Updated September 2026

Venlafaxine XR

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

Venlafaxine is a serotonin-norepinephrine reuptake inhibitor (SNRI). Its therapeutic mechanism is thought to be related to inhibiting reuptake of both serotonin and norepinephrine, thus increasing availability of both in the CNS.

Initial Dose	75 mg qd; 37.5 mg qd for 4–7 days may be used initially to improve tolerability.
Titration	Increase by 37.5-75 mg qd, as needed. Wait at least 4 days between dose increases .
Maximum dose	225 mg qd

Prescribing Pearls

- Take once daily with food, morning or evening, at approximately the same time each day. Swallow the XR capsule whole; do not crush, chew, or dissolve it.
- Consider a lower starting dose of 37.5 mg daily in patients with increased sensitivity to medications, older age, hepatic or renal impairment, or tolerability concerns.
- Measure blood pressure before treatment and periodically thereafter. Venlafaxine can increase blood pressure and pulse in some patients.
- Assess history of mania/hypomania and other bipolar-spectrum risk factors. Antidepressants may precipitate a manic, mixed, or hypomanic episode in vulnerable individuals.
- Hepatic impairment: reduce the total daily dose by about 50% in mild-to-moderate impairment; severe impairment or cirrhosis may require a reduction of 50% or more.
- Renal impairment: reduce by 25%–50% in mild-to-moderate impairment and by 50% or more with severe impairment
- Common side effects include nausea, constipation, anxiety, insomnia, increased sweating, and decreased appetite. Sexual dysfunction is less common than with SSRIs but may still occur.
- Transient activation/anxiety may occur early in treatment in some patients; distinguish this from worsening of the underlying anxiety disorder or emerging mania.

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Prescribing Pearls, cont'd

- Transient activation/anxiety may occur early in treatment in some patients; distinguish this from worsening of the underlying anxiety disorder or emerging mania.
- Wait at least 14 days after stopping an MAOI before starting venlafaxine. Wait at least 7 days after stopping venlafaxine before starting an MAOI. Review other serotonergic meds and monitor for serotonin syndrome.
- Avoid abrupt discontinuation when possible. Venlafaxine is more likely to produce clinically significant discontinuation symptoms than many other antidepressants. Gradually taper and monitor for discontinuation symptoms such as dizziness, irritability, anxiety, sensory disturbances, headache, insomnia, or mood change.

Safety

- **Pregnancy.** Use an individualized risk-benefit assessment. Available epidemiologic data have not identified a venlafaxine-associated increase in major birth defects, miscarriage, or adverse fetal outcomes. Untreated depression also carries maternal and perinatal risks.
- **Mid-to-late pregnancy exposure** has been associated in observational studies with a possible increased risk of preeclampsia, and SNRI exposure near delivery may increase the risk of postpartum hemorrhage.
- **Late-third-trimester exposure** may be associated with neonatal adaptation symptoms, including respiratory distress, feeding difficulty, temperature instability, abnormal muscle tone, tremor, jitteriness, irritability, hypoglycemia, or other symptoms; some infants may require respiratory support, tube feeding, or prolonged hospitalization.
- **Lactation.** Venlafaxine and its active metabolite are present in human milk. Available data have **not** identified adverse reactions in breastfed infants, although infant exposure can be clinically measurable. Monitor infants for excessive sedation, poor feeding, and inadequate weight gain.
- Monitor for clinical worsening, unusual behavioral changes, and suicidal thoughts, particularly in young adults and around treatment changes.
- Bleeding risk: SNRIs may increase bleeding risk, particularly with NSAIDs, aspirin, antiplatelet therapy, or anticoagulants.
- May cause hyponatremia, particularly in older adults, patients taking diuretics, or volume-depleted patients.

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