma; autonomic instability: tachycardia, labile BP, hyperthermia; neuromuscular aberrations: hyperreflexia, incoordination; and/or gastrointestinal symptoms: nausea, vomiting, diarrhea) occur.

- Advise female patients to notify health care professional if pregnancy is planned or suspected and breastfeeding.

Emphasize the importance of follow-up exams to evaluate progress.

**Evaluation/Desired Outcomes**

- Resolution of depression.
- Increased sense of well-being.
- Renewed interest in surroundings.
- Increased appetite.
- Improved energy level.
- Improved sleep.
- Decrease in severity of pain in chronic pain syndromes. Therapeutic effects are usually noted within 1 wk, although it may take 4 wk to obtain significant therapeutic results.

Why was this drug prescribed for your patient?