Which antidepressants interact with alcohol?

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Summary

♦ Alcohol should be used with caution in individuals taking any antidepressant because of the risk of potentiating the side effects of these medicines, particularly sedation and psychomotor impairment. If alcohol is consumed it should be in moderation.

♦ All antidepressants can potentially impair the performance of skilled tasks, including driving. Since alcohol can make this worse, it is advisable to warn callers against drinking alcohol with any antidepressant if they intend to drive.

♦ Tyramine-containing non-alcoholic and alcoholic drinks e.g. wine, beer, sherry and lager present a particular problem to those taking MAOIs because of the risk of a hypertensive crisis and they should be avoided completely. This reaction is unlikely to occur with the reversible MAOI, moclobemide.

For further information see below

Background

Antidepressants have a variety of side effects that might be made worse by alcohol – e.g. sedation, dizziness and impaired psychomotor skills. Therefore 'avoid alcohol' may be included as a cautionary label on the medicinal product. This Q&A addresses the extent to which an interaction between alcohol and an antidepressant might affect a person.

The main groups of antidepressants are:

1. Tricyclic antidepressants (TCAs) – e.g. amitriptyline.
2. Monoamine-oxidase inhibitors (MAOIs) – e.g. phenelzine.
3. Selective serotonin re-uptake inhibitors (SSRIs) – e.g. paroxetine.

There are also some other antidepressants which do not fit into the above groups; they include venlafaxine, mirtazapine, duloxetine and reboxetine.

Answer

Tricyclic antidepressants (TCAs)
Additive effects of alcohol and the TCA may lead to increased sedation and psychomotor impairment particularly with amitriptyline (1,2). This effect may be worse in the first few weeks after therapy is initiated (2). It may be appropriate to recommend that callers abstain from drinking alcohol for at least the first few weeks of TCA administration to assess an individual's reaction to the wide range of potential side effects. Increased sedation is also possible with related antidepressants: mianserin and trazodone (2).

Monoamine-oxidase inhibitors (MAOIs)
People taking MAOIs must avoid tyramine containing foodstuffs or they risk a severe hypertensive crisis because of an interaction with tyramine. Some non-alcoholic and
alcoholic drinks contain tyramine e.g. red and white wine, beer, sherry and lager. Avoidance of tyramine-containing drinks whilst taking these antidepressants is advised (2). However, no serious reaction is likely between alcohol and the reversible MAOI, moclobemide (2). The hypotensive side-effects of the MAOIs may be exaggerated in a few people by alcohol, and they may experience dizziness and faintness after drinking relatively modest amounts (2).

**Selective serotonin re-uptake inhibitors (SSRIs)**

There is evidence that fluoxetine does not interact with alcohol (2). Similarly, sertraline, citalopram and escitalopram seem unlikely to significantly potentiate cognitive or psychomotor side effects associated with alcohol consumption (2,3). There may be a modest increase in the sedative effects of alcohol in people taking fluvoxamine or paroxetine (2). Manufacturers of this group of medicines still advise that alcohol should be avoided whilst taking the SSRIs (3), but see summary for practical advice.

**Other antidepressants**

Venlafaxine does not significantly potentiate the psychomotor effects associated with alcohol consumption (2,3) neither does reboxetine or duloxetine (2,3). However, the manufacturers of venlafaxine still advise people to avoid alcohol (3).

Mirtazapine has been shown to accentuate the psychomotor impairment related to alcohol consumption, and people should be cautioned about operating or driving motor vehicles whilst taking the combination (2,4). The manufacturer advises avoiding alcohol while taking mirtazapine (3).

**Limitations**

This information relates to United Kingdom products only. This information only covers antidepressants and information available at the time of preparation. It is recommended that the Government’s limits on consumption of alcohol are not exceeded. Immediate specialist advice should be sought where individuals have consumed more than their prescribed daily dose of antidepressant or who may have taken an overdose.

**References**


**Keywords**

Amitriptyline, clomipramine, dosulepin, doxepin, imipramine, nortriptyline, trimipramine, mianserin, trazodone, tranylcypromine, isocarboxazid, phenelzine, moclobemide, paroxetine, fluoxetine, citalopram, escitalopram, duloxetine, venlafaxine, mirtazapine, reboxetine, antidepressants, antidepressants-tricyclic, monoamine oxidase inhibitors, serotonin reuptake inhibitors, Triptafen, Anafranil, Prothiaden, Sinepin, Allegron, Surmontil, Molipaxin, Nardil, Manerix, Cipramil, Cipralex, Prozac, Faverin, Seroxat, Lustral, Cymbalta, Edronax, Efexor, Zispin, drug interactions, alcohol, alcoholic beverages.

**Quality Assurance**

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Search strategy

- Embase (exp antidepressive agent/ AND [drug interaction AND exp alcohol OR Drug alcohol interaction*], limit human and year 2005 to 2008)
- Medline (exp antidepressive agents AND drug interactions AND/OR exp ethanol, limit human and year 2005 to 2008)
- IDIS ("antidepressants-tri/tetracyc 28160600" OR "antidepressants-MAO inhib 28160500" OR "antidepressants-other 28160400" OR "antidepressants-SSRIs 28160700") AND "alcohol 28081231", Descriptors: "drug interaction 50" OR "drug combination 16", limit 2005 to 2008)
- MicroMedex (DrugDex and Martindale)
- Medicines Complete (Stockley’s Drug Interactions)
- Pharmline (alcohol and antidepressants)