Trimipramine (trye-mip-ras-meen)

(Sertidil)

**Classification**: Tricyclic antidepressants

**Pharmacologic**: Tricyclic antidepressants

**Pregnancy Category**: C

**Indications**

Treatment of depression, often in conjunction with psychotherapy.

**Action**

Pretreats the effect of serotonin and norepinephrine in the CNS. Has significant anticholinergic properties, including sedation. Therapeutic Effects: Antidepressant action.

**Pharmacokinetics**

- **Absorption**: Well absorbed following oral administration.
- **Distribution**: Unknown.
- **Metabolism and Excretion**: Mostly metabolized by the liver.
- **Half-life**: 7–30 hr.

**TIME/ACTION PROFILE**

**ROUTE** | **ONSET** | **PEAK** | **DURATION**
---|---|---|---
PO | 2–3 wk (up to 30 days) | 2–6 wk | days–wks

**Contraindications/Precautions**

Contraindicated in: Hypersensitivity; cross-sensitivity may occur with other tricyclic antidepressants. Recovery phase following MI; Concurrent use of MAO inhibitors; MAO-like drugs (linezolid or methylene blue); Angle-closure glaucoma.

**Use Cautiously in:** Exercise Extreme Caution in: Exercise Extreme Caution in:

- Pedi: Safety not established; Geri: Use only if clearly needed and maternal benefits outweigh risks to fetus.
- Hypothyroidism: May cause sedation in infant; Pedi: Safety not established; Geri: Risk of adverse reactions, including falls secondary to sedative and anticholinergic effects.

**Adverse Reactions/Side Effects**

- CNS: drowsiness, dizziness, dry mouth, fever, tremors, orthostatic hypotension, insomnia, dizziness, dry mouth, hypotension, ECG changes, seizures, hallucinations, akathisia, psychoses, suicide attempt/ideation especially in children and adolescents; Prostatic hyperplasia (risk of urinary retention); History of seizures (risk of serotonin syndrome); Increased appetite, weight gain.
- CV: MI (may precipitate fatal reactions); MIAS, hypotension, ECG changes.
- GI: constipation, nausea, vomiting, ileus, ileus.
- GU: urinary retention, dysuria, polyuria.
- Endo: changes in blood glucose, gynecomastia.
- Respiratory: Changes in respiratory function.
- Derm: photosensitivity.
- Other: dry eyes, blurred vision, sedation.

**Interactions**

**Drug-Drug**: Concurrent use with MAO inhibitors may result in serotonin potentiating effects (MAO inhibitors should be stopped at least 14 days before trimipramine therapy). Concurrent use with MAO-inhibitor like drugs, such as linezolid or methylene blue (risk of serotonin syndrome), concurrent use with trimipramine, do not start therapy in patients receiving linezolid or methylene blue; concurrently discontinue trimipramine and monitor for signs/symptoms of serotonin syndrome for 2 wk or until 24 hr after last dose of linezolid or methylene blue, whichever comes first (may resume trimipramine therapy 24 hr after last dose of linezolid or methylene blue). Trimipramine is metabolized in the liver by the cytochrome P450 2D6 enzyme, and its action may be affected by drugs that compete for metabolism by this enzyme, including other antidepressants, phenothiazines, carbamazepine, class 1C antiarrhythmics such as propafenone, and rifampin, when used concurrently does of one or the other or both may be necessary. Concurrent use of other drugs that inhibit the activity of the enzyme, including omeprazole, quinidine, amiodarone, and propafenone, may result in effects of trimipramine. Concurrent use with SSRIs antidepressants may result in toxicity and should be avoided (fluoxetine should be stopped 5 wk before starting trimipramine). Concurrent use with clomipramine may result in hypertensive crisis and should be avoided. Concurrent use with levodopa may result in delayed absorption of levodopa or hyperpyrexia, Blood levels and effects may be decreased when trimipramine is used concurrently with other antidepressants.

**Overdosage**: Initial symptoms include sleep disturbances; toxicity may be life-threatening; sedation indicates most frequent. **Sedation** discontinued.
SSRIs

● Depressions and serotonin syndrome:

- Monitor mental status and affect.
- Assess for suicidal tendencies.
- Monitor BP and pulse before and during initial therapy.
- Notify health care professional of decreases in BP (10–20 mmHg) or sudden increase in pulse rate.

● Ineffective coping (indications):

- Monitor BP and pulse before and during initial therapy.

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Trimipramine

Immediately 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.

- Instruct patient to notify health care professional if urinary retention occurs or if dry mouth or constipation persists. Sugarless candy or gum may diminish dry mouth and an increase in fluid intake or bulk may prevent constipation. If symptoms persist, dose reduction or discontinuation may be necessary. Consult health care professional if dry mouth persists for more than 2 wk.

- Caution patient to use sunscreen and protective clothing to prevent photosensitivity reactions.

- Instruct patient to monitor urinary output. Increase in appetite may lead to undesired weight gain.

- Advise patient to notify health care professional of medication regimen before treatment or surgery. Medication should be discontinued as long as possible before surgery.

- Advise patient to notify health care professional if pregnancy is planned or suspected or if breast feeding.

- Therapy for depression is usually prolonged and should be continued for at least 3 mo to prevent relapse. Emphasize the importance of follow-up exams to monitor effectiveness and side effects.

**Evaluation/Desired Outcomes**

- Increased sense of well-being.
- Renewed interest in surroundings.
- Increased appetite.
- Improved energy level.
- Improved sleep.
- Full therapeutic effects may be seen 2–4 wk after initiating therapy.

Why was this drug prescribed for your patient?

- C - Canadian drug name
- G - Generic Implication
- OPTIRG indicates risk of torsion, underline indicate most frequent
- __Discontinued__