

Health encyclopaedia

SSRIs (selective serotonin reuptake inhibitors)

Interactions - other medicines

When two or more medicines are taken at the same time, the effects of the medicines are sometimes different to when they are taken separately. This is known as an interaction. [SSRIs](#) can interact with other medicines.

Some of the more commonly known interactions are listed below.

However this is not a complete list. If you want to check that your medicines are safe to take with [SSRIs](#), you can ask your doctor or pharmacist (chemist) or read the patient information leaflets that come with your medicines.

[SSRIs](#) can interact with the following medicines:

Antiplatelets

There is an increased risk of bleeding when [SSRIs](#) are taken with antiplatelets. For example, low [dose](#) aspirin and clopidogrel.

Clozapine

[SSRIs](#) can increase the [blood](#) level of clozapine which increases the risk of side effects from clozapine.

Duloxetine

There is an increased risk of serotonin syndrome (severe reaction to [SSRIs](#) - see 'side effects') when [SSRIs](#) are taken with duloxetine. It is advised that [SSRIs](#) should not be taken with duloxetine.

Lithium

[SSRIs](#) can increase the [blood](#) level of lithium which increases the risk of side effects from lithium. You should have regular [blood tests](#) to monitor the level of lithium in your body especially when starting or stopping a [SSRI](#) or when changing the [dose](#) of [SSRI](#).

Moclobemide

There is an increased risk of serotonin syndrome (severe reaction to [SSRIs](#), see 'side effects') when [SSRIs](#) are taken with moclobemide.

[SSRIs](#) should not be taken with moclobemide or for one week after stopping moclobemide.

Mono-amine oxidase inhibitor (MAOI) antidepressants

There is an increased risk of serotonin syndrome (severe reaction to [SSRIs](#), see 'side effects') when [SSRIs](#) are taken with MAOI [antidepressants](#). For example, socarboxazid, phenelzine, tranylcypromine.

[SSRIs](#) should not be taken with a MAOI [antidepressant](#) or for 2 weeks after stopping a MAOI [antidepressant](#).

Medicines for diabetes

[SSRIs](#) may worsen the control of diabetes which may require your [dose](#) of medicines for diabetes to be adjusted.

Medicines include gliclazide, glipizide and metformin.

Medicines for epilepsy

[SSRIs](#) may worsen the control of epilepsy. Medicines include carbamazepine, ethosuximide, gabapentin, phenytoin, sodium valproate.

Non steroidal anti-inflammatory drugs (NSAIDs)

There is an increased risk of bleeding when [SSRIs](#) are taken with NSAIDs. For example, ibuprofen, diclofenac, and naproxen.

Pimozide

[SSRIs](#) increases your [blood](#) level of pimozide which increases the risk of side effects from pimozide. It is advised that [SSRIs](#) should not be taken with pimozide.

Rasagiline and selegiline

There is an increased risk of serotonin syndrome (severe reaction to [SSRIs](#), see 'side effects') when certain [SSRIs](#) are taken with rasagiline or selegiline.

Because of this, [SSRIs](#) should not be taken with rasagiline or selegiline and [SSRIs](#) should not be started for two weeks after stopping rasagiline or selegiline.

Also, selegiline should not be started for five weeks after stopping fluoxetine, two weeks after stopping sertraline, and one week after stopping other [SSRIs](#).

Rasagiline should not be started for five weeks after stopping fluoxetine or two weeks after starting fluvoxamine.

Sibutramine

There is an increased risk of serotonin syndrome (severe reaction to [SSRIs](#), see 'side effects') when [SSRIs](#) are taken with sibutramine. It is advised that [SSRIs](#) should not be taken with sibutramine.

St. John's Wort

There is an increased risk of serotonin syndrome (severe reaction to [SSRIs](#), see 'side effects') when [SSRIs](#) are taken with St. John's Wort. [SSRIs](#) should not be taken with St. John's Wort.

Tramadol

There is an increased risk of seizures (fits) and serotonin syndrome (severe reaction to [SSRIs](#), see 'side effects') when when [SSRIs](#) are taken with tramadol.

Tricyclic antidepressants

[SSRIs](#) can increase the [blood](#) levels of some tricyclic [antidepressants](#). For example, amitriptyline, clomipramine, dosulepin, imipramine, nortriptylline which increases the risk of side effects from tricyclic [antidepressants](#).

You should only take [SSRIs](#) with a tricyclic [antidepressant](#) on the advice of a specialist in [mental](#) health and with close monitoring for side effects.

Triptans for migraine

There is an increased risk of serotonin syndrome (severe reaction to [SSRIs](#), see 'side effects') when [SSRIs](#) are taken with a triptan. For example, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, and zolmitriptan.

Tryptophan

There is an increased risk of agitation and [nausea](#) when [SSRIs](#) are taken with tryptophan.

Venlafaxine

There is an increased risk of serotonin syndrome (severe reaction to [SSRIs](#), see 'side effects') when [SSRIs](#) are taken with venlafaxine. It is advised that [SSRIs](#) should not be taken with venlafaxine.

Warfarin

[SSRIs](#) can enhance the effect of warfarin which may increase the risk of bleeding.

You should have regular [blood tests](#) to monitor the effect on the warfarin especially when starting or stopping a [SSRI](#) or when changing the [dose](#) of [SSRI](#).

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