

Trazodone

MOA: Serotonin reuptake inhibitor, alpha-1 adrenergic receptor antagonist, serotonin 5HT_{2A} and 5HT_{2C} inhibitor. Increases slow-wave sleep and is helpful for sleep maintenance.

FDA Indications: None in children, MDD in adults. Frequently used off-label in adults and children for insomnia. Has also been used for anxiety, substance use disorders, bulimia, PTSD, and even Alzheimer Disease .

Dosage:

-Comes in tablets in the following increments: 50mg, 100mg, 150mg, 300mg

-Recommend starting with 25mg QHS for insomnia, titrate as needed up to 100mg QHS (children), 200mg QHS (adolescents)

Clinical recommendations for management of sleep:

- 1) First line: Behavioral changes, sleep hygiene, and CBT for insomnia (please visit FreeCBTI.com)
- 2) Second line: Consider melatonin as it is naturally produced by the body and may have fewer side effects.
- 3) If still having issues, then consider the source of sleep trouble and the target area of improvement
 - a. Sleep initiation: Consider PRN diphenhydramine, PRN hydroxyzine, or PRN trazodone
 - b. Sleep maintenance: Consider scheduled trazodone
 - c. Comorbid ADHD/behavioral symptoms: Consider guanfacine or clonidine
 - d. Nightmares and/or autonomic hyperarousal: Consider clonidine

Common side effects:

- Sedation (often an intended side effect); sometimes sedation persists into the morning (“trazodone hangover”)
- Dizziness, lightheadedness, dry mouth, and nausea
- Priapism -- painful erection lasting more than 6 hours. Although serious, the incidence of trazodone-induced priapism is estimated to be less than 1:1,000.