Sertraline (Zoloft®)

Patient Medication Education

At a glance

Sertraline is a selective serotonin reuptake inhibitor (SSRI) used to treat several mental health conditions, including depression, OCD, panic disorder, PTSD, social anxiety disorder, and PMDD. It may also be prescribed off-label for conditions such as generalized anxiety disorder.

What Is Sertraline Used For?

Sertraline is FDA-approved to treat:

- Major depressive disorder
- Obsessive-compulsive disorder (OCD)
- Panic disorder
- Post-traumatic stress disorder (PTSD)
- Social anxiety disorder
- Premenstrual dysphoric disorder (PMDD)

For children, sertraline is FDA-approved for the treatment of OCD beginning at age 6.

Other Uses (Off-Label)

Sertraline may also be prescribed for conditions that are not specifically included in its FDA-approved indications, such as generalized anxiety disorder (GAD).

This is called off-label use. Off-label prescribing is common in healthcare and may be recommended when available evidence and clinical judgment support its use.

Your provider will consider your individual symptoms, medical history, other medications, and treatment goals when deciding whether sertraline is appropriate for you.

How Does Sertraline Work?

Serotonin is one of the chemical messengers that brain cells use to communicate.

After serotonin sends a message between brain cells, some of it is normally taken back up into the cell that released it. Sertraline slows this reuptake process, allowing serotonin to remain available between brain cells longer.

Over time, this can help improve serotonin signaling and may decrease symptoms such as:

- Persistent sadness or loss of interest
- Excessive anxiety and worry
- Panic attacks
- Obsessive thoughts and compulsive behaviors
- Trauma-related symptoms
- Social anxiety

The changes that lead to symptom improvement happen gradually, which is one reason sertraline usually does not provide immediate relief.

How Long Does It Take to Work?

Some side effects can appear within the first few days of treatment, but the benefits usually take longer.

Some people begin noticing improvement within approximately 2-4 weeks, although it may take 6-8 weeks or longer to experience the full benefit.

Some symptoms may improve before others. You may notice changes in areas such as anxiety, sleep, energy, or motivation before experiencing the full benefit of treatment.

Finding the right dose can also take time. Your provider may gradually adjust your dose based on your response and any side effects you experience.

How Should I Take It?

Sertraline is generally taken once a day.

It may be taken in the morning or evening. If it makes you feel more awake or interferes with sleep, taking it in the morning may be helpful. If it makes you tired, your provider may recommend taking it later in the day.

Try to take your medication around the same time each day.

Take sertraline exactly as prescribed. Do not increase, decrease, or stop your medication without discussing it with your provider.

What If I Miss a Dose?

If you realize you missed a dose, take it when you remember unless you are already close to the time of your next scheduled dose.

If it is nearly time for your next dose, skip the missed dose and return to your regular schedule. Do not take two doses at the same time to make up for a missed dose.

Common Side Effects

Not everyone experiences side effects. When side effects do occur, many are most noticeable when starting the medication or after a dose increase and may improve as your body adjusts.

- Nausea or upset stomach
- Diarrhea
- Constipation
- Dry mouth
- Headache
- Dizziness
- Increased sweating
- Tremor or shakiness
- Difficulty sleeping
- Sleepiness or fatigue
- Temporary increase in nervousness, restlessness, or anxiety
- Changes in appetite
- Sexual side effects

Sexual side effects may include decreased interest in sex, difficulty reaching orgasm, delayed ejaculation, or erectile difficulties.

Please tell your provider if a side effect is bothersome. You do not have to simply tolerate a side effect because it is considered common. Your treatment can often be adjusted.

Tips for Managing Early Side Effects

Some mild side effects improve naturally during the first few weeks of treatment.

Depending on the symptom, your provider may recommend changing what time you take your medication, slowing down a dose increase, temporarily lowering the dose, or considering another treatment.

Do not make these changes on your own. Contact your provider so you can decide together what is appropriate.

When Should I Contact My Provider?

Contact your provider if you experience new or worsening symptoms such as:

- Significant anxiety or agitation
- Severe restlessness
- Persistent insomnia
- Unusual changes in mood or behavior
- Increased impulsivity
- Symptoms that feel unusually sped up
- Unexplained bruising or bleeding
- Persistent or severe side effects
- Sexual side effects that are affecting your quality of life

Sertraline can occasionally trigger symptoms of mania or hypomania, particularly in someone with bipolar disorder or an underlying vulnerability to bipolar disorder.

Symptoms may include unusually elevated or irritable mood, dramatically decreased need for sleep, racing thoughts, rapid speech, increased energy, impulsive behavior, or feeling unusually powerful or invincible.

Contact your provider promptly if these symptoms develop.

Suicidal Thoughts and Behavior

Antidepressants carry an FDA warning regarding an increased risk of suicidal thoughts or behaviors in some children, adolescents, and young adults, particularly when treatment is first started or when the dose is changed.

This does not mean that everyone taking sertraline will experience suicidal thoughts.

However, patients and families should pay attention to significant changes in mood, behavior, agitation, impulsivity, hopelessness, or suicidal thinking - especially during the first several weeks of treatment or following a medication change.

Immediate safety concern

If you are having thoughts of suicide, have a plan or intent to harm yourself, or are in immediate danger, seek emergency help right away by calling 911, going to the nearest emergency department, or contacting the 988 Suicide & Crisis Lifeline.

What Is Serotonin Syndrome?

Serotonin syndrome is a rare but potentially serious reaction caused by excessive serotonin activity.

The risk may be higher when sertraline is combined with certain other medications or supplements that also affect serotonin.

- Significant agitation or confusion
- Fever
- Heavy sweating
- Rapid heartbeat
- Muscle stiffness or twitching
- Tremor
- Overactive reflexes
- Poor coordination
- Nausea, vomiting, or diarrhea

Seek urgent medical attention if you develop symptoms concerning for serotonin syndrome.

When to Seek Emergency Care

Seek emergency medical care for severe symptoms such as:

- Suicidal thoughts with a plan or intent
- Severe confusion or extreme agitation
- High fever with severe muscle stiffness, shaking, or twitching
- Seizures
- Loss of consciousness
- Difficulty breathing
- Swelling of the face, lips, tongue, or throat
- Other symptoms that appear severe or life-threatening

If you are unsure whether a symptom is an emergency, it is safer to seek urgent medical evaluation.

Medication and Supplement Interactions

Always tell your provider and pharmacist about all medications, supplements, vitamins, and herbal products you take.

Some medications should not be combined with sertraline, while others may require additional monitoring. Important interactions may include:

- MAO inhibitors
- Certain medications that increase serotonin
- Tramadol
- Some migraine medications
- Lithium
- Buspirone
- Other antidepressants
- Certain opioid medications
- St. John's wort
- SAMe
- Blood thinners
- Aspirin and NSAID pain relievers such as ibuprofen or naproxen

Combining sertraline with medications that interfere with blood clotting may increase the chance of bruising or bleeding.

Do not start a new prescription medication, over-the-counter medication, vitamin, or supplement without letting your provider know what you are already taking.

Can I Drink Alcohol?

Alcohol is generally not recommended while taking sertraline.

Alcohol can worsen depression or anxiety and may increase medication-related effects such as dizziness, sleepiness, impaired judgment, or difficulty concentrating.

Talk with your provider about your individual situation.

Is Sertraline Addictive?

Sertraline is not considered addictive or habit-forming.

However, stopping it suddenly can cause discontinuation symptoms because your body has adapted to the medication. This is not the same as addiction.

Why Shouldn't I Stop It Suddenly?

Abruptly stopping sertraline can cause symptoms such as:

- Dizziness
- Nausea
- Headache
- Anxiety
- Irritability
- Sleep disturbance
- Flu-like feelings
- Tingling or unusual sensory sensations
- Mood changes

These are sometimes called antidepressant discontinuation symptoms.

If you and your provider decide that it is time to stop sertraline, the dose will usually be decreased gradually. The appropriate taper is different for each person.

Pregnancy and Breastfeeding

If you are pregnant, planning a pregnancy, trying to conceive, or breastfeeding, tell your provider.

Do not abruptly stop sertraline because you discover that you are pregnant.

Medication decisions during pregnancy require weighing the potential risks of medication exposure against the risks associated with untreated mental health symptoms. For some patients, the benefits of continuing treatment during pregnancy may outweigh the potential risks.

Sertraline can also pass into breast milk in small amounts. Your provider can discuss the potential risks and benefits of treatment during breastfeeding based on your individual circumstances.

What If Sertraline Does Not Work?

Not improving on the first dose level - or even with the first medication you try - does not mean that your condition cannot be successfully treated.

Sometimes a person needs:

- More time at an appropriate dose
- A dose adjustment
- A different medication
- Another medication added to the treatment plan
- Psychotherapy
- Evaluation for another condition that may be contributing to the symptoms

Mental health treatment often requires some adjustment before finding the approach that works best for you.

Common Questions and Misconceptions

“If I don’t feel better after a few days, it isn’t working.”

Not necessarily. Sertraline begins affecting serotonin signaling early, but meaningful improvement in symptoms usually develops gradually over several weeks.

“If I feel better, I can just stop taking it.”

Feeling better often means the treatment is working. Stopping too soon may allow symptoms to return, and suddenly stopping can cause discontinuation symptoms. Talk with your provider before making changes.

“Sertraline is addictive.”

Sertraline is not considered an addictive medication. Discontinuation symptoms can occur after stopping it, but this is not the same as addiction.

“Side effects mean I have to stop the medication.”

Not always. Many early side effects improve with time, and there may be ways to manage them. Let your provider know what you are experiencing before deciding to stop treatment.

The Bottom Line

Sertraline is a well-established medication used to treat several depression-, anxiety-, trauma-, and obsessive-compulsive-related conditions.

Medication is only one part of mental health treatment. Depending on your needs, your treatment plan may also include psychotherapy, lifestyle changes, sleep support, stress management, nutrition, exercise, or other interventions.

Ask questions and tell your provider what you are experiencing. Report side effects rather than silently tolerating them, and never hesitate to discuss concerns about your medication.

Your care is collaborative

Your treatment should be a collaborative process between you and your provider.

References

Neuroscience Education Institute (NEI). Sertraline medication monograph.

Davis's Drug Guide for Nurses. Sertraline medication monograph.