

Sertraline (say: cert-ral-een)

What is sertraline used for?

- Sertraline (also called Zoloft[®], Eleva[®], Sertra[®], Sertracor[®] and others) is an SSRI (Selective Serotonin Reuptake Inhibitor)
- It 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), anxiety, and OCD
- It can also help social anxiety, PTSD, panic, PMS, seasonal affective disorder, premature ejaculation
- Sertraline 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 many other options after that.

What is the usual dose of sertraline?

- The usual dose of sertraline for depression is around 50mg to 100mg a day, but can start at 25mg and go up to 200mg a day.

How should I take sertraline?

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

When should I take sertraline?

- It can be taken with or after food
- It is best taken in the morning at breakfast time
- 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 sertraline?

- This will depend on what you are taking it for
- There are many other medicines (e.g. other SSRIs, mirtazapine, venlafaxine), talking therapies and treatments for your symptoms.

- ☞ See our "Handy charts" for depression, anxiety, OCD and bipolar depression. It can also help social anxiety, PTSD, panic, PMS and seasonal affective disorder to help you compare the medicines available
- ☞ This will help you talk to your doctor, case manager, or pharmacist.

How long will sertraline take to work?

- For depression, the effect will 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

- For some other conditions e.g. OCD and PTSD it may take up to 3 months to work fully.

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 cuts the risk of becoming depressed again.

Is sertraline addictive? Can I stop it suddenly?

- Sertraline is not addictive (e.g. you don't get craving or a reward from a dose), but if you stop it suddenly, or miss a few doses, you might get some discontinuation or withdrawal symptoms
- This is uncommon with sertraline but, at worst, could include headache, feeling restless, nausea, diarrhoea, 'flu-like symptoms, stomach cramps, and sleep disturbances (e.g. more vivid dreams)
- They can start 2-4 days after stopping or reducing doses, are usually short lived, and will go if sertraline is started again
- Your symptoms can also come back a few weeks or months later after stopping
- 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
- Talk about this to your case manager.

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 sertraline at the right time?

- Start again as soon as you remember unless within about 12 hours of your next dose
- 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.



Will sertraline affect my other medication?

Sertraline has few interactions with other medicines:

- If sertraline is taken with benzodiazepines or alcohol, you may feel more sleepy.

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 sertraline it may make you feel more sleepy

- This is particularly important if you need to drive or operate machines. Seek advice on this.

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

- You may feel a bit sleepy at first when taking it
- It may slow down your reaction times
- Until this wears off, or you know how sertraline affects you, do not drive or operate machines.

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

- You should not need any extra blood tests.

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

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>)		
Nausea and vomiting	Feeling sick and being sick.	Take your sertraline with or after food. If you are sick for more than a day, contact your doctor. This tends to wear off after a few days or a week or so.
Insomnia	Not being able to get to sleep at night.	Make sure you take your dose in the morning. It may be possible to change the dose a little to start with.
Sexual dysfunction	Finding it harder to have an orgasm. Less desire for sex.	Discuss with your doctor. In some people this may carry on after the sertraline has been stopped.
COMMON (<i>fewer than about 1 in 10 people might get these</i>)		
Headache	Your head is pounding and painful.	Try paracetamol. Your pharmacist will be able to advise if this is safe to take with any other medicines you may be taking.
Appetite loss	Not feeling hungry. You may lose weight.	If this is a problem, contact your doctor for advice.
Diarrhoea	Going to the toilet more than usual and passing loose, watery stools.	Drink plenty of water. Get advice from your pharmacist. If it lasts for more than a day or so, contact your doctor.
Restlessness or anxiety	Feeling more on edge. You may sweat a lot more.	Try taking deep breaths. This should gradually ease off over several weeks. A lower starting dose may help sometimes.
RARE but important (<i>can be serious if not dealt with quickly</i>)		
Rashes, pruritis	Rashes anywhere on the skin. These may be itchy (pruritis).	Stop taking sertraline and contact your doctor now.
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, headaches, unable to concentrate, muscle cramps and fits.	See your doctor in the next day, more so 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, shakes.	See your doctor in the next day especially if you have just started, had a dose increase, overdose, or take any other medicines

☎ 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 sertraline. 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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