

## Desvenlafaxine (say: Des-ven-la-fax-een)

### What is desvenlafaxine used for?

- Desvenlafaxine (also called Pristiq®) is mainly used to help treat the symptoms of depression (by reducing the time it takes to recover and to help stop the symptoms coming back)
- It can help some other symptoms e.g. anxiety, OCD, PTSD and some other conditions
- It is sometimes called an SNRI (Serotonin and Noradrenaline Reuptake Inhibitor)
- It is made as slow-release 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 desvenlafaxine?

- The usual dose of desvenlafaxine is 50mg a day for depression
- A slightly lower dose is needed in people over about 75 years of age
- The maximum dose is 400mg a day, with no more than 200mg in a single dose.

### How should I take desvenlafaxine?

- Swallow the tablets with at least half a glass of water whilst sitting or standing so they do not get stuck in your throat
- Do not chew or crush them
- If you see what looks like a capsule/tablet in your poo do not worry. These are empty.

### When should I take desvenlafaxine?

- This is usually once a day in the morning
- It can be taken with or after food
- If you take it less than about 5-6 hours before going to bed you might not sleep as well.

### What are the alternatives to desvenlafaxine?

- There are many other medicines (e.g. SSRIs, mirtazapine), talking therapies and treatments for depression and other conditions.

☞ See our "Handy chart" for depression to help you compare the medicines available

☞ This will help you talk to your doctor, pharmacist or case manager.

### How long will desvenlafaxine take to work?

- For depression, the effect will start in a week or two, and build over 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 desvenlafaxine addictive and can I stop taking it suddenly?

- Desvenlafaxine is not addictive (e.g. you don't get craving or a reward from a dose), but if you stop it suddenly you can get some discontinuation, adjustment or withdrawal symptoms
- At worst, these could include headache, feeling restless, diarrhoea, nausea, 'flu-like symptoms, stomach cramps, and sleep disturbances
- They can start 2-4 days after stopping or reducing doses, are usually short lived, and will go if desvenlafaxine is started again
- Your symptoms can also come back a few weeks or months later
- When the time comes, you should come off it by a gradual reduction in the dose over several weeks at a time when your stress levels are lower
- Discuss this fully with your doctor, doctor, nurse or pharmacist.

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 desvenlafaxine at the right time?

- Take the missed dose as soon as you remember unless it is within about 6-8 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 (as many people do) ask to see our Handy Fact Sheet "Remembering to take your medicines".

### Will it affect my other medication?

The main interactions with desvenlafaxine are:



- Desvenlafaxine can decrease the effects of indinavir and midazolam and can sometimes be increased by ketoconazole or erythromycin
- Desvenlafaxine should only be used with care with other medicines boosting serotonin.

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.

### Can I drink alcohol while I am taking it?

- If you drink alcohol while taking desvenlafaxine it might make you feel a little more sleepy

- This is important if you need to drive or operate machines and you must seek advice on this.

### Will I need any blood or other tests?

- You should not need any blood or other tests when taking desvenlafaxine.

### Can I drive, cycle or operate a boat while I am taking it?

- You may feel a bit sleepy at first when taking it so be careful as it may slow down your reactions
- Until this wears 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 desvenlafaxine?

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 helps. 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
<b>VERY COMMON</b> ( <i>more than about 1 in 10 people might get these</i> )		
Sleepiness and fatigue	Feeling sleepy and yawning. It can last for a few hours after taking a dose.	Don't drive or use machines. Talk to your doctor about taking your dose at a different time or different dose.
Dizziness	Feeling light-headed and faint.	Your dose may be too high, contact your doctor. Don't stand up too quickly. Lie down when you feel it coming.
Hyperhidrosis	Being very sweaty, hot flushes.	Mention to your doctor next time you meet.
Headache	Your head is pounding and painful.	Try paracetamol. Your pharmacist can advise if this is safe to take with any other medicines you may be taking.
<b>COMMON</b> ( <i>fewer than about 1 in 10 people might get these</i> )		
Anticholinergic side effects	Dry mouth, nausea, constipation, blurred vision, hard to pass urine.	These are usually mild and should wear off after a few weeks. If not, contact your doctor or pharmacist.
Sexual dysfunction	Finding it hard to have an orgasm. No desire for sex.	Discuss with your doctor.
Nausea	Feeling sick.	Take with or after food. If it is bad, contact your doctor.
Insomnia	You can't get to sleep or stay asleep very well.	Take your dose in the morning. If you feel like this for more than a week after starting, tell your doctor.
<b>RARE but important</b> ( <i>can be serious if not dealt with quickly</i> )		
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 and/or 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
Serotonin syndrome	Confusion, agitation, restless, sweating, fever, fast heartbeat, twitching, shivering	See your doctor in the next day, more so if you have just started, had a dose increase, overdose, take any other medicines

**Lifeline** provides 24hr telephone crisis support on 13 11 14 or visit [www.lifeline.org.au](http://www.lifeline.org.au) for information & downloads

**The small print:** This leaflet is to help you understand more about desvenlafaxine. 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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