

NORTRIPTYLINE:

Class: Tricyclic antidepressant

Indications: Treatment of symptoms of depression, Chronic pain (including neuropathic pain), myofascial pain, burning mouth syndrome, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD); enuresis; adjunctive therapy for smoking cessation

Available dosage form in the hospital: 25MG TAB

Trade Names:

Dosage:

-Depression: Oral: 25 mg 3-4 times/day up to 150 mg/day; doses may be given once daily.

-Chronic urticaria, angioedema, nocturnal pruritus (unlabeled use): Oral: 75 mg/day

-Myofascial pain, neuralgia, burning mouth syndrome (unlabeled uses): Initial: 10-25 mg at bedtime; dosage may be increased by 25 mg/day weekly, if tolerated; usual maintenance dose: 75 mg as a single bedtime dose or 2 divided doses

-Smoking cessation (unlabeled use; Fiore, 2008): Oral: Initial: 25 mg/day; titrate dose to 75-100 mg/day 10-28 days prior to selected "quit" date; continue therapy for ≥ 12 weeks after "quit" day

-MAO inhibitor recommendations:

-Switching to or from an MAO inhibitor intended to treat psychiatric disorders:

-Allow 14 days to elapse between discontinuing an MAO inhibitor intended to treat psychiatric disorders and initiation of nortriptyline.

-Allow 14 days to elapse between discontinuing nortriptyline and initiation of an MAO inhibitor intended to treat psychiatric disorders.

-Use with other MAO inhibitors (linezolid or I.V. methylene blue):

-Do not initiate nortriptyline in patients receiving linezolid or I.V. methylene blue; consider other interventions for psychiatric condition.

-If urgent treatment with linezolid or I.V. methylene blue is required in a patient already receiving nortriptyline and potential benefits outweigh potential risks, discontinue nortriptyline promptly and administer linezolid or I.V. methylene blue. Monitor for serotonin syndrome for 2 weeks or until 24 hours after the last dose of linezolid or I.V. methylene blue, whichever comes first. May resume nortriptyline 24 hours after the last dose of linezolid or I.V. methylene blue.

Geriatric

Initial: 30-50 mg/day, given as a single daily dose or in divided doses. **Note:** Nortriptyline is one of the best tolerated TCAs in the elderly.

MAO inhibitor recommendations: Refer to adult dosing.

Renal Impairment:

No dosage adjustment provided in manufacturer's labeling.

Hepatic Impairment:

Lower doses and slower titration are recommended dependent on individualization of dosage

Common side effect:

Cardiovascular: Arrhythmia, flushing, heart block, hypertension, MI, orthostatic hypotension, palpitation, tachycardia

Central nervous system: Agitation, anxiety, ataxia, confusion, delirium, delusions, disorientation, dizziness, drowsiness, EEG changes, exacerbation of psychosis, extrapyramidal symptoms, fatigue, hallucinations, headache, hypomania, incoordination, insomnia, nightmares, panic, restlessness, seizure

Dermatologic: Alopecia, itching, petechiae, photosensitivity, rash, urticaria

Endocrine & metabolic: Blood sugar increased/decreased, breast enlargement, galactorrhea, gynecomastia, libido increased/decreased, sexual dysfunction, SIADH
Gastrointestinal: Abdominal cramps, anorexia, black tongue, constipation, diarrhea, epigastric distress, nausea, paralytic ileus, stomatitis, taste disturbance, vomiting, weight gain/loss, xerostomia
Genitourinary: Delayed micturition, impotence, nocturia, polyuria, testicular edema, urinary retention
Hematologic: Agranulocytosis (rare), eosinophilia, purpura, thrombocytopenia
Hepatic: Cholestatic jaundice, transaminases increased
Neuromuscular & skeletal: Numbness, paresthesia, peripheral neuropathy, tingling, tremor, weakness
Ocular: Blurred vision, disturbances in accommodation, eye pain, mydriasis
Otic: Tinnitus
Miscellaneous: Allergic reactions (eg, general edema or of the face/tongue), diaphoresis (excessive), withdrawal symptoms

Pregnancy Risk Factor: Animal reproduction studies are inconclusive. Nortriptyline and its metabolites cross the human placenta and can be detected in cord blood. According to the manufacturer, the decision to use nortriptyline during pregnancy or in women of childbearing potential should take into account the potential benefits and possible risks. Treatment algorithms have been developed by the ACOG and the APA for the management of depression in women prior to conception and during pregnancy.