

Medication Information for Parents and Teachers

Trazodone—Desyrel

General Information About Medication

Each child and adolescent is different. No one has exactly the same combination of medical and psychological problems. It is a good idea to talk with the doctor or nurse about the reasons a medicine is being used. It is very important to keep all appointments and to be in touch by telephone if you have concerns. It is important to communicate with the doctor, nurse, or therapist.

It is very important that the medicine be taken exactly as the doctor instructs. However, once in a while, everyone forgets to give a medicine on time. It is a good idea to ask the doctor or nurse what to do if this happens. Do not stop or change a medicine without asking the doctor or nurse first.

If the medicine seems to stop working, it may be because it is not being taken regularly. The youth may be “cheeking” or hiding the medicine or forgetting to take it. A different dose may be needed. Something at school, at home, or in the neighborhood may be upsetting the youth, or he or she may need special help for learning disabilities or tutoring. Please discuss your concerns with the doctor. **Do not just increase the dose.**

All medicines should be kept in a safe place, out of the reach of children, and should be supervised by an adult. If someone takes too much of a medicine, call the doctor, the poison control center, or a hospital emergency room.

Each medicine has a “generic” or chemical name. Just like laundry detergents or paper towels, some medicines are sold by more than one company under different brand names. The same medicine may be available under a generic name and several brand names. The generic medications are usually less expensive than the brand name ones. The generic medications have the same chemical formula, but they may or may not be exactly the same strength as the brand-name medications. Also, some brands of pills contain dye that can cause allergic reactions. It is a good idea to talk to the doctor and the pharmacist about whether it is important to use a specific brand of medicine.

All medicines can cause an allergic reaction. Examples are hives, itching, rashes, swelling, and trouble breathing. Even a tiny amount of a medicine can cause a reaction in patients who are allergic to that medicine. Be *sure* to talk to the doctor before restarting a medicine that has caused an allergic reaction.

Taking more than one medicine at the same time may cause more side effects or cause one of the medicines to not work as well. Always ask the doctor, nurse, or pharmacist before adding another medicine, whether prescription or over-the-counter. Be sure that each doctor knows about *all* of the medicines your child is taking. Also tell the doctor about any vitamins, herbal medicines, or supplements your child may be taking. Some of these may have side effects alone or when taken with this medication.

Everyone taking medicine should have a physical examination at least once a year.

If you suspect the youth is using drugs or alcohol, please tell the doctor right away.

Pregnancy requires special care in the use of medicine. Please tell the doctor immediately if you suspect the teenager is pregnant or might become pregnant.

Printed information like this applies to children and adolescents in general. If you have questions about the medicine, or if you notice changes or anything unusual, please ask the doctor or nurse. As scientific research advances, knowledge increases and advice changes. Even experts do not always agree. Many medicines have not been approved by the U.S. Food and Drug Administration (FDA) for use in children. For this reason, use of the medicine for a particular problem or age group often is not listed in the *Physicians' Desk Reference*. This does not necessarily mean that the medicine is dangerous or does not work, only that the company that makes the medicine has not received permission to advertise the medicine for use in children. Companies often do not apply for this permission because it is expensive to do the tests needed to apply for approval for use in children. Once a medication is approved by the FDA for any purpose, a doctor is allowed to prescribe it according to research and clinical experience.

Note to Teachers

It is a good idea to talk with the parent(s) about the reason(s) that a medication is being used. If the parent(s) sign consent to release information, it is often helpful to talk with the doctor. If the parent(s) give permission, the doctor may ask you to fill out rating forms about your experience with the student's behavior, feelings, academic performance, and medication side effects. This information is very useful in selecting and monitoring medication treatment. If you have observations that you think are important, do not hesitate to share these with the student's parent(s) and treating clinicians.

All medicines should be kept in a secure place and should be supervised by an adult. If someone takes too much of a medicine, follow your school procedure for an urgent medical problem.

Taking medicine is a private matter and is best managed discreetly and confidentially. It is important to be sensitive to the student's feelings about taking medicine.

If you suspect that the student is using drugs or alcohol, please tell the parent(s) or a school counselor right away.

Please tell the parent(s) or school nurse if you suspect medication side effects.

Any expression of suicidal thoughts or feelings or self-harm by a child or adolescent is a clear signal of distress and should be taken seriously. These behaviors should not be dismissed as "attention seeking."

What Is Trazodone (Desyrel)?

Trazodone is called an *antidepressant*. It is most often used for insomnia (trouble falling asleep) in people who are on other medicines for emotional or behavioral problems. It comes in brand name Desyrel and generic tablets.

How Can This Medicine Help?

Trazodone can help people fall asleep at night. It may also decrease depression, anxiety (nervousness), irritability (crankiness), and aggression.

How Does This Medicine Work?

People with emotional and behavior problems may have low levels of a brain chemical (*neurotransmitter*) called *serotonin*. Trazodone is believed to help by increasing brain serotonin to more normal activity.

How Long Does This Medicine Last?

The medicine lasts about a day, but the sleepiness effect should be gone by morning if the medicine is taken at bedtime. If your child is still sleepy in the morning, talk with the doctor.

How Will the Doctor Monitor This Medicine?

The doctor will review your child's medical history and physical examination before starting trazodone. The doctor or nurse may measure your child's pulse and blood pressure.

Be sure to tell the doctor if your child or anyone in the family has bipolar illness (manic-depressive illness) or has tried to kill himself or herself.

After the medicine is started, the doctor will want to have regular appointments with you and your child to see how the medicine is working, to see if a dose change is needed, to watch for side effects, to see if trazodone is still needed, and to see if any other treatment is needed. The doctor or nurse may check your child's height, weight, pulse, and blood pressure.

Before using medicine and at times afterward, the doctor may ask your child to fill out a rating scale about depression, to help see how your child is doing. The doctor may ask you and your child to keep a log of sleep and awake times.

What Side Effects Can This Medicine Have?

Any medicine can have side effects, including an allergy to the medicine. Because each patient is different, the doctor will monitor the youth closely, especially when the medicine is started. The doctor will work with you to increase the positive effects and decrease the negative effects of the medicine. Please tell the doctor if any of the listed side effects appear or if you think that the medicine is causing any other problems. Not all of the rare or unusual side effects are listed.

Side effects are most common after starting the medicine or after a dose increase. Many side effects can be avoided or lessened by starting with a very low dose and increasing it slowly—ask the doctor.

Allergic Reaction

Tell the doctor in a day or two (if possible, before the next dose of medicine):

- Hives
- Itching
- Rash

Stop the medicine and get *immediate* medical care:

- Trouble breathing or chest tightness
- Swelling of lips, tongue, or throat

Common Side Effects

Tell the doctor within a week or two:

- Daytime drowsiness or sleepiness—Do not allow your child to drive, ride a bicycle or motorcycle, or operate machinery if this happens.
- Dry mouth—Have your child try using sugar-free gum or candy.
- Dizziness or light-headedness, especially when standing or sitting up fast
- Headache
- Blurred vision
- Nausea
- Decreased appetite
- Seeing trails or shadows that are not there
- Tremors (shaking)
- More frequent erections (in boys)

Rare, but Serious, Side Effect (boys only)

Go to an emergency room *right away*:

- Erection of the penis lasting more than 1 hour—This may be painful and could cause permanent damage.

Serotonin Syndrome

A very serious side effect called *serotonin syndrome* can happen when certain kinds of medicines are taken by the same person. *Very* rarely, it can happen at high doses of just one medicine. The early signs are restlessness, confusion, shaking, skin turning red, sweating, and jerking of muscles. If your child has these symptoms, stop the medicine and go to an emergency room right away.

Some Interactions With Other Medicines or Food

Please note that the following are only the most likely interactions with food or other medicines.

It is better to limit drinks with caffeine (coffee, tea, soft drinks) because caffeine works in the opposite way from trazodone, may increase the side effects of the medicine, and might decrease the positive effects.

Other antidepressant medicines may increase the levels of trazodone, increasing side effects.

When carbamazepine (Tegretol) is combined with trazodone, Tegretol levels and side effects may increase, and trazodone levels may decrease, causing it to not work as well.

It can be *very dangerous* to take trazodone at the same time as, or even within several weeks of, taking another type of medicine called a *monoamine oxidase inhibitor* (MAOI), such as Eldepryl (selegiline), Nardil (phenelzine), Parnate (tranylcypromine), or Marplan (isocarboxazid).

What Could Happen if This Medicine Is Stopped Suddenly?

There are no known medical problems from stopping this medicine, although there may be uncomfortable feelings, or the original problems may come back. Always talk to the doctor before stopping a medication.

How Long Will This Medicine Be Needed?

Trazodone may not reach its full effect for several weeks. Your child may need to keep taking the medicine for at least several months.

When trazodone is used to improve sleep, a behavioral program, such as regular soothing routines at bedtime and increased exercise in the daytime, should be used in combination with the medicine. Finding developmentally appropriate bed- and wake-times and sticking to them is very important. These strategies should be continued after the medicine is stopped or when the medicine is used only occasionally.

What Else Should I Know About This Medicine?

In youth who have bipolar disorder (manic depression) or are at risk for bipolar disorder, any antidepressant medicine may increase the risk of hypomania or mania (excitement, agitation, increased activity, decreased sleep).

Priapism, or erection of the penis lasting for a very long time, is a very rare but serious side effect that may require surgery. If there is any sign of this, **the boy should go to an emergency room right away.**

Black Box Antidepressant Warning

In 2004, an advisory committee to the FDA decided that there might be an increased risk of suicidal behavior for some youth taking medicines called *antidepressants*. In the research studies that the committee reviewed, about 3%–4% of youth with depression who took an antidepressant medicine—and 1%–2% of youth with depression who took a placebo (pill without active medicine)—talked about suicidal thoughts (thinking about killing themselves or wishing they were dead) or did something to harm themselves. This means that almost twice as many youth who were taking an antidepressant to treat their depression talked about suicide or had suicidal behavior compared with youth with depression who were taking inactive medicine. There were *no* completed suicides in any of these research studies, which included more than 4,000 children and adolescents. For youth being treated for anxiety, there was no difference in suicidal talking or behavior between those taking antidepressant medication and those taking placebo.

The FDA told drug companies to add a *black box warning* label to all antidepressant medicines. Because of this label, a doctor (or advanced practice nurse) prescribing one of these medicines has to warn youth and their families that there might be more suicidal thoughts and actions in youth taking these medicines.

On the other hand, in places where more youth are taking the newer antidepressant medicines, the number of adolescents who commit suicide has gotten smaller. Also, thinking about or attempting suicide is more common in surveys of teenagers in the community than it is in depressed youth treated in research studies with antidepressant medicine.

If a youth is being treated with this medicine and is doing well, then no changes are needed as a result of this warning. Increased suicidal talk or action is most likely to happen in the first few months of treatment with a medicine. If your child has recently started this medicine or is about to start, then you and your doctor (or advanced practice nurse) should watch for any changes in behavior. People who are depressed often have suicidal thoughts or actions. It is hard to know whether suicidal thoughts or actions in depressed people are

caused by the depression itself or by the medicine. Also, as their depression is getting better, some people talk more about the suicidal thoughts that they had before but did not talk about. As young people get better from depression, they might be at higher risk of doing something about suicidal thoughts that they have had for some time, because they have more energy.

What Should a Parent Do?

1. Be honest with your child about possible risks and benefits of medicine.
2. Talk to your child about whether he or she is having any suicidal thoughts, and tell your child to come to you if he or she is having such thoughts.
3. You, your child, and your child’s doctor or nurse should develop a safety plan. Pick adults whom your child can tell if he or she is thinking about suicide.
4. Be sure to tell your child’s doctor, nurse, or therapist if you suspect that your child is using alcohol or drugs or if something has happened that might make your child feel worse, such as a family separation, breaking up with a boyfriend or girlfriend, someone close dying or attempting suicide, physical or sexual abuse, or failure in school.
5. Be sure that there are no guns in the home and that all medicines (including over-the-counter medicines like Tylenol) are closely supervised by an adult and kept in a safe place.
6. Watch for new or worse thoughts of suicide, self-harm, depression, anxiety (nerves), feeling very agitated or restless, being angry or aggressive, having more trouble sleeping, or anything else that you see for the first time, seems worse, or worries your child or you. If these appear, contact a mental health professional **right away**. Do not just stop or change the dose of the medicine on your own. If the problems are serious, and you cannot reach one of your clinicians, call a 24-hour psychiatry emergency telephone number or take your child to an emergency room.

Youth on antidepressant medicine should be watched carefully by their parent(s), clinician(s) (doctor, nurse, therapist), and other concerned adults for the first weeks of treatment. It is a good idea to have a visit or telephone call with the doctor, nurse, or therapist weekly for the first month, every 2 weeks for the second month, and after that at least once a month to check for feelings of depression or sadness, thoughts of killing or harming himself or herself, and any problems with the medication. If you have questions, be sure to ask the doctor, nurse, or therapist.

For more information, see <http://www.parentsmedguide.org/> (in English and Spanish).

Notes

Use this space to take notes or to write down questions you want to ask the doctor.
