

Effexor / Effexor XR (venlafaxine)

Effexor is a medication most commonly used for depression, though it may also be used to treat anxiety or panic disorder and is occasionally used for other “off-label” conditions for which the FDA has not provided approval (that does not mean it has no chance of working, it usually just signifies that there is not compelling evidence to believe that it would work). It belongs to a class of drugs called SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors). An educational handout about SNRIs is also available.

Patients are often started on drugs with limited discussion about intended benefits or the likely or potential side effects. This document is intended to augment information that may have already been provided. If you have questions, please ask the primary provider.

When used to treat depression or anxiety, improvement would be expected in weeks to months, not days. Conversely, if there is no benefit in several months, there is very little chance that it will ever work. The ‘regular’ strength drug is given twice daily and the XR version as a single daily dose. It may interfere with normal sleep patterns and may cause either insomnia or somnolence, so the time of day to take it may vary from person to person.

Potential adverse effects are unusual, but they do happen. Both “Serious” reactions can occur as well as others that are more “Common”. Lists like this are available from many sources and are not always identical. There is no intent to list every possible side effect or to address the potential interactions that may occur with concomitant use with other drugs (e.g., this drug may make bleeding more likely in patients on Coumadin or other blood thinners).

Potential Serious Reactions

Worsening Depression	Severe High Blood Pressure	Severe Skin Reactions
Mania / Manic Episodes	Hyponatremia (Low Sodium)	Pneumonia
Neuroleptic Malignant Syndrome (mental change, rigid muscles, fever, fast heart rate, sweating, fast breathing)	SIADH (Impaired water excretion)	Pancreatitis
Extrapyramidal Symptoms (restless, Parkinsons, muscle contractions)	Serotonin Syndrome	Heart Arrhythmias
Abnormal / Excess Bleeding	Seizures	Blood Dyscrasias (abnormal blood cells)
	Interstitial Lung Disease (scarring)	Withdrawal Symptoms (when abruptly discontinued)
	Glaucoma	
	Anaphylaxis / Allergic Reactions	

Common Side Effects

Nausea / Vomiting	Weakness	High Cholesterol
Cracked Lips	Infections	Anxiety
Constipation	Diarrhea	Abnormal Dreams
Insomnia or Somnolence	Decreased Appetite / Weight Loss	Paresthesias (funny skin sensations)
Dizziness	Blurred Vision / Dilated Pupils	High Blood Pressure
Nervousness	Headache	Rash
Sweating / Chills	Tremors	Falls / Fractures

More educational materials and information are available on the FDA’s website at:

<http://www.fda.gov/downloads/Drugs/DrugSafety/ucm088586.pdf>

When a resident’s depressive or anxious symptoms do not respond favorably after several months of use or when side effects attributable to the medication occur, the facility and providers may taper the medication (slowly reduce the dose) to see if it can be discontinued.