

iMedix: Your Personal Health Advisor.

Paroxetine

Paroxetine hydrochloride is a selective serotonin reuptake inhibitor (SSRI) antidepressant. It is prescribed for the treatment of major depressive disorder, several anxiety disorders, and premenstrual dysphoric disorder (PMDD). It works by increasing serotonin activity in the brain.

- **ActiveIngredient:** Paroxetine hydrochloride
 - **DosageForm:** Oral tablets, controlled-release tablets, and oral suspension.
 - **Dosage:** Tablets: 10 mg, 20 mg, 30 mg, 40 mg. Controlled-release (CR) tablets: 12.5 mg, 25 mg, 37.5 mg. Oral suspension: 10 mg/5 mL.
 - **Indications:** Major Depressive Disorder (MDD); Obsessive-Compulsive Disorder (OCD); Panic Disorder (PD); Social Anxiety Disorder (SAD); Generalized Anxiety Disorder (GAD); Posttraumatic Stress Disorder (PTSD); Premenstrual Dysphoric Disorder (PMDD); Moderate to severe vasomotor symptoms (VMS) associated with menopause.
 - **Manufacturer:** GlaxoSmithKline (Paxil); generic manufacturers include Teva Pharmaceuticals, Apotex, and Aurobindo Pharma.
 - **Storage:** Store at room temperature 20°C–25°C (68°F–77°F); protect from light and moisture.
 - **Market Price:**
 - **Drug Status:** Prescription Only
-

Description

What is Paroxetine? Paroxetine is a prescription medication belonging to the class of drugs known as selective serotonin reuptake inhibitors (SSRIs). The active ingredient is paroxetine hydrochloride. It is available as a generic medication and was formerly marketed under the brand name Paxil. Paroxetine works by inhibiting the reuptake of the neurotransmitter serotonin (5-HT) by neurons in the brain. This leads to increased levels of serotonin in the synaptic cleft, which is believed to help regulate mood, anxiety, and emotional state. It is characterized by its potency and selectivity as an SSRI, but also by its relatively short half-life and its role as a potent inhibitor of the liver enzyme CYP2D6. These pharmacological properties have significant implications for its side effect profile, discontinuation protocol, and drug interaction potential.

General Instructions

How to Take Paroxetine Adherence to prescribed instructions is critical for safety and effectiveness. Paroxetine is typically taken once daily, in the morning, with or without food. Taking it with food may help minimize potential stomach upset. Administration Guidelines Swallow Whole: Tablets should be swallowed whole with water. Do not crush, chew, or split them unless directed by your doctor or pharmacist (some tablets are scored). Consistent Timing: Take the medication at approximately the same time each day to maintain a steady level in your system. Duration: Continue taking paroxetine exactly as prescribed, even if you feel well. Do not stop taking it abruptly. Missed Dose If you miss a dose, take it as soon as you remember. If it is almost time for your next scheduled dose, skip the missed dose and resume your regular dosing schedule. Do not take a double dose to make up for a missed one.

Side Effects

Side Effects of Paroxetine Treatment with paroxetine is associated with a range of possible adverse effects, which vary in frequency and severity. Patients should be monitored closely, especially during initial treatment and dose adjustments. Common and Serious Side Effects of Paroxetine Frequency Side Effects Notes Very Common(>1 in 10) Nausea, drowsiness/sedation, headache, dry mouth, sweating. Often transient, may lessen over several weeks of continued use. Common(>1 in 100) Decreased appetite, constipation, diarrhea, dizziness, insomnia, tremor, asthenia (weakness), sexual dysfunction (decreased libido, erectile dysfunction, delayed ejaculation/orgasm). For more on this, see this guide. Sexual side effects and weight changes are significant considerations for long-term adherence. Uncommon/Serious(Seek medical advice) Serotonin syndrome (agitation, hallucinations, fever, fast heart rate, muscle stiffness). Abnormal bleeding or bruising. Hyponatremia (low sodium – headache, confusion, seizures). Worsening depression/suicidal thoughts (see Black Box Warning). Severe discontinuation symptoms (see Warnings). Angle-closure glaucoma (eye pain, vision changes). These require immediate medical evaluation. Long-Term Considerations Long-term use of paroxetine has been associated with weight gain in some patients. Patients concerned about this effect should discuss management strategies with their doctor. Epidemiological studies also suggest a potential association between SSRI use and increased risk of bone fractures.

Uses

What is Paroxetine Used For? Paroxetine is approved by the U.S. Food and Drug Administration (FDA) for specific psychiatric and hormonal conditions. The choice of paroxetine over other SSRIs is made by a physician based on individual patient factors and diagnosis. FDA-Approved Indications Major Depressive Disorder (MDD): For the acute and maintenance treatment of depression. Anxiety Disorders: This includes: Panic Disorder (with or without agoraphobia) Social Anxiety Disorder (Social Phobia) Generalized Anxiety Disorder (GAD) Obsessive-Compulsive Disorder (OCD) Post-Traumatic Stress Disorder (PTSD) Premenstrual Dysphoric Disorder (PMDD): For the treatment of PMDD, a severe form of premenstrual syndrome. Vasomotor Symptoms of Menopause: A specific low-dose formulation is indicated for the management of moderate-to-severe hot flashes associated with menopause. Off-Label Use Paroxetine may be prescribed off-label by a physician for other conditions. One notable example is the treatment of premature ejaculation, leveraging its common side effect of delayed ejaculation. This use is not FDA-approved and should only be undertaken under direct medical supervision. For more information, see premature ejaculation.

Safety advice

Interactions Alcohol:

- Consult your doctor
- Consumption of alcohol is not advised during treatment with paroxetine. Alcohol is a central nervous system depressant and may exacerbate the drowsiness and dizziness caused by paroxetine. This combination can significantly impair judgment, thinking, and motor skills. For more on the risks of sedation, see [medicines and driving safety](#).

Interactions Other Medications:

- Consult your doctor
- Paroxetine has numerous, potentially serious drug interactions. It is a potent inhibitor of the CYP2D6 enzyme. Crucially, it can reduce the efficacy of **tamoxifen (Nolvadex)**, a critical breast cancer treatment, by inhibiting its conversion to its active form. Concurrent use is generally contraindicated. For details, see [Nolvadex information](#). A comprehensive review of all concomitant medications with a prescriber is essential.

Special Groups Pregnancy:

- Unsafe
- Paroxetine is classified as Pregnancy Category D. Epidemiological studies indicate that exposure during the first trimester increases the risk of congenital malformations, particularly cardiovascular defects such as atrial and ventricular septal defects. Use during pregnancy should be avoided unless the potential benefit justifies the potential risk to the fetus. For general guidance, see [medication safety in pregnancy](#).

Special Groups Breastfeeding:

- Consult your doctor
- Paroxetine is excreted in human milk. The effects on a nursing infant are not fully known. The decision to discontinue nursing or discontinue the drug must consider the importance of the drug to the mother. Alternative antidepressants may be preferred.

Special Groups Elderly:

- Use with caution
- Elderly patients may be more susceptible to side effects such as hyponatremia (low sodium), falls, and SSRI-induced syndrome of inappropriate antidiuretic hormone secretion (SIADH). A lower starting dose is often recommended.

Special Groups Children:

- Consult your doctor
- Paroxetine is not approved for use in pediatric patients for depression due to a lack of demonstrated efficacy and an increased risk of suicidal thoughts and behaviors. Its use in children for other indications is highly specialized and requires expert psychiatric consultation.

Effects on Activities Driving:

- Use with caution
- Paroxetine may cause drowsiness, dizziness, or blurred vision. Patients should not drive, operate heavy machinery, or engage in other potentially hazardous activities requiring mental alertness until they are certain the medication does not adversely affect their performance.

Effects on Activities Operating Machinery:

- Use with caution
- The same precautions as for driving apply. Impairment of cognitive and motor functions can pose a significant safety risk.

Concerns

Important Safety Concerns and Considerations Suicidality and Antidepressant Drugs Antidepressants, including paroxetine, carry a Black Box Warning, the most serious warning from the FDA. They may increase the risk of suicidal thoughts and behavior in children, adolescents, and young adults (ages 18-24) during the initial treatment period (first few months) and during dose adjustments. Patients of all ages starting therapy should be monitored closely for clinical worsening, suicidality, or unusual changes in behavior.

Discontinuation Syndrome Abrupt discontinuation of paroxetine is strongly discouraged due to its short half-life and lack of active metabolites. Stopping suddenly can lead to a well-documented discontinuation syndrome. Symptoms may include dizziness, sensory disturbances (e.g., electric shock sensations), anxiety, irritability, agitation, nausea, and sweating. A gradual, medically supervised dose taper is required to minimize these effects.

Serotonin Syndrome This is a potentially life-threatening condition resulting from excessive serotonergic activity in the central nervous system. The risk increases when paroxetine is taken with other serotonergic drugs (e.g., other SSRIs, SNRIs, triptans, tramadol, certain opioids, St. John's Wort) or with drugs that impair its metabolism. Symptoms range from agitation and tachycardia to hyperthermia, muscle rigidity, and autonomic instability. Concurrent use with MAOIs is contraindicated; a washout period of at least 14 days is required when switching between these agents. Increased Risk of Bleeding SSRIs,

including paroxetine, affect platelet aggregation and may increase the risk of bleeding events. This risk is heightened when used concomitantly with nonsteroidal anti-inflammatory drugs (NSAIDs) like Toradol (ketorolac), aspirin, warfarin, or other anticoagulants. Patients should report any unusual bruising or bleeding. Impact on Tamoxifen Efficacy This is a critical interaction for patients with a history of hormone-receptor-positive breast cancer. As a potent CYP2D6 inhibitor, paroxetine can significantly reduce the conversion of tamoxifen to its active metabolite, endoxifen, potentially compromising the anticancer treatment. The use of an alternative antidepressant not metabolized by or inhibiting CYP2D6 (e.g., sertraline, citalopram, venlafaxine) is strongly preferred in this patient population.

Warnings

Critical Warnings for Paroxetine Use Clinical Worsening and Suicide Risk All patients being treated with antidepressants for any indication should be observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of therapy and at times of dose changes. Families and caregivers should be advised to monitor for the emergence of agitation, irritability, hostility, impulsivity, or other symptoms, and to report them immediately to a healthcare provider. Activation of Mania/Hypomania Paroxetine may precipitate a manic or hypomanic episode in patients with undiagnosed bipolar disorder. Prior to initiating treatment, patients should be adequately screened for bipolar disorder. Paroxetine is not approved for the treatment of depressive episodes associated with bipolar disorder. Seizures Paroxetine should be prescribed with caution in patients with a history of seizures. Therapy should be discontinued in any patient who develops seizures. Angle-Closure Glaucoma SSRIs, including paroxetine, can cause pupillary dilation, which may trigger an angle-closure attack in patients with anatomically narrow angles who do not have a patent iridectomy. Patients with symptoms of acute angle-closure glaucoma (eye pain, vision changes, swelling/redness) should seek immediate medical attention. Bone Fracture Risk Epidemiological studies have reported an association between SSRI use and an increased risk of bone fractures, particularly in older adults. The mechanism is unclear but may be related to effects on bone metabolism or an increased risk of falls.

Dosage

Paroxetine Dosage Information Dosage must be individualized and initiated at a low dose to minimize side effects. The following are general guidelines. Always follow your doctor's specific prescription. General Paroxetine Dosage Guidelines for Adults

Indication	Initial Dose	Usual Dosage Range	Maximum Dose*
Major Depressive Disorder	20 mg once daily	20-50 mg/day	50 mg/day
Panic Disorder	10 mg once daily	40-60 mg/day	60 mg/day
Social Anxiety Disorder	20 mg once daily	20-60 mg/day	60 mg/day
Generalized Anxiety Disorder	20 mg once daily	20-50 mg/day	50 mg/day
Obsessive-Compulsive Disorder	20 mg once daily	40-60 mg/day	60 mg/day
Post-Traumatic Stress Disorder	20 mg once daily	20-50 mg/day	50 mg/day
Premenstrual Dysphoric Disorder	Start at 12.5 mg/day or 25 mg/day during luteal phase only.	12.5-25 mg/day	25 mg/day

*Doses above 50 mg/day for depression or 40 mg/day for other disorders are associated with a significantly increased risk of adverse effects. Dose adjustments should be made in increments of 10 mg per day at weekly intervals, if necessary. Important Administration Notes Elderly/Deble Patients: For patients with severe renal or hepatic impairment, the recommended initial dose is 10 mg/day. Increases should be gradual and not exceed 40 mg/day. Discontinuation: When stopping treatment, a gradual taper is mandatory to avoid discontinuation syndrome. A typical schedule might involve reducing the dose by 10 mg per week. Do not stop abruptly. Non-Linear Kinetics: Paroxetine exhibits non-linear pharmacokinetics. Doubling the dose may lead to a greater-than-doubling of the plasma concentration.

Interactions

Drug Interactions with Paroxetine Due to its potent inhibition of the CYP2D6 enzyme and serotonergic effects, paroxetine has a significant number of clinically important drug interactions. Significant Drug Interactions with Paroxetine Interacting Substance Class/Name Examples Effect and Recommendation Monoamine Oxidase Inhibitors (MAOIs) Phenelzine, selegiline, linezolid, intravenous methylene blue. Contraindicated. Risk of serotonin syndrome. Allow at least 14 days between stopping an MAOI and starting paroxetine, and vice versa. Other Strong Serotonergic Drugs Other SSRIs, SNRIs, triptans, tramadol, fentanyl, lithium, St. John's Wort, tricyclic antidepressants. Increased risk of serotonin syndrome. Use with extreme caution and monitor closely. CYP2D6 Substrates (Drugs whose metabolism is inhibited) Tamoxifen: Reduces efficacy (see Concerns). Certain antipsychotics (risperidone, thioridazine). Beta-blockers (metoprolol, propranolol). Class 1C antiarrhythmics (flecainide, propafenone). Paroxetine can significantly increase levels of these drugs, raising the risk of their adverse effects. Dose adjustments of the interacting drug may be necessary. Avoid combination with tamoxifen. Drugs that Increase Bleeding Risk NSAIDs (e.g., ibuprofen, naproxen, ketorolac), aspirin, warfarin, other anticoagulants. Additive effect on platelet inhibition, increasing the risk of bleeding. Monitor for signs of bleeding. CYP2D6 Inducers Rifampin, carbamazepine, phenobarbital, phenytoin. May decrease paroxetine plasma levels, potentially reducing efficacy. May require dose adjustment.

FAQs

- **What is the difference between Paroxetine and Paxil?**

Paxil was the original brand name for the drug containing paroxetine hydrochloride. After the patent expired, other manufacturers began producing the generic version, simply called paroxetine. The generic contains the same active ingredient, in the same dose and form, and is required by the FDA to be bioequivalent (work the same way in the body). For more information, see our guide on [generic medicines](#).

- **How does paroxetine compare to other SSRIs like sertraline (Zoloft)?**

All SSRIs are effective for depression and anxiety, but they have different side effect profiles and interaction potentials. Paroxetine is more sedating, has a higher incidence of weight gain and sexual dysfunction, and is a potent CYP2D6 inhibitor. [Sertraline \(Zoloft\)](#) is often preferred in patients concerned about weight or those taking medications that interact with CYP2D6 (like tamoxifen). The choice depends on individual patient factors.

- **Why is it so hard to stop taking paroxetine?**

Paroxetine has a relatively short half-life (about 24 hours) and no active metabolites. When stopped abruptly, serotonin levels in the brain can drop quickly, leading to the symptoms of discontinuation syndrome (often described as "brain zaps," dizziness, and flu-like symptoms). This is why a very slow, supervised taper over weeks or even months is necessary.

- **Will paroxetine cause sexual problems?**

Sexual side effects, including decreased libido, difficulty achieving orgasm (anorgasmia), and erectile dysfunction, are common with all SSRIs. Paroxetine is associated with a relatively high incidence of these effects. They may lessen over time for some patients, but often persist for the duration of treatment. This should be discussed openly with the prescribing doctor, as management strategies or alternative medications exist.

- **How long does it take for paroxetine to work?**

Some physical symptoms like sleep or appetite may improve within 1-2 weeks. However, the full therapeutic effect on mood or anxiety typically takes 4 to 6 weeks of consistent dosing at an adequate therapeutic dose. It is important not to increase the dose or discontinue the medication prematurely due to a perceived lack of initial effect.

Other Details

Additional Information Storage and Handling Store paroxetine tablets at room temperature (20°C to 25°C or 68°F to 77°F), in a tightly closed container, and away from light, excess moisture, and heat. Keep all medications out of the reach of children and pets. Overdose Symptoms of overdose may include nausea, vomiting, drowsiness, sinus tachycardia, dilated pupils, and fever. In cases of suspected overdose, contact a poison control center or emergency room immediately. Treatment is supportive. Reporting Side Effects You are encouraged to report negative side effects of prescription drugs to the relevant national health authority (e.g., the FDA in the United States). Reporting helps health authorities monitor drug safety and identify new risks.

References

References and Medical Sources The information on this page is compiled from reputable medical sources and prescribing information. U.S. Food and Drug Administration (FDA). Paxil (paroxetine hydrochloride) Prescribing Information. [Updated 2012].

https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/020031s0771bl.pdf MedlinePlus. Paroxetine.

U.S. National Library of Medicine; [Updated 2022]. <https://medlineplus.gov/druginfo/meds/a698032.html>

American Psychiatric Association (APA). Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition. 2010. (Am J Psychiatry 2010; 167 [suppl]). Drugs.com. Paroxetine Professional Monograph. Drugs.com; [Updated 2024]. <https://www.drugs.com/monograph/paroxetine.html>

Disclaimer

Disclaimer: The information on this site is provided for informational purposes only and is not medical advice. It does not replace professional medical consultation, diagnosis, or treatment. Do not self-medicate based on the information presented on this site. Always consult with a doctor or other qualified healthcare professional before making any decisions about your health.