Venlafaxine History and Information

Venlafaxine (Effexor) is an SNRI (Selective Serotonin-Norepinephrine Reuptake Inhibitor) that was introduced by Pfizer as Effexor in 1993. By 2007, Effexor was the sixth most commonly prescribed antidepressant on the U.S. market.

Venlafaxine has a relatively short half-life that helps to explain the severity of the Discontinuation Syndrome (withdrawals) frequently experienced by patients. It is hypothesized that an overly rapid deprivation of multiple neurotransmitter levels contributes to the high rate of withdrawals.

Venlafaxine (Effexor) can increase eye pressure so patients with glaucoma should have more frequent eye checks. There are few well-controlled studies of Effexor in pregnant women but a study released in May 2010 (Canadian Medical Association Journal) suggested it doubled the risk of miscarriage.

Effexor (Venlafaxine) was marketed for the use of major depression, generalized anxiety, panic disorder and social phobia. At dosages less than 150mg per day, it acts primarily on Serotonin, while at moderate dosages of 150-300mg Venlafaxine affected both Serotonin and Norepinephrine. At dosages above 300mg, Effexor also exerted its effect on Dopamine.

Serotonin is found primarily in the gastrointestinal tract, blood platelets and central nervous system. Norepinephrine has multiple roles including as a hormone and neurotransmitter and is most responsible for vigilant concentration in contrast to Dopamine that is most responsible for cognitive alertness. The widespread role of these neurotransmitters helps to explain the long list of possible Venlafaxine side effects and withdrawal symptoms.

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