
Nausea

Characteristics: Nausea or sensation of upset stomach beginning soon after first dose of a new medication.

Meds That Cause It: Serotonergic antidepressants (especially vilazodone and vortioxetine), lithium, valproic acid, naltrexone.

Mechanism: Various; may be related to stimulation of 5-HT₃ receptors.

General Management:

- Reduce dose.
- Wait one or two weeks, since nausea is often transient.
- Switch to a nonserotonergic antidepressant.
- Start drug at half the usual dose and go up gradually.
- Take medication just after meals.
- Split the dose into BID or TID dosing.
- Switch to a delayed-release, extended-release, or enteric-coated formulation, if available (eg, valproic acid, lithium).
- Take a spoonful of peanut butter before taking the medication.

Medications (SE: Most well tolerated especially when used PRN; sedation common with many):

- Ginger root capsules two to three times per day, two capsules per dose.
- Trimethobenzamide (Tigan) 300 mg TID PRN.
- Promethazine (Phenergan) 12.5–25 mg BID PRN.
- Ondansetron (Zofran) 4–8 mg Q8 hours PRN (5-HT₃ blocker).
- Mirtazapine (Remeron) 15 mg daily (5-HT₃ blocker).
- Metoclopramide (Reglan) 10 mg three times a day as needed.
- Prochlorperazine (Compazine) 5–10 mg Q8 hours PRN.

Clinical Pearls:

- Both metoclopramide and prochlorperazine are phenothiazines and, like others in that class, may cause extrapyramidal symptoms if continued for too long.
- Patients with preexisting gastroesophageal reflux disease may be more susceptible to medication-induced nausea. Try prescribing a proton pump inhibitor, such as omeprazole (Prilosec), along with the offending agent.

Fun Fact:

Antipsychotics rarely cause nausea—in fact, several are FDA-approved antiemetics.