

Amitriptyline (say: amy-trip-tea-lean)

What is amitriptyline used for?

- Amitriptyline is one of the tricyclic medicines
- It is mainly used to help treat the symptoms of depression (by cutting the time it takes to recover and to help stop the symptoms coming back)
- It can also be used to help stop migraines, insomnia (in low dose), neuropathic pain (caused by nerve damage), urge incontinence (when you don't get to the toilet in time) and bed-wetting
- Amitriptyline is made as tablets.

- ☞ For depression, about 2 in 3 (65%) people get better with a first antidepressant in 4-6 weeks
- ☞ If that antidepressant doesn't work, or it has too many side effects, switching to another means about half of those people get better (total of about 75%, or 3 in 4 people). There are other options after that.

What is the usual dose of amitriptyline?

- The usual dose of amitriptyline should be around 125-150mg a day for depression
- For other uses, lower doses are usually effective.

How should I take amitriptyline?

- Swallow the tablets with at least half a glass of water whilst sitting or standing to make sure they reach the stomach and not stick in your throat.

When should I take amitriptyline?

- Taking it at mealtimes may make it easier for you to remember as it can be taken with or after food
- If you take it once a day this is usually best at bedtime as it may make you sleepy at first.

What are the alternatives to amitriptyline?

- This will depend on what you are taking it for
- There are many other medicines and talking therapies for depression and other symptoms.

- ☞ See our "Handy charts" for depression and insomnia to help you compare the medicines available
- ☞ This will help you talk to your doctor, pharmacist or case manager.

How long will amitriptyline take to work?

- For depression, the dose will need to be increased steadily to get to the full effective dose
- The effect will then start in a week or two, and carry on building for the next few weeks
- If nothing has improved after 4 weeks it's time to look at a higher dose or switching to another.

Been depressed before? Antidepressants don't seem to help much? Been irritable, impulsive, and spent too much money? Been overactive, with less need for sleep? Family history of bipolar? If so, it's worth asking: "**Could it be bipolar?**"

How long will I need to keep taking it for?

- This will depend on what you are taking it for, your history and how well you are doing

- For depression, if an antidepressant gets you better:
 - ☞ First episode: Taking it for a further 6 months reduces the chances of becoming depressed again
 - ☞ Second episode: Taking it for 1-2 years reduces the chances of becoming depressed again
 - ☞ Three or more episodes: Taking for at least 3-5 years reduces the chances of becoming depressed again.

Is amitriptyline addictive and can I stop taking amitriptyline suddenly?

- Amitriptyline is not addictive but it is unwise to stop taking it suddenly, even if you feel better, as your symptoms can return if it is stopped too soon
- This may occur some weeks or even months after the medicine has been stopped
- If you stop it suddenly you may also get some discontinuation effects
- At worst, these could include feeling restless, diarrhoea, nausea, 'flu-like symptoms, tiredness, stomach cramps and sleep disturbance
- They can start 2-4 days after stopping or dropping your dose, usually only last a few weeks (but can be longer) and will go if restarted
- When the time comes, you should come off it by a gradual reduction in the dose over several weeks, when your stress levels are lower
- Discuss this fully with your doctor.

See our handy fact sheets on 'Coming off Medicines' and 'Coming off antidepressants'

What should I do if I forget to take a dose of amitriptyline at the right time?

- Take the missed dose as soon as you remember unless it is within about 8 hours of your next dose
- If you remember after this time, just take the next dose as normal
- Do not try to catch up by taking two doses at once as you may get more side-effects.

If you have problems remembering your doses (many people do) ask your pharmacist, doctor or case manager about this. Webster, other packs and Apps can help you.



Can I drink alcohol while I am taking it?

- If you drink alcohol while taking amitriptyline it may make you feel more sleepy
- This is important if you need to drive or operate machines. Seek advice on this.

Will amitriptyline affect my other medication?

The main interactions with amitriptyline are:

- The effects of amitriptyline can be increased by some antipsychotics, some heart drugs and SSRIs
- If it is taken with alcohol, benzodiazepines (e.g. diazepam) and opioids such as oxycodone it may cause more sleepiness.

You **must** see the Consumer Medicine Information (CMI) for the full list. Some medicines can still be used together but you must follow your doctor's instructions carefully.

Will I need any blood or other tests if I am taking amitriptyline?

- You should not usually need any blood tests unless you are taking a high dose.

Can I drive or cycle while I am taking it?

- Amitriptyline can affect your driving in two ways
- Firstly, you may feel sleepy and/or get blurred vision at first when taking amitriptyline
- Secondly, it can slow down your reactions or reflexes, especially if you also have a dry mouth, blurred vision or constipation
- Until these wear off, or you know how it affects you, do not drive or operate machines.

What sort of side-effects might I get if I am taking amitriptyline?

This table shows some of the most common side effects and any you might need to take action on. You **must** also see the Consumer Information Leaflet (CMI) for the full list of possible side effects but do not be worried by this. Some people get no side effects at all. Others may get some that are not listed. Some side effects are the brain getting used to a medicine and these usually wear off in a few days or weeks. Starting at a lower dose may help. If you think you might have a side effect to this medicine, you should ask your doctor, pharmacist or case manager.

Side effect	What happens	What to do about it
VERY COMMON (<i>more than about 1 in 10 people might get these</i>)		
Sleepiness	Feeling sleepy, or sluggish. It can last for a few hours after taking a dose.	Don't drive or use machines. Ask your doctor if you can take your amitriptyline at a different time e.g. at bedtime.
Constipation	When you cannot pass stools, or poo, regularly, or cannot completely empty your bowels.	<ul style="list-style-type: none"> • Eat enough fibre, cereal or fruit • Drink enough fluid • Keep active and get some exercise e.g. walking. If this does not help, ask your pharmacist for a mild laxative.
Dry mouth	Not much saliva or spit.	Suck sugar-free lollies. If it is bad, you can use a mouth spray.
Blurred vision	Things look fuzzy and you can't focus your eyes properly.	Do not drive with blurred vision. This should wear off after a few weeks. If it doesn't, see your doctor if you are worried.
Weight gain	A bigger appetite. Putting on weight.	A diet full of vegetables and fibre may help prevent weight gain.
COMMON (<i>fewer than about 1 in 10 people might get these</i>)		
Postural hypotension	A low blood pressure - this can make you feel dizzy when you stand up.	Try not to stand up too quickly. If you feel dizzy, don't drive.
RARE but important (<i>can be serious if not dealt with quickly</i>)		
Urinary retention	Not much urine passed. Feeling you haven't fully emptied your bladder.	See your doctor straight away, especially if this happens suddenly.
Thoughts of harming yourself	Feeling anxious, restless, poor sleep and feel you might want to harm yourself	See your doctor in the next day, more so if you are under about 20 years old, may have bipolar depression, or are paranoid/seeing things
Hyponatraemia (low sodium)	Tiredness, confusion, being forgetful, headaches, unable to concentrate, muscle cramps and fits.	See your doctor in the next day, especially if you have started it in the last month, after a dose change, or if you are older and female

Lifeline provides 24hr telephone crisis support on 13 11 14 or visit www.lifeline.org.au for information & downloads

The small print: This leaflet is to help you understand more about amitriptyline. You **must** also read the manufacturer's Consumer Medicine Information (CMI) Leaflet. You may find more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else.

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