Updated September 2026

Mirtazapine

Brand name - Remeron *Oral adult dosing for major depressive disorder*

Mirtazapine is a tetracyclic antidepressant and is FDA approved to treat major depressive disorder. Its exact therapeutic mechanism is unclear but may be mediated by increasing availability of serotonin and noradrenaline, while blocking 5-HT2 and 5-HT3 serotonin receptors.

Initial Dose	15mg qd in evening – may cause drowsiness
Titration	Allow at least 1-2 weeks between dose increases. Titrate as indicated and tolerated.
Maximum dose	45mg qd

Prescribing Pearls

- Consider a lower starting dose of 7.5mg qd in patients with increased sensitivity to medications, renal or hepatic impairment, older age, or tolerability concerns.
- **Assess for mania/hypomania hx** and bipolar-spectrum risk factors. Antidepressants may precipitate a manic, mixed, or hypomanic episode in vulnerable patients.
- **Somnolence is common** and can be significant. Evening dosing is preferred. Counsel patients about possible next-day drowsiness or impairment. Advise caution during driving and cognitively demanding activities until individual effects known.
- Common side effects include increased appetite, weight gain, and dizziness.
- Metabolic side effects include increases in cholesterol and triglycerides. Consider metabolic risk and lipid monitoring based on individual history and risk factors.
- **Missed dose.** If a dose is missed, skip the missed dose and take the next dose at the regularly scheduled time. Do not take extra medication to make up for a missed dose.

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Prescribing Pearls Cont'd

- Avoid mirtazapine in patients who have taken an MAOI within the past 14 days. Wait at least 14 days after stopping mirtazapine before starting an MAOI. Review other serotonergic meds and monitor for serotonin syndrome.

Safety

- **Pregnancy.** Use an individualized risk-benefit assessment. Available human data have not identified an increased risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes.
- **Lactation.** Mirtazapine is present in human milk at low levels. Monitor breastfed infants for excessive sedation, feeding difficulty, and appropriate growth.
- Monitor for worsening symptoms, unusual behavioral changes, and suicidal thoughts, particularly in young adults and around treatment changes.
- Alcohol and benzodiazepines can increase cognitive and motor impairment and should generally be avoided in combination with mirtazapine.
- May cause hyponatremia, particularly in older adults, patients taking diuretics, or volume-depleted patients.
- Use caution in patients at risk for QT-prolongation and seizure disorders.
- Evaluate fever, sore throat, stomatitis, or other signs of infection for possible rare neutropenia/agranulocytosis. Urgently evaluate suspected DRESS.
- Review strong CYP3A inhibitors/inducers, other serotonergic medications, and QT-prolonging medications. These may require a dose adjustment of mirtazapine

Disclaimer

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