DESVENLAFAXINE ADVERSE REACTIONS MAY INCLUDE: per PDR

**Severe:** seizures, angioedema, pancreatitis, suicidal ideation, SIADH, GI bleeding, cardiomyopathy, myocardial infarction, Stevens-Johnson syndrome, toxic epidermal necrolysis, erythema multiforme, eosinophilic pneumonia, serotonin syndrome, neonatal abstinence syndrome

**Moderate:** withdrawal, constipation, impotence, hypercholesterolemia, orthostatic hypotension, proteinuria, ejaculation dysfunction, hypertriglyceridemia, blurred vision, hypertension, dystonic reaction, teeth grinding (bruxism), sinus tachycardia, urinary retention, hyperprolactinemia, elevated hepatic enzymes, peripheral vasodilation, mania, hallucinations, depression, akathisia, impulse control symptoms, hostility, hyponatremia, platelet dysfunction, hematoma, bleeding, dyspnea

**Mild:** nausea, xerostomia, hyperhidrosis, dizziness, insomnia, drowsiness, fatigue, anorexia, anxiety, abnormal dreams, yawning, chills, weight gain, dysgeusia, syncope, photosensitivity, rash, alopecia, tinnitus, flushing, musculoskeletal pain, asthenia, weight loss, irritability, restlessness, ecchymosis, petechiae, cough

DESVENLAFAXINE SIDE EFFECTS MAY INCLUDE:
allergic reaction (difficulty breathing; closing of the throat; swelling of the lips, tongue, or face; or hives), irregular heartbeat or pulse, low blood pressure (dizziness, weakness), high blood pressure (severe headache, blurred vision), chills or fever, unusual bleeding or bruising, rash or hives, Suicidal Ideation, Headache, tremor, nervousness, or anxiety; difficulty concentrating, constipation, nausea, diarrhea, dry mouth, or changes in appetite or weight, weakness, increased sweating, sleeping or insomnia, decreased sex drive, impotence, or difficulty having an orgasm

DESVENLAFAXINE WITHDRAWAL SYMPTOMS MAY INCLUDE:

aggression, anxiety, balance issues, blurred vision, brain zaps, concentration impairment, constipation, crying spells, depersonalization, diarrhea, dizziness. electric shock sensations, fatigue, flatulence, flu-like symptoms, hallucinations, hostility, highly emotional, indigestion, irritability, impaired speech, insomnia, jumpy nerves, lack of coordination, lethargy, migraine headaches / increased headaches, nausea, nervousness, over-reacting to situations, paranoia, repetitive thoughts or songs, sensory & sleep disturbances, severe internal restlessness (akathisia), stomach cramps, tremors, tinnitus (ear ringing or buzzing), tingling sensations, troubling thoughts, visual hallucinations / illusions, vivid dreams, speech or visual changes, worsened depression

DESVENLAFAXINE BOXED WARNINGS: per PDR
Children, suicidal ideation

Desvenlafaxine is not FDA approved for the treatment of major depressive disorder (MDD) in children or adolescents. Efficacy in MDD was not demonstrated in two 8-week controlled trials of 587 pediatric patients 7 to 17 years of age. In addition, more patients receiving desvenlafaxine than placebo had a decrease in body weight of 3.5% or greater from their baseline weight (14% to 22% vs. 7%). During long-term extension studies in the same population, the mean changes in weight approximated expected changes based on data from age and gender-matched controls. In October 2004, the FDA directed manufacturers of all antidepressants to add a boxed warning to their product labels detailing the risk of suicide in pediatric patients. The risk of suicidality for these drugs was identified in a pooled analysis of 24 placebo-controlled trials (n = 4,400) lasting up to 16 weeks in pediatric patients with MDD, obsessive compulsive disorder (OCD), or other psychiatric disorders. The analysis showed a greater risk of suicidality during the first few months of treatment in those receiving antidepressants. The average risk of such events on drug was 4% and 2% for placebo; however, no suicides occurred in these trials. Pooled analysis of short-term clinical trials during early phase treatment with antidepressants in young adults (18 to 24 years) also showed an increased risk of suicidal thinking and behavior. The clinical need for an antidepressant in pediatrics or young adults for any use must be weighed against the risk of increased suicidality; patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior, particularly within the first few months of starting therapy or during dose changes. It is unknown if the suicidality risk in children or young adults extends to longer-term therapy. The possibility of a suicide attempt is inherent in patients with depressive symptoms, whether these occur in primary depression or in association with another primary disorder. All patients with a history of suicidal ideation or behaviors and those with a prominence of suicidal ideation prior to treatment should be closely monitored during treatment with desvenlafaxine. In patients who exhibit worsening of depression or suicidality, a decision should be made to change or discontinue treatment. If discontinuing, the medication should be tapered as rapidly as possible, but with recognition that abrupt discontinuation can also cause adverse symptoms. All antidepressants should be prescribed in the smallest quantity consistent with good patient management to reduce the risk of overdose.

Disclaimer:
*Because prescription medications can cause severe withdrawal reactions, do not stop taking any medication without first consulting your physician. The decision to taper any medication should be discussed with your doctor and done with their consent and support.
*While great care has been taken in organizing and presenting the material throughout this website, please note that it is provided for informational purposes only and should not be taken as Medical Advice.

www.pointofreturn.org