Updated September 2026

Desvenlafaxine ER

Brand names - Pristiq *Oral adult dosing for Major Depressive Disorder*

Desvenlafaxine is a serotonin-norepinephrine reuptake inhibitor (SNRI). Its therapeutic mechanism is not known, but it may be related to inhibiting reuptake of both serotonin and norepinephrine, thus increasing availability of both in the central nervous system. This information sheet offers guidance on the extended-release (ER) formulation for adults with Major Depressive Disorder (MDD).

Initial Dose	50mg qd - this is considered the therapeutic dose
Titration and higher doses	Doses up to 400 mg/day have been studied, but no additional benefit was demonstrated above 50 mg/day, while adverse reactions and discontinuations were more frequent.
Alternate dosing	25mg qd used for tapering or in patients with severe renal impairment/end-stage renal disease

Prescribing Pearls

- **Take at the same time each day**, with or without food. Swallow ER tablets whole.
- Patients may occasionally notice the inert tablet matrix in stool. Counsel patients that this is normal and that the active medication was absorbed despite the tablet matrix.
- Consider a lower starting dose of 25mg daily in patients with increased sensitivity to medications, older age, renal or hepatic impairment, or tolerability concerns.
- Assess blood pressure before and throughout treatment. May increase blood pressure and pulse.
- **Lipids.** Clinically significant increases in total cholesterol, LDL cholesterol, and triglycerides have occurred. Consider lipid monitoring according to baseline metabolic risk and duration of treatment.
- **Assess for a history of mania/hypomania** and bipolar-spectrum risk factors. Anti-depressants may precipitate a manic, mixed, or hypomanic episode in some patients.

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Safety

- **Pregnancy.** Use individualized risk-benefit assessment. Pregnancy data are limited.
  - Published studies of venlafaxine, the parent compound, have not shown a clear association with major birth defects or miscarriage. There is not enough evidence from available observational studies to establish or exclude drug-associated risk of desvenlafaxine. **Untreated MDD carries risks to both patient and infant during perinatal period.**
  - Mid-to-late pregnancy exposure may be associated with increased risk of preeclampsia, based on observational data involving parent drug, venlafaxine. SNRI exposure in the month before delivery has also been associated with a less than twofold increase in postpartum hemorrhage risk.
  - Late-3rd-trimester exposure may be associated with neonatal adaptation symptoms, including respiratory distress, feeding difficulty, temperature instability, abnormal muscle tone, tremor, jitteriness, irritability, or hypoglycemia. Some infants may require respiratory support, tube feeding, or prolonged hospitalization.
- **Lactation.** Desvenlafaxine is present in human milk. Limited data suggest low infant exposure; in one study of 10 breastfeeding women, mean relative infant dose was 6.8%, and no adverse infant reactions were reported. Consider maternal need for treatment and, like any breastfed infant, monitor for sedation, poor feeding, or poor weight gain.
- **Suicidality.** Monitor for worsening of symptoms, 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.

Disclaimer

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