CONDITION

Trazodone overdose

Trazodone overdose is poisoning caused by taking more trazodone than the body can safely handle.

WHAT IT IS
Poisoning caused by taking too much trazodone

BODY SYSTEM
Nervous system, heart and circulation, and breathing

MAIN SYMPTOMS
Severe sleepiness, vomiting, fainting, abnormal heartbeat

WHAT CAUSES IT
Too much trazodone, alone or with other substances

HOW IT IS DIAGNOSED
Exposure history, examination, ECG, and targeted blood tests

MAIN TREATMENT
Hospital monitoring and supportive medical care

CAN IT BE CURED?
Yes - most recover with prompt supportive care

IS IT AN EMERGENCY?
Yes - any suspected overdose needs urgent assessment

LONG-TERM OUTLOOK
Full recovery is common after timely treatment

Overview

Trazodone is a prescription medicine used for depression. It is also sometimes prescribed for other reasons, including sleep problems. It affects serotonin, a chemical that helps nerve cells communicate in the brain.

A trazodone overdose happens when someone takes more trazodone than their body can safely handle. It may be accidental, such as taking a second dose by mistake. It may also happen when someone intentionally takes extra medicine or when trazodone is combined with alcohol, opioids like oxycodone or morphine , sleeping tablets, or other drugs.

An overdose can slow brain activity and cause severe drowsiness. It may also lower blood pressure, affect breathing, or disrupt the heart's electrical rhythm. Some people initially have few symptoms, so it is not safe to wait for symptoms before getting help.

Any suspected trazodone overdose needs urgent advice from a poison service or emergency medical team. Do not make the person vomit unless a poison specialist specifically tells you to do so.

Symptoms

Symptoms can begin within several hours, although their timing and severity are not predictable from the amount alone. They can change as the medicine is absorbed.

Common or early effects include:

A more serious overdose may cause fainting, seizures, very slow or difficult breathing, or a person who cannot be fully awakened. Low blood pressure can reduce blood flow to the brain and other organs.

Trazodone can affect the electrical system that controls the heartbeat. This may produce a very fast, slow, or irregular rhythm. A person may notice pounding heartbeats, chest discomfort, severe dizziness, or fainting. Some rhythm problems are detected only with an electrocardiogram, or ECG, which records the heart's electrical activity.

Serotonin syndrome is another possible complication, particularly when trazodone is combined with other medicines that raise serotonin. Signs may include agitation, sweating, diarrhea, shaking, stiff muscles, fever, overactive reflexes, and a fast heartbeat. Severe serotonin syndrome requires emergency treatment.

A prolonged, often painful erection called priapism is an uncommon but urgent effect associated with trazodone. An erection lasting four hours needs emergency care because delayed treatment can cause permanent injury.

- Unusual sleepiness, weakness, or dizziness
- Nausea and vomiting
- Confusion or poor coordination
- Blurred vision
- A fast heartbeat
- Low blood pressure, especially when standing

Causes and risk factors

The direct cause is taking more trazodone than the body can safely process. There is no single

amount that reliably predicts whether an overdose will be mild or severe.

An overdose may result from:

The risk of serious effects may be higher when trazodone is taken with substances that cause sleepiness or slow breathing. These include alcohol, opioids, benzodiazepines, and some sleep medicines.

Other medicines can add to trazodone's effects on heart rhythm or serotonin. Examples include some antidepressants like sertraline or fluoxetine , migraine medicines, antipsychotic medicines, and certain antibiotics like amoxicillin or doxycycline . This does not mean that every combination will cause poisoning. It does mean that the emergency team needs an accurate list of everything taken.

Age, underlying heart disease, liver or kidney problems, and the time since the tablets were swallowed may also influence the course. The strength and formulation of the tablets matter as well.

- Taking an extra dose after forgetting that one was already taken
- Confusing trazodone with another medicine
- A child or another household member getting access to the tablets
- Taking extra tablets in an attempt to sleep or feel better
- Intentional self-harm
- Combining trazodone with alcohol or other drugs

Diagnosis

There is no routine blood test that can quickly confirm a trazodone overdose or show exactly how severe it will become. Diagnosis is usually based on the reported exposure, symptoms, examination, and test results.

If possible, bring the medicine container or a photograph of its label. The medical team will need to know the tablet strength, possible number taken, approximate time, and whether alcohol, recreational drugs, or other medicines may also be involved. Do not delay emergency care while trying to collect this information.

An ECG is used to check the heart rate and rhythm. It can also identify changes in electrical conduction that may increase the risk of a dangerous rhythm. The ECG may be repeated because heart effects can develop or change over time.

Blood tests may check blood sugar, electrolytes such as potassium, kidney and liver function,

and signs of other complications. Testing may also look for common co-ingestants, including paracetamol or acetaminophen, because people may take more than one substance. Oxygen level, breathing, blood pressure, temperature, and alertness are monitored closely.

Treatment and management

There is no specific antidote that reverses trazodone. Treatment supports breathing, circulation, and other body functions while the medicine is cleared.

Monitoring may be all that is needed when symptoms remain mild. However, observation should take place under poison-service or medical guidance because drowsiness, low blood pressure, or ECG changes can develop after the initial assessment.

Hospital treatment can include:

Activated charcoal can bind some medicine in the digestive tract. Clinicians may consider it soon after an overdose in selected situations. It is not suitable for everyone, especially if severe sleepiness makes choking or inhaling charcoal into the lungs more likely. Charcoal should not be taken at home unless a poison specialist directs it.

A person who cannot protect their airway may need a breathing tube and a ventilator temporarily. Severe poisoning may require care in an intensive care unit.

If the overdose was intentional, treatment also includes a compassionate mental health assessment after the immediate medical danger has passed. The aim is to understand what happened, address current safety, and arrange appropriate support.

- Oxygen and support for breathing
- Fluids through a vein for low blood pressure
- Continuous heart monitoring and repeated ECGs
- Medicines for seizures, severe agitation, or abnormal heart rhythms
- Treatment to correct important electrolyte abnormalities
- Care for serotonin syndrome or priapism when present

Complications

The most important complications involve breathing, blood pressure, heart rhythm, and consciousness.

Severe drowsiness can interfere with normal breathing. Vomit may enter the lungs when a

person is not fully awake, causing aspiration and possible lung inflammation or infection.

Very low blood pressure can reduce oxygen delivery to the brain, kidneys, and other organs. Dangerous heart rhythms can reduce blood flow or, in severe cases, lead to cardiac arrest.

Other possible complications include seizures, serotonin syndrome, injury from fainting, and muscle damage after prolonged unconsciousness or seizures. Priapism can damage penile tissue if treatment is delayed.

Severe and fatal poisonings have been reported, especially when trazodone is combined with other substances. Prompt assessment, monitoring, and supportive care improve the chance of recovery.

Prevention

Many accidental trazodone overdoses can be prevented.

Take trazodone only as directed on its label. If you are unsure whether you already took a dose, check your medication record or contact a pharmacist rather than automatically taking another tablet.

Keep trazodone in its original, labelled container and store it where children and other household members cannot reach it. A locked location is safer than a high shelf alone. Do not share prescription medicine.

A pill organizer or medication reminder may reduce double dosing, but it should also be stored securely. Keep an up-to-date list of medicines, supplements, and non-prescription products.

Ask a pharmacist about safe disposal of unwanted tablets. A medicine take-back program is preferred where available. Avoid keeping leftover trazodone "just in case."

Alcohol and other sedating drugs can increase impairment and overdose risk. Discuss possible interactions when a new medicine is started rather than stopping a prescribed medicine without advice.

If extra tablets were taken during a period of distress or thoughts of self-harm, reducing access to large quantities of medicine can be part of a wider safety plan developed with appropriate support.

Living with it and what to expect

Trazodone overdose is usually a single acute event rather than an ongoing condition. People with mild or moderate poisoning often improve as the medicine leaves the body. The time

needed for monitoring depends on symptoms, ECG findings, other substances taken, and the response to treatment.

Tiredness, dizziness, or poor concentration may continue for a short time after discharge. Follow the discharge instructions about driving, alcohol, work, exercise, and restarting medicines. Do not restart trazodone or change the dose unless the clinician responsible for follow-up has explained when and how to do so.

A severe overdose may require a longer recovery, particularly if it caused aspiration, prolonged low blood pressure, a seizure, or an abnormal heart rhythm. Follow-up may include a repeat medical review or heart testing.

A routine appointment after recovery can be used to review why the overdose happened. This may involve simplifying a medication schedule, changing storage arrangements, or reviewing whether trazodone remains suitable.

After an intentional overdose, ongoing mental health support is an important part of recovery. Follow-up may focus on mood symptoms, coping with distress, substance use, access to medicines, and a plan for getting help if thoughts of self-harm return.

When to get medical help

Treat any suspected trazodone overdose as urgent, even if there are no symptoms yet.

Contact emergency services immediately if the person:

If the person is unconscious but breathing, place them on their side if you can do so safely. Do not give food, drink, or medicine. Do not make them vomit. If they are not breathing normally, begin cardiopulmonary resuscitation if you know how and follow the emergency call handler's instructions.

In the United States, Poison Help can be reached at 1-800-222-1222 . Elsewhere, contact your local poison information service or emergency number. Keep the packet or bottle nearby, but do not delay the call while searching for it.

After discharge, routine follow-up is appropriate for medication review, continuing dizziness or tiredness, and mental health support. New fainting, breathing trouble, seizures, severe confusion, chest symptoms, or an erection lasting four hours requires urgent or emergency reassessment.

- Cannot be awakened or is becoming less responsive
- Has slow, irregular, or difficult breathing

- Faints, collapses, or has a seizure
- Has chest pain or a very fast or irregular heartbeat
- Develops severe agitation, muscle stiffness, or a high temperature
- Has taken trazodone intentionally to cause harm
- May have taken alcohol, opioids, or several medicines as well

Common questions

How much trazodone causes an overdose?

There is no single safe cutoff that applies to everyone. Tablet strength, other substances, health conditions, and individual response all matter. If more than the prescribed amount may have been taken, contact a poison service or emergency team rather than trying to calculate the risk at home.

Can I sleep off a trazodone overdose?

No. Sleepiness can deepen into unconsciousness or breathing problems, and an abnormal heart rhythm may not cause obvious early symptoms. A person who may have overdosed should not be left alone to "sleep it off."

What happens if trazodone is mixed with alcohol?

Both can cause drowsiness, poor coordination, low blood pressure, and impaired judgment. Together they may increase the risk of vomiting, falls, unconsciousness, or breathing problems. Report any alcohol use when seeking help.

Can trazodone overdose cause serotonin syndrome?

Yes. It is more likely when trazodone is taken with other substances that increase serotonin. Agitation, sweating, shaking, diarrhea, fever, muscle stiffness, and overactive reflexes are possible signs and need urgent assessment.

How long does a trazodone overdose last?

The course cannot be predicted from the amount alone. Some effects improve during a period of hospital observation, while serious heart, breathing, or lung complications may require longer care. Medical teams base discharge on symptoms and test results, not simply on elapsed time.

Can a trazodone overdose be fatal?

Yes, severe poisoning can be fatal, particularly when other sedating or heart-affecting substances are involved. However, many people recover with timely monitoring and

supportive treatment.

Sources

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