Drug Information Table

Tricyclic antidepressants – amitriptyline

Therapeutic Use	Administration	
• Treatment of major depression	• Give orally at bedtime. • Monitor for therapeutic effects after 1 to 3 weeks. • Expect long-term use to control depression.	
Side/Adverse Effects	**Interventions**	**Patient Instructions**
• Drowsiness, sedation	• Monitor for sedation and, if it occurs, take measures to prevent falls.	• Take at bedtime to prevent daytime drowsiness. • Do not drive or perform hazardous activities if drowsy.
• Orthostatic hypotension	• Monitor orthostatic vital signs.	• Do not drive or perform hazardous activities if drowsy. • Move slowly from lying to sitting or standing.
• Anticholinergic effects (dry mouth, constipation, urinary retention, blurred vision)	• Monitor for these effects.	• Urinate before taking the daily dose. • Increase fiber and fluids to prevent constipation. • Chew gum, suck on hard candy, or sip water to prevent dry mouth.
• Increased risk for suicide (especially in children, adolescents)	• Monitor for increases in depression and suicidal ideation. • Initiate suicide precautions when appropriate.	• Report any feelings of self-harm or worsening of depression.
• Withdrawal symptoms with abrupt discontinuation (anxiety, headache, muscle pain, nausea)	• Taper the drug over 2 weeks to prevent or minimize withdrawal.	• Do not stop taking the drug abruptly.
• High risk for overdose (life-threatening dysrhythmias, confusion, seizures)	• Assure that patients have no more than a 1-week supply of the drug. • For overdose, prepare for gastric lavage and administer physostigmine to treat anticholinergic effects and lidocaine to treat ventricular dysrhythmias.	• Take the drug exactly as prescribed.
Contraindication	**Precautions**	**Interactions**
• Allergy to TCAs • Children younger than 12 years • Recent acute myocardial infarction • Cardiac dysrhythmias • Seizure disorder history • Concurrent use with MAOIs	• Angle closure glaucoma • Prostatic hypertrophy • History of urinary retention • Liver or renal disorders • Suicidal ideation • History of electroconvulsive therapy • Schizophrenia • Hematologic or respiratory disorders • Diabetes mellitus • Alcohol use disorder	• CNS depressants increase sedation. • Levodopa/carbidopa and sympathomimetic drugs may cause increased effects of those drugs, such as hypertension. • Administration within 2 weeks of MAOIs may cause hypertensive crisis. • Cimetidine (Tagamet) and methylphenidate (Ritalin) increase amitriptyline levels. • Anticholinergic drugs (such as antihistamines) increase anticholinergic effects. • Ginkgo biloba increases the risk of seizures; St. John's wort may cause serotonin syndrome.