

Patient Information Sheet

Sertraline Hydrochloride (marketed as Zoloft)

This is a summary of the most important information about Zoloft. For details, talk to your healthcare professional.

FDA ALERT [07/2006] – Possible Life-Threatening Serotonin Syndrome When Used With Triptan Medicines

A life-threatening condition called serotonin syndrome (serious changes in how your brain, muscles and digestive system work due to high levels of serotonin in the body) can happen when medicines called selective serotonin reuptake inhibitors (SSRIs), such as Zoloft, and medicines used to treat migraine headaches known as 5-hydroxytryptamine receptor agonists (triptans), are used together. Signs and symptoms of serotonin syndrome include the following:

•restlessness
•hallucinations
•loss of coordination
•fast heart beat
•diarrhea
•coma
•nausea
•vomiting

•increased body temperature

•fast changes in blood pressure

overactive reflexes

Serotonin syndrome may be more likely to occur when starting or increasing the dose of an SSRI or a triptan. This information comes from reports sent to FDA and knowledge of how these medicines work. If you take migraine headache medicines, ask your healthcare professional if your medicine is a triptan.

Before you take Zoloft and a triptan together, talk to your healthcare professional. If you must take these medicines together, be aware of the possibility of serotonin syndrome, and get medical care right away if you think serotonin syndrome is happening to you.

This information reflects FDA's current analysis of data available to FDA concerning this drug. FDA intends to update this sheet when additional information or analyses become available.

FDA ALERT [07/2006] – Infant Persistent Pulmonary Hypertension

The results of a study that looked at the use of antidepressant medicines during pregnancy in mothers of babies born with a serious condition called persistent pulmonary hypertension of the newborn (PPHN) were recently published in a medical journal.

Babies born with PPHN have abnormal blood flow through the heart and lungs and do not get enough oxygen to their bodies. Babies with PPHN can be very sick and may die.

The study results showed that:

- babies born to mothers who took selective serotonin reuptake inhibitors (SSRIs), the family of medicines Zoloft belongs to,
- 20 weeks or later in their pregnancies,
- had a higher chance (were 6 times as likely) to have persistent pulmonary hypertension (PPHN),
- than babies born to mothers who did not take antidepressants during pregnancy.

The FDA plans to further look at the role of SSRIs in babies with PPHN.

Talk to your doctor if you are taking Zoloft and are pregnant or are planning to have a baby. You and your doctor will need to talk about the best way to treat your depression during pregnancy.

This information reflects FDA's current analysis of data available to FDA concerning this drug. FDA intends to update this sheet when additional information or analyses become available.





Patient Information Sheet

Sertraline Hydrochloride (marketed as Zoloft)

What is Zoloft?

Zoloft is in a class of medicines called selective serotonin reuptake inhibitors (SSRIs). Zoloft is used to treat:

- Depression
- Obsessive-compulsive disorder (OCD)
- Panic disorder
- Posttraumatic stress disorder (PTSD)
- Premenstrual dysphoric disorder (PTSD)
- Social anxiety disorder (SAD)

Who Should Not Take Zoloft?

Never take Zoloft if you are taking another drug used to treat depression, called a Monoamine Oxidase Inhibitor (MAOI), or if you have stopped taking an MAOI in the last 14 days. Taking Zoloft close in time to an MAOI can result in serious, sometimes fatal, reactions, including:

- High body temperature
- Coma
- Seizures (convulsions)

MAOI drugs include Nardil (phenelzine sulfate), Parnate (tranylcypromine sulfate), Marplan (isocarboxazid), and other brands.

- Never take Zoloft if you are taking Orap (pimozide), a drug used to treat Tourette's disorder, because it can result in serious heart beat problems.
- Never take Zoloft oral concentrate if you are taking Antabuse (disulfiram), used to treat alcoholism, because Zoloft oral concentrate contains alcohol.

What Are The Risks?

The following are the major potential risks and side effects of Zoloft therapy. However, this list is not complete.

- Possible life-threatening serotonin syndrome when used with triptan medcines: See FDA Alert [07/2006] above.
- Infant persistent pulmonary hypertension: See FDA Alert [07/2006] above.
- Suicidal thoughts or actions: Persons taking Zoloft may be more likely to think about killing themselves or actually try to do so, especially when Zoloft is first started or the dose is changed. People close to persons taking Zoloft can help by paying attention to changes in user's moods or actions.

 Contact your healthcare professional right away if someone using Zoloft talks about or shows signs of killing him or herself. If you are taking Zoloft yourself and you start thinking about killing yourself, tell your healthcare professional about this side effect right away.
- **Stopping Zoloft**: Do not stop taking Zoloft suddenly because you could get side effects. Your healthcare professional will slowly decrease your dose.
- **Bleeding problems**: Zoloft may cause bleeding problems, especially if taken with aspirin, NSAIDs (nonsteroidal anti-inflammatory drugs, such as ibuprofen and naproxen), or other drugs that affect bleeding.
- **Mania**: You may become unusually hyperactive, excitable or elated.





Patient Information Sheet

Sertraline Hydrochloride (marketed as Zoloft)

- **Seizures**: You may experience a seizure (convulsion), even if you are not taking Zoloft close in time with an MAOI.
- Weight loss: Zoloft can cause weight loss. Children who take Zoloft for a long time should have their growth and body weight measured regularly.
- **Pregnancy**: Tell your healthcare professional if you are or may be pregnant (see FDA Alert [07/2006] above). In addition to the issue described in the alert, babies delivered to mothers taking Zoloft late in pregnancy have developed problems, such as difficulty breathing and feeding.
- **Sexual problems**: You may have problems with impotence (erectile dysfunction), abnormal ejaculation, difficulty reaching orgasm, or decreased libido (sexual desire).
- Other side effects include nausea, diarrhea, difficulty sleeping, dry mouth, and sleepiness.

Tell your healthcare professional about all your medical conditions, especially if you have liver or heart disease. Tell your healthcare professional if you are breast-feeding or plan to breast-feed your baby.

Are There Any Interactions With Drugs or Foods?

 Zoloft may interact with medicines other than the ones already mentioned in this information sheet. These interactions can cause serious side effects. Tell your healthcare professional about all medicines, vitamins, and herbal supplements you take, especially those

- that affect bleeding
- used to treat anxiety, mental illness, depression, or heart problems
- If you plan to drink alcohol, talk to your healthcare professional.

How Do I Take Zoloft?

- Zoloft is taken by mouth, with or without food, once a day.
- Dilute Zoloft oral concentrate, but only in½up
 of water, ginger ale, lemon/lime soda, lemonade
 or orange juice. Take immediately after mixing.
 Tell your doctor if you are allergic to latex
 because the dropper to measure Zoloft oral
 concentrate contains natural rubber.

Is There Anything Else I need to Know?

You can get more information about antidepressants at:

http://www.fda.gov/cder/drug/antidepressants/default.html

Date this drug approved 1991 Patient Information Sheet Revised 02/2005 Patient Information Sheet Revised 07/2005 Patient Information Sheet Revised 07/2006

