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**PROZAC  
What is fluoxetine (Prozac)?**

Fluoxetine is a selective serotonin reuptake inhibitors (SSRI) antidepressant. Fluoxetine affects chemicals in the brain that may become unbalanced and cause depression, panic, anxiety, or obsessive-compulsive symptoms.

Fluoxetine is used to treat major depressive disorder, bulimia nervosa (an eating disorder) obsessive-compulsive disorder, panic disorder, and premenstrual dysphoric disorder (PMDD).

Fluoxetine is sometimes used together with another medication called olanzapine (Zyprexa) to treat depression caused by bipolar disorder (manic depression). This combination is also used to treat depression after at least 2 other medications have been tried without successful treatment of symptoms.

**What are the possible side effects of fluoxetine (Prozac)?**

Get emergency medical help if you have any of these **signs of an allergic reaction:** skin rash or hives; difficulty breathing; swelling of your face, lips, tongue, or throat.

Report any new or worsening symptoms to your doctor, such as: mood or behavior changes, anxiety, panic attacks, trouble sleeping, or if you feel impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive (mentally or physically), more depressed, or have thoughts about suicide or hurting yourself.

Call your doctor at once if you have a serious side effect such as:

* very stiff (rigid) muscles, high fever, sweating, fast or uneven heartbeats, tremors, overactive reflexes;
* nausea, vomiting, diarrhea, loss of appetite, feeling unsteady, loss of coordination;
* headache, trouble concentrating, memory problems, weakness, confusion, hallucinations, fainting, seizure, shallow breathing or breathing that stops; or severe skin reaction -- fever, sore throat, swelling in your face or tongue, burning in your eyes, skin pain, followed by a red or purple skin rash that spreads (especially in the face or upper body) and causes blistering and peeling.

Less serious side effects may include:

* cold symptoms such as stuffy nose, sneezing, sore throat;
* drowsiness, dizziness, feeling nervous;
* mild nausea, upset stomach, constipation;
* increased appetite, weight changes;
* sleep problems (insomnia);
* decreased sex drive, impotence, or difficulty having an orgasm; or
* dry mouth.

This is not a complete list of side effects and others may occur.

### What is the most important information I should know about fluoxetine (Prozac)?

Do not take fluoxetine together with pimozide (Orap), thioridazine (Mellaril), or a monoamine oxidase inhibitor (MAOI) such as furazolidone (Furoxone), isocarboxazid (Marplan), phenelzine (Nardil), rasagiline (Azilect), selegiline (Eldepryl, Emsam, Zelapar), or tranylcypromine (Parnate). A dangerous drug interaction could occur, leading to serious side effects.

You may have thoughts about suicide when you first start taking an antidepressant, especially if you are younger than 24 years old. Your doctor will need to check you at regular visits for at least the first 12 weeks of treatment.

Report any new or worsening symptoms to your doctor, such as: mood or behavior changes, anxiety, panic attacks, trouble sleeping, or if you feel impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive (mentally or physically), more depressed, or have thoughts about suicide or hurting yourself.

Tell your doctor right away if you become pregnant while taking this medication. Fluoxetine may cause heart defects or serious lung problems in a newborn if you take the medication during pregnancy. However, you may have a relapse of depression if you stop taking your antidepressant. **Do not start or stop taking fluoxetine during pregnancy without your doctor's advice.**

**Prozac and pregnancy**

**Fluoxetine (Prozac®) and Pregnancy**

This sheet talks about the risks that exposure to fluoxetine can have during pregnancy. With each pregnancy, all women have a 3% to 5%

chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care

provider.

***What is fluoxetine?***

Fluoxetine is a medication commonly used to

treat depression. Fluoxetine is also used to treat

obsessive-compulsive disorders, eating disorders

(bulimia nervosa), and Premenstrual Dysphoric Disorder

(PMDD). Brand names for fluoxetine are Prozac® and

Sarafem®. Fluoxetine belongs to the class of

antidepressants known as selective serotonin reuptake

inhibitors (SSRIs).

***I am taking fluoxetine, but I would like to stop taking it***

***before becoming pregnant. How long does fluoxetine***

***stay in your body?***

The liver breaks down fluoxetine. Each

individual’s ability to break down the medication is

different. On average, fluoxetine has a half-life (time it

takes to eliminate one half of the drug from the body) of

two to three days, but may be found in your system for

several weeks after you stop taking it. Studies have

shown that the levels are fairly low after one to two

weeks. An active metabolite of fluoxetine called

norfluoxetine has a half-life of seven to sixteen days, but

can remain in the body for a much longer time period.

Please talk to your doctor before you stop taking

fluoxetine. The benefits of taking the medication for your

specific situation, and any possible adverse outcomes of

not taking it, should be discussed with your doctor.

***Can taking fluoxetine make it more difficult for me to***

***become pregnant?***

Animal studies have not shown any effect on

fertility with the use of fluoxetine. There have been

reports of lack of orgasm or delayed orgasm in women

and men who take fluoxetine. There have also been

reports of women who have had infertility problems, and

who developed regular periods and ovulation after being

treated with fluoxetine. Further studies are needed to

determine fluoxetine’s effect on fertility.

***Can taking fluoxetine during my pregnancy cause birth***

***defects?***

Fluoxetine is one of the better-studied

antidepressants in pregnancy. There are reports of nearly

2,000 pregnancies exposed to fluoxetine during the first

trimester. No study found an increased risk for major

structural birth defects (those requiring surgery or

reducing function). One study has identified an increased

rate of three or more minor birth defects (those not

medically or functionally significant) among children

exposed to fluoxetine in the first trimester. When three or

more minor birth defects are seen together, a major birth

defect (including learning problems) occurs more often,

although this was not seen in the fluoxetine study.

***I need to take fluoxetine throughout my entire***

***pregnancy. Will it cause withdrawal symptoms in my***

***baby?***

If you are taking fluoxetine during the third

trimester until the time of delivery, your baby may

experience some complications for the first few days of

life requiring extra care. Symptoms of withdrawal such

as problems breathing, jitteriness, increased muscle tone,

irritability, altered sleep patterns, tremors and difficulty

eating may occur. Your baby may need to stay in a

special care nursery for several days until the withdrawal

symptoms go away. While these problems occur at all

doses of fluoxetine, they may occur more often with

higher doses of fluoxetine.

***Are there any other problems fluoxetine can cause***

***when used in the third trimester?***

Further research is needed to answer this

question. One study found that third trimester use of

fluoxetine compared to first trimester use increased the

chances for premature delivery, higher rates of care in

the newborn special-care nursery, and lower birth weight

and length. In this study, women who stopped using

fluoxetine by the end of the second trimester did not

seem to be at an increased risk for these problems.

Another study did not confirm these findings. Studies

have shown that prematurity and other pregnancy

complications may be related to the maternal depressive

disorder itself rather than to the medication exposure.

One study showed that babies whose mothers

take SSRIs like fluoxetine during the third trimester may

be at an increased risk for pulmonary hypertension, a

serious lung problem at birth. You should inform your

obstetrician and your baby's pediatrician that you are

taking fluoxetine so that any extra care can be readily

provided.

***Should I stop taking fluoxetine before the third***

***trimester?***

It is important to discuss with your doctor the

risks associated with taking fluoxetine during pregnancy

as compared to the risks of stopping fluoxetine. Studies

have shown that when depression is left untreated during

pregnancy, there may be increased risks for miscarriage,

preeclampsia, preterm delivery, low birth weight, and a

number of other harmful effects on the mother and the

baby. Only you and your doctor know your medical

history and can best determine whether or not you should

stop taking fluoxetine during pregnancy. Some women

can gradually wean off of fluoxetine before 28 weeks;

for other women, the effects from stopping fluoxetine

may be more harmful than the possible risks to the baby

if they stay on fluoxetine. The benefits of taking

fluoxetine for your specific situation and the potential

risks to the baby should be considered before a decision

is made.

***Will taking fluoxetine have any effect on my baby’s***

***behavior and development?***

Studies have begun to look at the possible longterm

effects on infants exposed to fluoxetine during

pregnancy. Fluoxetine affects the mother by changing

chemical levels in the brain. These changes could also

have an effect on fetal brain development. Two studies

examining development in children at 16 months to 7

years of age, did not find differences between exposed

and unexposed children. These studies are reassuring;

however, more studies are needed before we can be

certain of the effects on the fetal brain.

***Can I take fluoxetine while breastfeeding?***

Fluoxetine and its breakdown product,

norfluoxetine, are found in breast milk in amounts

estimated to be 10 to 20 percent of the amount of the

drug in the mother’s blood.

There are several small studies and case reports

regarding the use of fluoxetine during breastfeeding.

Most reports found no problems in breastfed babies.

However, in a small number of cases, irritability,

vomiting, diarrhea, and/or decreased sleep were seen in

newborns. These symptoms were thought to be due to

the mother’s use of fluoxetine while breastfeeding. One

study noted a slight decrease in weight gain; however,

this decrease would likely only be significant if the

infant’s weight gain were already of concern. One small

study showed that babies whose mothers took fluoxetine

while breastfeeding scored no differently on

neurodevelopmental tests than other babies. More studies

need to be done to determine if breastfeeding while

taking fluoxetine causes any long-term effects on

learning or behavior.

Other antidepressants like paroxetine or

sertraline get into breast milk in lower amounts than

fluoxetine and therefore may be better to use while

breastfeeding. It is important to discuss the risks and

benefits of taking fluoxetine while breastfeeding with

your health care provider.