Venlafaxine adverse reactions may include: per PDR

**Severe:** peptic ulcer, bradycardia, laryngospasm, exfoliative dermatitis, seizures, muscle paralysis, Guillain-Barre syndrome, torticollis, akinesia, stroke, obstruction, heart failure, myocardial infarction, AV block, hematemesis, tendon rupture, cholecystitis, pulmonary embolism, laryngeal edema, apnea, spontaneous fetal abortion, anuria, oliguria, hyperkalemia, prostatic hypertrophy, proteinuria, tardive dyskinesia, suicidal ideation, pancreatitis, ventricular tachycardia, cardiomyopathy, torsade de pointes, ventricular fibrillation, atrial fibrillation, ocular hypertension, serotonin syndrome, neuroleptic malignant syndrome, SIADH, GI bleeding, habdomyolysis, hepatic failure, hepatic necrosis, eosinophilic pneumonia, aplastic anemia, pancytopenia, agranulocytosis, Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS), erythema multiforme, angioedema, toxic epidermal necrolysis, Stevens-Johnson syndrome, anaphylactoid reactions, renal failure (unspecified), neonatal abstinence syndrome

**Moderate:** ejaculation dysfunction, constipation, hypertension, blurred vision, impotence (erectile dysfunction), hypertonia, depression, confusion, sinus tachycardia, hostility, hallucinations, psychosis, euphoria, peripheral neuropathy, akathisia, ataxia, neuropathic pain, dysarthria, neuritis, hyperesthesia, hypotonia, gastritis, stomatitis, hemorrhoids, colitis, oral ulceration, glossitis, dysphagia, esophagitis, teeth grinding (bruxism), hypotension, orthostatic hypotension, angina, peripheral vasoconstriction, phlebitis, photophobia, conjunctivitis, cataracts, melena, bone pain, myasthenia, synovitis, hyperlipidemia, hypercholesterolemia, dysphonia, thrombocytopenia, anemia, lymphadenopathy, leukopenia, psoriasis, contact dermatitis, urinary incontinence, vaginal bleeding, urinary retention, hypokalemia, hyperglycemia, withdrawal, mania, impulse control symptoms, dystonic reaction, paresis, aphasia, hyperreflexia, nystagmus, parotitis, proctitis, bundle-branch block, hyponatremia, prolonged bleeding time, hepatitis, jaundice, cholelithiasis, hypoventilation, hemoptysis, hypoxia, lymphocytosis, eosinophilia, flank pain, hypercalciuria, glycosuria, nephrolithiasis, hyperthyroidism, galactorrhea, goiter, hypothyroidism, hypophosphatemia, diabetes mellitus, hyperuricemia, hyperphosphatemia, hypoglycemia, gout, amenia, trismus, chest pain (unspecified), edema, vaginitis, prostatitis, delirium, dyskinesia, supraventricular tachycardia (SVT), QT prolongation, growth inhibition, priapism, bleeding, platelet dysfunction, elevated hepatic enzymes, steatosis, dyspnea, neutropenia, hyperprolactinemia

**Mild:** nausea, weight loss, headache, insomnia, drowsiness, xerostomia, dizziness, hyperhidrosis, weakness, anorexia, asthenia, yawning, diarrhea, libido decrease, dyspepsia, anxiety, vomiting, infection, tremor, orgasm dysfunction, flushing, agitation, paresthesias, flatulence, rash, increased urinary frequency, chills, emotional lability, hyperkinesis, gingivitis, syncope, xerophthalmia, diplopia, arthralgia, muscle cramps, epistaxis. hyperventilation, laryngitis, leukocytosis, acne vulgaris, maculopapular rash, urticaria, alopecia, xerosis, pruritus, photosensitivity, hirsutism, urinary urgency, nocturia, polyuria, menorrhagia, amenorrhea, mastalgia, fever, paranoia, hyporeflexia, tongue discoloration, cheilitis, hypersalivation, pallor, petechiae, purpura, breast enlargement, gynecomastia, breast discharge, vertigo, dysgeusia, eructation, mydriasis, menstrual irregularity, restlessness, night sweats, ecchymosis, cough
VENLAFAXINE SIDE EFFECTS MAY INCLUDE:

abnormal dreams, abnormal ejaculation or orgasm, anxiety, appetite loss, blurred vision, chills, constipation, diarrhea, dizziness, dry mouth, frequent urination, flushing, gas, headache, impotence, infection, insomnia, muscle tension, nausea, nervousness, rash, sleepiness, sweating, tingling feeling, tremor, upset stomach, vomiting, weakness, yawning, abnormal taste, abnormal thinking, agitation, chest pain, confusion, decreased sex drive, depression, dilated pupils, dizziness upon standing up, high blood pressure, itching, loss of identity, rapid heartbeat, ringing in the ears, trauma, twitching, urinary problems, weight loss

VENLAFAXINE BOXED WARNINGS: per PDR

Children, growth inhibition, suicidal ideation

Venlafaxine is not FDA approved for the treatment of major depressive disorder (MDD) in children. 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 venlafaxine. 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. Postmarketing data suggest that overdose with venlafaxine may result in more serious outcomes (i.e., fatalities) compared to selective serotonin reuptake inhibitors (SSRIs), but less than for tricyclic antidepressants (TCAs). Most reports of overdose have included ingestion of a combination of drugs, including alcohol. Venlafaxine has been shown to lead to dose-dependent weight loss in children ages 6 to 17 years. In addition, growth inhibition has been noted in short and long-term studies in children. Clinicians should regularly monitor height and weight changes in pediatric patients receiving venlafaxine.
**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.*

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