

## Zoloft (Sertraline)

**Zoloft** is a Selective Serotonin Reuptake Inhibitors (SSRIs; educational handout available) used to treat depression, anxiety and other mood disorders. Patients are often started on medications with limited discussion about intended benefits or likely or potential side effects. This document is to augment information that may have already been provided. If you have questions, please ask the primary care provider.

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 work at the dose given. It is given as a single daily dose and often causes sleepiness, so is usually given in the evening.

Adverse effects are unusual, but they do happen. Medical conditions and interactions with other drugs should be considered first. For example, anxiety is a *known* side effect of some asthma drugs, benzodiazepines, steroids, illicit drugs, sleeping pills and many herbals such as ma huang, St John's Wort, ginseng, belladonna and guarana. Some reactions are rare, though "serious" while others are more common. Lists like the one below are available from many sources and are not always identical. There is no intent to list every possible side effect or address all potential interactions that may occur when used with other drugs.

Counseling may help, but is limited to patients with an ability to retain information (*eg, not useful in dementia*) and those without a major psychiatric disorder (*eg, schizophrenia*) for which counseling would not be effective. It is not intended to be frequent or ongoing, so if no meaningful, lasting improvement is seen within a few months, it should be discontinued.

When patients are started on Zoloft, the facility closely tracks outcomes. If residents do not respond favorably or have side effects that may be caused by Zoloft, attempts to taper and/or discontinue it will occur. Federal Regulations require these efforts at specified time intervals unless there is explicit documentation why doing so would likely put the resident in imminent clinical danger *based on* current documentation. "*Leave well enough alone*" is neither in the patient's best interest nor allowable under Federal Regulations.

Adverse effects (both serious and common) are unusual, but do happen, especially when used with other drugs. Below are potential adverse effects from one of these lists.

### Potential **Serious** Reactions with Zoloft Use

Worsening Depression	Low Blood Sugar	Abnormal / Excess Bleeding
Mania / Manic Episodes	Hyponatremia (Low Sodium)	Glaucoma
Neuroleptic Malignant Syndrome (mental change, rigid muscles, fever, fast heart rate & breathing, sweating)	SIADH (Impaired water excretion) Anaphylaxis / Allergic Reactions Withdrawal Symptoms (when abruptly discontinued)	Serotonin Syndrome Seizures

### Common Side Effects associated with Zoloft

Nausea / Vomiting	Weakness	Tremors
Cracked Lips	Diarrhea	Anxiety
Constipation	Decreased Appetite / Weight Loss	Headache
Insomnia or Somnolence	Blurred Vision	Heartburn
Nervousness	Rash	
Falls / Fractures		

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

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