
SERTRALINE (Zoloft) Fact Sheet [G]

Bottom Line:

Sertraline is a good first-line SSRI option for many patients due to its range of indications, flexible dosing, low drug interaction potential, and relative tolerability.

FDA Indications:

Major depression; OCD (6+ years); panic disorder; PTSD; PMDD; social anxiety disorder.

Off-Label Uses:

Generalized anxiety disorder.

Dosage Forms:

- **Tablets (G):** 25 mg (scored), 50 mg (scored), 100 mg (scored).
- **Capsules (G):** 150 mg, 200 mg.
- **Oral solution concentrate (G):** 20 mg/mL (must be diluted prior to administration).

Dosage Guidance:

- Start 25–50 mg QD; may ↑ by 25–50 mg/day increments weekly; max 200 mg/day.
- Ages 6–12: Start 12.5–25 mg QD, increase by 25–50 mg/day increments weekly; max 200 mg/day.
- Ages 13–17: Start 25–50 mg QD, increase by 25–50 mg/day increments weekly; max 200 mg/day.
- PMDD: Start 50 mg QD; may ↑ by 25–50 mg/day increments weekly; max 150 mg/day. Or, intermittent dosing 50 mg QD during luteal phase only (days 15–28); max 100 mg/day.
- Dose timing: Can be taken in the morning or night, depending on patient preference.

Monitoring: Sodium in patients at risk.

Cost: \$; capsule: \$\$\$

Side Effects:

- Most common: Nausea, diarrhea, tremor, decreased appetite, sexual side effects, headache.
- Serious but rare: Hyponatremia, mainly in the elderly; gastrointestinal bleeding, especially when combined with NSAIDs such as ibuprofen.
- Pregnancy/breastfeeding: Considered relatively safe in pregnancy; safe in breastfeeding.

Mechanism, Pharmacokinetics, and Drug Interactions:

- Serotonin reuptake inhibitor.
- Metabolized primarily through CYP2C19 and to a lesser extent 2D6 and 3A4; moderate inhibitor of CYP2D6 at high doses (>150 mg/day); t_{1/2}: 26 hours.
- Avoid use with MAOIs (two-week washout if switching to MAOI); avoid other serotonergic agents (serotonin syndrome).

Clinical Pearls:

- A meta-analysis of 12 newer antidepressants showed that sertraline and escitalopram have best efficacy and tolerability in acute depression (Cipriani A et al, *Lancet* 2018;391(10128):1357–1366).
- Considered one of the safest antidepressants to use during breastfeeding due to low levels of exposure to the fetus.
- If using oral concentrate, use calibrated dropper (has 25 mg and 50 mg graduation marks only) and mix with 4 ounces (½ cup) of water, ginger ale, lemon/lime soda, lemonade, or orange juice ONLY. After mixing, a slight haze may appear, which is normal.
- Oral concentrate is formulated in 12% alcohol. Avoid use with disulfiram.

Fun Fact:

During the COVID-19 pandemic in 2020, there was increased demand for sertraline. The active pharmaceutical ingredients were in short supply, and the medication was backordered off and on for several months.