Trazodone

Brand names - Desyrel, Oleptro, Raldesy *Oral adult dosing for insomnia*

Trazodone is FDA-approved for major depressive disorder (MDD). Use for insomnia is off-label. Evidence for this indication is limited, and CBT-I remains a preferred evidence-based treatment for chronic insomnia.

Dosing

- **No FDA-approved trazodone dose exists for insomnia.** If trazodone is used, dose should be individualized based on age, comorbidities, concurrent medications, orthostatic risk, next-day sedation, and treatment response.
- **Use the lowest effective dose.**
- Common off-label dosage for insomnia: 25-100mg at bedtime

Prescribing Pearls

- **Assess for a history of mania/hypomania** and other bipolar-spectrum risk factors. Antidepressants may precipitate a manic, mixed, or hypomanic episode in vulnerable individuals.
- **Somnolence is common** and can be clinically significant. Evening dosing is generally preferred. Counsel patients about possible next-day drowsiness or impairment and advise them to use caution with driving or other cognitively demanding activities until individual effects are known.
- **Orthostatic hypotension and syncope may occur.** Use particular caution in older adults, patients with baseline hypotension, and those taking other sedating or blood-pressure-lowering medications.
- **Other common side effects** include dizziness, light-headedness, blurred vision, fatigue, dry mouth, GI side effects, and orthostatic symptoms.
- Avoid trazodone in patients who have taken an MAOI within the past 14 days. Wait at least 14 days after stopping trazodone before starting an MAOI. Review other serotonergic meds and monitor for serotonin syndrome.

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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. Consider the risks of untreated depression and insomnia when making treatment decisions.
- **Lactation.** Published and postmarketing data are limited but have not identified a consistent pattern of adverse effects in breastfed infants. Consider the maternal need for treatment, benefits of breastfeeding, and potential infant effects.
- Suicidality: Monitor for clinical worsening, unusual behavioral changes, and suicidal thoughts, particularly in young adults and around treatment changes.
- **Priapism.** Counsel patients to seek emergency medical attention for an erection lasting more than 4 hours, whether painful or not. Untreated priapism can cause irreversible erectile damage.
- **Bleeding.** SSRIs/SRIs including trazodone may increase bleeding risk, particularly with NSAIDs, aspirin, antiplatelet agents, or anticoagulants.
- Alcohol and benzodiazepines can increase cognitive and motor impairment and should generally be avoided in combination with trazodone.
- **May cause hyponatremia,** particularly in older adults, patients taking diuretics, or volume-depleted patients.
- **QT/arrhythmia risk.** Review cardiac history, electrolyte abnormalities, and other QT-prolonging medications. Avoid trazodone in patients with significant QT-prolongation risk.
- **Review CYP3A4 inhibitors and inducers.** Strong inhibitors may increase trazodone exposure, while inducers may reduce it. These may require dose adjustments of trazodone.

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