Medical Science

To Cite:
Krych G, Jadczak K, Kazimierski B, Gniado W, Mądry D, Rusak A, Oklińska J, Skóra M. Trazodone: A Versatile Pharmacological Drug for Various Psychiatric Conditions. *Medical Science* 2026; 30: e115ms3911
doi: https://doi.org/10.54905/disssi.v30i172.e115ms3911

Authors' Affiliation:
[1]Provincial Complex Hospital named after Jędrzej Śniadecki in Białystok, ul. M. Curie-Skłodowskiej 26, 15-950 Białystok, Poland
[2]The Nicolaus Copernicus Municipal Polyclinical Hospital in Olsztyn, ul. Niepodległości 44, 10-045 Olsztyn, Poland
[3]University Clinical Hospital in Białystok, ul. M. Curie-Skłodowskiej 26, 15-276 Białystok, Poland

***Corresponding author:**
Gabriela Krych
Provincial Complex Hospital named after Jędrzej Śniadecki in Białystok, ul. M. Curie-Skłodowskiej 26, 15-950 Białystok, Poland
ORCID: 0009-0005-6873-5358
https://orcid.org/0009-0005-6873-5358
E-mail: krych55@gmail.com

Orcid List

Gabriela Krych	0009-0005-6873-5358
Klaudia Jadczak	0000-0002-2214-8319
Bartłomiej Kazimierski	0009-0007-4480-5440
Weronika Gniado	0009-0002-5676-3456
Dawid Mądry	0009-0003-5948-4548
Aleksandra Rusak	0009-0006-7366-3368
Joanna Oklińska	0009-0001-5779-0539
Michał Skóra	0009-0001-5137-9490

Peer-Review History
Received: 15 January 2026
Reviewed & Revised: 09/February/2026 to 06/June/2026
Accepted: 23 June 2026
Published: 30 June 2026

Peer-review Method
External peer-review was done through double-blind method.

Medical Science
pISSN 2321–7359; eISSN 2321–7367

Trazodone: A Versatile Pharmacological Drug for Various Psychiatric Conditions

Gabriela Krych[1]*, Klaudia Jadczak[3], Bartłomiej Kazimierski[1], Weronika Gniado[1], Dawid Mądry[1], Aleksandra Rusak[2], Joanna Oklińska[1], Michał Skóra[1]

ABSTRACT

Trazodone is an atypical serotonin reuptake inhibitor and serotonin receptor antagonist. In addition to its approved use for treating depressive disorders, it has received a lot of interest because of its numerous alternative uses to treat other psychiatric disorders. The purpose of the article is to summarize the various uses of trazodone as a treatment option for different psychiatric disorders and to describe its outstanding pharmacological properties and its various uses in clinical practice. However, trazodone is an effective treatment for depressive disorders; its sedative and anxiolytic properties cause the drug to be used extensively as an off-label treatment for insomnia, anxiety disorders, and post-traumatic stress disorder. In addition, trazodone has become a popularly prescribed medication in combination with other classes of antidepressant medicines to improve the efficacy of these medicines. The articles provide an overview of the pharmacological mechanisms underlying trazodone's antidepressant effects, including both serotonergic and non-serotonergic actions. Trazodone produces its antidepressant effects by antagonizing the 5-HT2A/2C serotonin receptors and inhibiting the reuptake of serotonin. The article will also describe the adverse effects associated with trazodone and the approved indications for use in the United States. This article highlights the need for additional research to evaluate the efficacy of trazodone across various off-label indications. Overall, trazodone provides unique benefits as an agent with antidepressant, anxiolytic, and sedative properties that could be beneficial throughout much of the psychiatric spectrum.

Keywords: trazodone, serotonin antagonist and reuptake inhibitor (SARI), depression, insomnia, anxiety disorders

1. INTRODUCTION

Trazodone has become quite popular since its introduction in 1982. Initially created as an antidepressant, it has increasingly been recognized for its ability to help with sleep, making it a go-to choice for those struggling with insomnia. But the benefits of Trazodone don't stop there—it has a wide range of uses that make it valuable for many people dealing with various mental health challenges (Bossini et al., 2012). Trazodone is a medication that can really make a difference for many people

dealing with various mental health issues, such as anxiety disorders, PTSD, OCD, and even eating disorders. It's also used to help those struggling with substance abuse. One of the great things about Trazodone is its versatility—it can even support children facing behavioral challenges and help with sexual dysfunctions. Also, Trazodone plays a role in recovery after an acute ischemic stroke. It boosts mood and improves sleep, which can be incredibly valuable after suffering a stroke (Fagiolini et al., 2023). This multifaceted nature not only shows how effective Trazodone can be in addressing a range of mental health concerns but also illustrates its potential to enhance overall quality of life. For many, it offers a renewed sense of hope and well-being.

Aim of the study

Was to provide a comprehensive review of the pharmacological properties, clinical utility, and safety profile of trazodone. Specifically, to summarize the mechanisms of action (both serotonergic and non-serotonergic) and evaluate their efficacy for indications and off-label applications.

2. REVIEW METHODS

We searched medical databases, such as PubMed and Google Scholar, for free clinical trials available online. We reviewed English-language articles published from 1983 to 2023. The screening process of the articles follows the PRISMA guidelines (Figure 1).

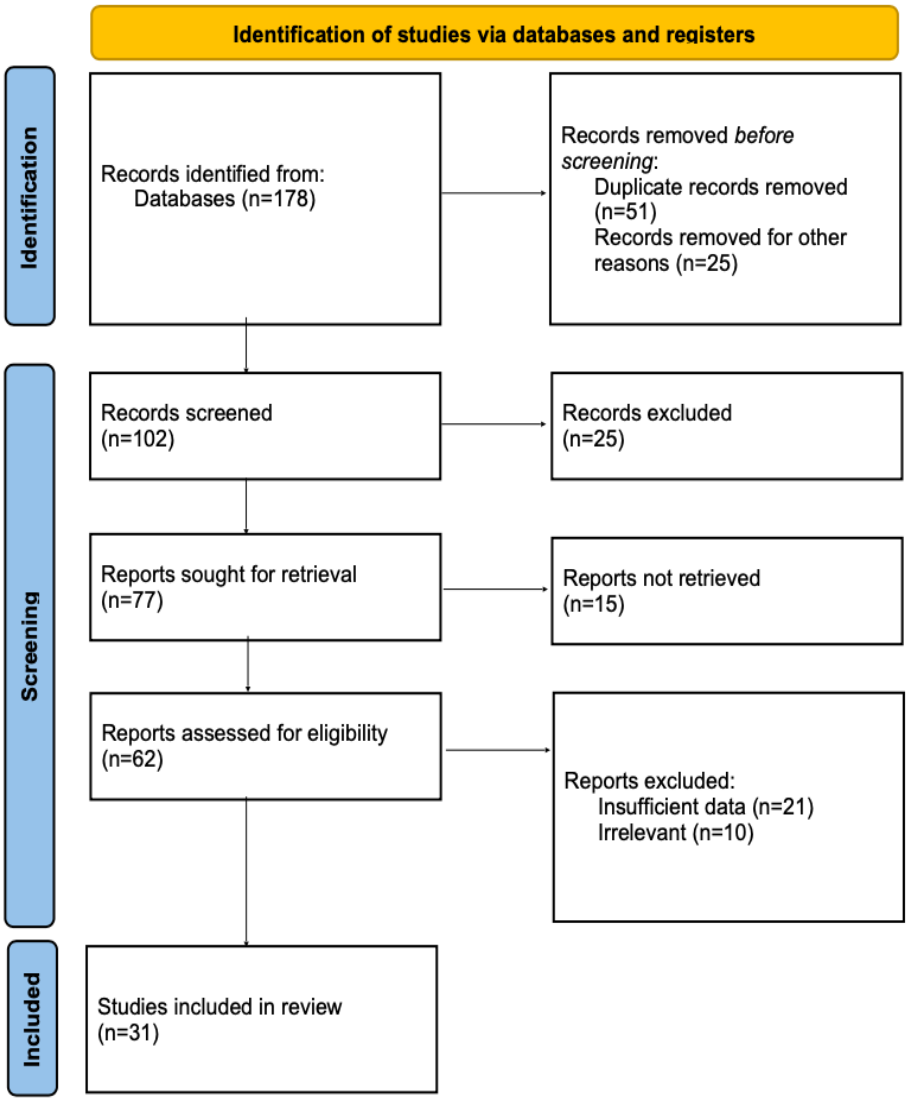

Figure 1. PRISMA CONSORT chart

3. RESULTS & DISCUSSION

Pharmacological Effect and Pharmacodynamics

Trazodone, along with nefazodone and vilazodone, forms a class of serotonin 5-HT2 receptor antagonists and 5-HT reuptake inhibitors (SARIs). As a phenylpiperazine and triazolopyridine derivative, it acts as a serotonin type 2 (5-HT2 and α-adrenergic) receptor antagonist and 5-HT2 and α-adrenergic receptor inhibitor (Kraus et al., 2007). Compared with tricyclic antidepressants, it has a smaller anticholinergic component and less impact on cardiac conduction (Khouzam, 2017). Moreover, trazodone reduces cortisol suppression in the hypothalamic-pituitary-adrenal axis, which likely contributes to trazodone's effectiveness in treating insomnia. It also has moderate antihistamine effects. In summary, the pharmacological actions of a 150-600 mg daily dosage are (Fagiolini et al., 2023):

a. antidepressive effects: 5-HT2A & 5-HT2C receptor antagonism, serotonin transporter inhibition, & partial agonist of 5-HT1 (antidepressant)
b. anxiolytic effect: 5-HT2C receptor antagonism (anxiolytic)
c. hypnotic effect: antagonist at 5-HT2A & histamine (H1) receptors & α1 receptor antagonist (hypnotic)
d. sedative effect: α1 receptor blockade combined with antagonist (5-HT2A receptor) (sedative)
e. anticholinergic activity

Pharmacokinetics

Taking trazodone orally has high bioavailability but can also increase or decrease absorption rates and peak plasma levels, and can prolong the time to reach peak concentration when taken with food. Peak plasma concentrations occur about an hour after ingestion when fasting, and two hours after ingestion when you're eating. Smoking accelerates trazodone metabolism, whereas gender and age do not. Trazodone (89%-95% binding rate) strongly binds to proteins and is metabolized by cytochrome CYP3A4. Less than 1% of the ingested dose appears unchanged in the urine, and approximately 70-75% of the 14C-labeled dose gets excreted in the urine within 72 hours. Meta-chlorophenylpiperazine (mCPP) is among the most active metabolites (Kale and Agrawal, 2015). As a 5-HT reuptake transporter (SERT) and 5-HT2C agonist, mCPP can likely contribute to the antidepressant and anti-anxiety effects. Trazodone exerts a calming effect across all age groups. It exhibits a prolonged calming effect in older people due to decreased metabolic activity, altered drug distribution, and altered sensitivity of the central nervous system (CNS) to trazodone.

Trazodone clearance is inhibited by ketoconazole, ritonavir, and indinavir because these drugs are metabolized by the same cytochrome. Since CYP2D6 is the isoform responsible for the hydroxylation of mCPP, caution should guide the use of drugs whose intermediate metabolite is mCPP, such as thioridazine (Zalma et al., 2000). Reduced trazodone clearance in the elderly may necessitate dose reduction during long-term therapy. In overweight individuals, healthcare providers should adjust the drug dose based on the ideal body weight instead of the total weight (Bayer et al., 1983).

Administration and dosage

Trazodone is available in two forms: immediate-release (IR) and extended-release (ER). For the starting treatment of the IR form of trazodone, you should take 50 mg two times per day. Then every 3-7 days, increase by 50 mg until reaching 75-150 mg each time. The dosage can be increased by 50-100 mg per day at intervals of 2 to 4 weeks until the desired effect is attained, with a maximum allowable dosage of 600 mg. Achieving the desired effect is essential before considering any further increases in dosage. Doses over 400 mg require additional monitoring due to the risk of toxicity (especially among older people and those with heart problems). They should include sedation, which can be achieved more easily with a smaller daytime dose (e.g., 100 mgs at noon) than with a larger nighttime dose (e.g., 200 mgs).

The main pharmacological effect of trazodone is blockade of the serotonin 5-HT2A receptor (roughly 1 mg of trazodone blocks half of the 5-HT2A receptors in the brain). The effect of trazodone on the body depends on the dose of the drug (Mohan et al., 2023):

- 50 mg causes antagonism to histamine H1 and α1-adrenergic receptors
- 25-100 mg blocks 5-HT2A, H1, and α1-adrenergic receptors (sleep-inducing and sleep-sustaining effect, without causing daytime drowsiness or tolerance - mainly due to short half-life (3-6 hours)
-150-600 mg causes simultaneous blockade of 5-HT2A and SERT (antidepressant action)

However, tolerance may occur during the combined 5-HT2A and SERT antagonistic effect (Stahl, 2009). When administering this medication in its extended-release (ER) form, the pharmacokinetics remain linear for all dosages, regardless of the number of tablets

taken or how the doses are divided (75 mg to 375 mg). The first dose should be 150mg at bedtime, with an increase to the next higher daily dose of 225mg after two to four weeks if there has not been a positive response to the initial dose of 150mg. The drug can continue to be titrated by 75mg weekly after that until either reaching the maximum daily dosage (375mg) for the ER formulation or attaining the desired therapeutic effect. The one-time-per-day dosing for ER products improves patient compliance, reduces variability in blood levels seen with IR products, and therefore increases tolerance for higher dosages and achieves target dosages. The extended-release formulation provides continuous drug levels of the drug at therapeutic concentration over the course of one day (24 hours), thereby possibly reducing both the incidence of side effects and their severity, as well as providing optimal treatment for those who take the antidepressant (Di Nicola et al., 2023).

Applications of trazodone depending on the drug formulation (Karhu et al., 2011):

- Immediate-release (IR) preparation - treatment of mild to moderate severe depression in patients with initial insomnia or periods of agitation or irritability at specific times of the day
- Slow-release (SR) preparation - treatment of mild to moderate depression with insomnia and moderate to severe anxiety during the day or at Wight
- Extended-release (ER, also known as XR or COAD) preparation provides constant release of trazodone for 24 hours and is suitable for the treatment of severe depression accompanied by early, central, or late insomnia, as well as daytime or nighttime anxiety
- Intramuscular-intravenous (IM-IV) solutions may be beneficial for patients who cannot take oral medications

Clinical studies have shown that the antidepressant efficacy of trazodone at a dose ≥ 150 mg/day is comparable to that of tricyclic antidepressants (Altamura et al., 1989), selective serotonin reuptake inhibitors, and serotonin-norepinephrine reuptake inhibitors (Munizza et al., 2006).

Side Effects

Among the adverse effects of trazodone use are those related to the gastrointestinal tract, such as nausea, vomiting, diarrhea, or constipation; the cardiovascular system (orthostatic hypotension, arrhythmias, QT interval prolongation, torsade de pointes); and general effects such as drowsiness, dizziness, fatigue, blurred vision, changes in body weight, headaches, muscle aches, and dry mouth. These symptoms usually subside over time or with a dose reduction (Fagiolini et al., 2012). There are reports that priapism may occur most frequently within the first 28 days of treatment, and most cases involve doses of 150 mg/day or less, regardless of the patient's age (Sood et al., 2008). The concomitant use of SSRIs, cocaine, or atypical antipsychotics can potentiate the severity of trazodone's adverse effects. To lessen withdrawal symptoms (like gut issues, anxiety, and trouble sleeping), individuals should utilize a 2–4-week tapering period down from trazodone. Because trazodone is sedating, patients are advised not to drive while on this medication. Researchers reported that trazodone has a libido-enhancing effect, and this is one of the major reasons to use it to treat sexual dysfunction.

On the other hand, the number of impulsive suicides increases during therapy. Trazodone is safer than tricyclic antidepressants, MAOIs, and some other second-generation antidepressants in cases of intentional or accidental overdoses, especially when patients take it as the only drug and when they do not combine it with alcohol and/or other sedatives or hypnotics. The literature describes cases of possible multi-organ failure occurring at a trazodone plasma concentration of 25.4 μg/ml (De Meester et al., 2001).

Pregnancy and Lactation

The effects of trazodone on the developing fetus in pregnant women are unknown - classified as Category C. It does not seem to increase the rates of major malformations above the baseline rate of 1–3%. However, it excretes trazodone in breast milk; discontinuing its use is recommended (Eberhard-Gran et al., 2006). Early indicators strongly suggest that maternal exposure to trazodone early in pregnancy is not associated with adverse effects.

Interactions

Trazodone may potentiate the effects of other central nervous system depressants, including alcohol. It also exhibits hypotensive effects (Hansen et al., 2015). It may block α-2 receptors, thereby eliminate the hypotensive effect of clonidine when combine with trazodone.

Interaction with anticoagulants

There is a potential interaction between trazodone and warfarin in patients receiving anticoagulant treatment, resulting in a shortened prothrombin time (PT) and a decreased international normalized ratio (INR) (Small et al., 2000).

Risk of Serotonin Syndrome

Patients taking trazodone in combination with MAO inhibitors or medications exhibiting MAO inhibitor effects should understand the risk of serotonin syndrome. Typical signs and symptoms of serotonin syndrome include increased heart rate, excessive salivation, anxiety/agitation, tremors throughout the body, and enlarged pupils (Bergeron et al., 2005).

Use in Patients with Bipolar Disorders

Due to the observed occurrence of mania in patients with bipolar disorders and unipolar depression when using trazodone, doctors should limit their use in treating insomnia or depression in cases of uncontrolled psychiatric disorders (Härter et al., 2010).

Use in Children and Adolescents

The use of trazodone in individuals under 18 years of age remains controversial. However, when the potential benefits of alleviating severe symptoms of depression outweigh the potential risks of adverse effects, it may be prescribed "off-label" in children and adolescents, especially those with insomnia and severe depression (Blackmer et al., 2016).

Benefits of Use in the Elderly

Trazodone is a drug that doctors should consider for the treatment of depression and insomnia in the geriatric population due to a lower incidence of anticholinergic and cardiovascular effects compared to tricyclic antidepressants (Fagiolini et al., 2012).

Depression

Depressive disorders are considered the second leading cause of disability worldwide (Greenberg et al., 2015). Trazodone, an antidepressant medication approved by the FDA, demonstrates equally high efficacy as other classes of antidepressant drugs. It can be used as monotherapy or as an adjunctive medication in combination with other antidepressant preparations in the treatment of treatment-resistant depression, favorably influencing the improvement of mood, appetite, energy, and sleep quality. Additionally, trazodone is used in combination with selective serotonin reuptake inhibitors (SSRIs) to mitigate their adverse effects, such as insomnia or anxiety, and to improve tolerance to therapy (Härter et al., 2010).

Insomnia

Trazodone is a successful insomnia therapy option that can be helpful for insomnia (a very common issue with many health conditions) in an individual who suffers from depression or anxiety (Mittur, 2011). Due to its sedative effects and low potential for dependence, trazodone is a preferred way to treat sleep issues across several patient groups (Bertisch et al., 2014). Researchers proved that trazodone improves sleep in individuals who initially developed insomnia as a result of chronic caffeine intake (Paterson et al., 2009) and in patients with secondary insomnia. It is highly effective in treating insomnia in patients with Alzheimer's disease, pregnant women who have insomnia, and individuals with other co-occurring mental illnesses. In cases where insomnia is a feature and consequence of a depressive episode, trazodone is the preferred medication, especially in patients with heart disease.

Anxiety Disorders

Due to its anti-anxiety properties, healthcare providers use trazodone in the treatment of anxiety disorders with or without accompanying depression, and also in the treatment of panic disorder (PD) and generalized anxiety disorder (GAD). Although benzodiazepines, SSRIs, or SNRIs typically treat GAD, trazodone can be an alternative pharmacological agent. In PD, some studies demonstrate trazodone's effectiveness as a second-line treatment, while others question its efficacy (Flint, 2005).

Post-Traumatic Stress Disorder

A life-threatening traumatic event frequently causes post-traumatic stress disorder (PTSD). Medications used to treat PTSD are SSRIs and are typically the first medication used. If SSRIs aren't tolerated or don't work, they may also use trazodone as an augmenting agent (possibly increasing SSRI effects). According to researchers, trazodone is especially effective in improving sleep quality (Warner, 2001).

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) features intrusive, unwanted thoughts and the performance of certain rituals to counteract these thoughts. In the treatment of OCD, similar to post-traumatic stress disorders, SSRIs or the aforementioned trazodone is used.

Eating Disorders

Researchers found that trazodone is beneficial in bulimia nervosa (BN) and night eating syndrome (NES). Fluoxetine (an SSRI) is the only antidepressant approved by the FDA for BN treatment, but trazodone is effective in decreasing the frequency of binge eating and purging episodes – its use is also not associated with weight gain (Herpertz-Dahlmann, 2015).

Alzheimer's Disease

Trazodone does not have a long-term detrimental effect on cognitive functions, suggesting that, despite FDA approval only for the treatment of depression, healthcare providers may safely use it in the treatment of comorbid conditions in patients with dementia, such as insomnia, agitation, and other behavioral symptoms. Researchers showed it reduces behavioral and psychological symptoms in Alzheimer's disease and frontotemporal dementia (Gonçalo and Vieira-Coelho, 2021).

Post-stroke Depression

Between 25 and 60% of patients who have suffered a stroke develop post-stroke depression (PSD). Studies have shown that patients treated with trazodone experienced improvements in cognitive and motor functions. Trazodone contributed to improved motor function and reduced disability in individuals after an acute ischemic stroke (Starkstein et al., 2008). The summary of the review is presented in Table 1.

Table 1. Summary of the review

Section	Key Details & Clinical Findings
Drug Class & Mechanism	• Serotonin 5-HT_2 receptor antagonist and serotonin reuptake inhibitor (SARI). • At low doses: Blocks 5-HT_2A, H_1 (histamine), and α1-adrenergic receptors • At high doses: Blocks 5-HT_2A and inhibits the serotonin transporter (SERT).
Core Indications & Uses	• FDA-Approved: Depressive disorder • Off-Label Uses: Insomnia, anxiety disorders (GAD, PD), PTS, OCD, eating disorders, dementia-related agitation, post-stroke depression.
Dosing Dynamics (IR vs. ER)	• Immediate-Release IR: 50 mg twice daily starting dose, titrated up to 150–600 mg/day. Doses below 100 mg act primarily as hypnotics; >150 mg - provides antidepressant effects. • Extended-Release ER: 150 mg at bedtime starting, titrated by 75 mg weekly up to 375 mg/day. Provides steady 24-hour plasma levels and improves compliance.
Pharmacokinetics	• High bioavailability; food delays and increases peak plasma concentration • Highly protein-bound, metabolized by CYP3A4. • Active metabolite: mCPP, which contributes to antidepressant/anxiolytic profiles. • Clearance is significantly lower in elderly patients.

Adverse Effects	• Common: Drowsiness, dizziness, fatigue, dry mouth, blurred vision, GI issues • Cardiovascular: Orthostatic hypotension, arrhythmias, QT prolongation, torsade de pointes. • Critical Risks: Priapism, potential increase in impulsive suicide risk during early therapy, and Serotonin Syndrome when combined with MAOIs.
Special Populations	• Geriatric: Preferred over tricyclics due to lower anticholinergic and cardiac side effects, but requires lower maintenance doses. • Pregnancy/Lactation: Category C. It enters breast milk; discontinuation of breastfeeding is advised. • Pediatric: used off-label
Key Drug Interactions	• CYP3A4 Inhibitors: Ketoconazole, ritonavir, and indinavir significantly reduce trazodone clearance. • Anticoagulants: May interact with Warfarin, shortening prothrombin time (PT) and decreasing INR. • Antihypertensives: May eliminate the hypotensive action of clonidine via α2 receptor blockade.

4. CONCLUSION

Trazodone, although mainly approved for the treatment of depression, has shown a wide range of therapeutic applications in psychiatry. Although it is not currently a drug indicated for insomnia, it is one of the most common off-label choices in the treatment of insomnia. Furthermore, trazodone is associated with a low risk of developing habits and addiction, as well as side effects. Its mechanism of action, involving serotonin receptor antagonism and reuptake inhibition, influences its diverse clinical applications. Large-scale randomized controlled trials, however, are still warranted to demonstrate efficacy for specific indications and to evaluate the long-term therapeutic potential (benefits, safety) and prognostic improvement in patients with amyotrophic lateral sclerosis.

Acknowledgments

There are no acknowledgments to disclose.

Authors' Contributions

Conceptualization, supervision, and project administration: Gabriela Krych, Aleksandra Rusak, Joanna Oklińska.
Methodology: Michał Skóra, Klaudia Jadczak.
Software, validation, formal analysis, investigation, resources, writing original draft preparation: Weronika Gniado, Bartłomiej Kazimierski, Dawid Mądry.
Writing, review editing, and visualization: Gabriela Krych, Aleksandra Rusak.
All authors have read and agreed with the published version of the manuscript.

Informed consent

Not applicable.

Ethical approval

Not applicable. This article does not contain any studies with human participants or animals performed by any of the authors.

Funding

This research did not receive any external funding like specific grant from funding agencies in the public, commercial, or nonprofit sectors.

Conflict of interest

The authors declare that they have no conflicts of interest, competing financial interests or personal relationships that could have influenced the work reported in this paper.

Data and materials availability

All data associated with this study will be available based on the reasonable request to corresponding author.

REFERENCES

1. Altamura AC, Mauri MC, Rudas N, Carpiniello B, Montanini R, Perini M. Clinical activity and tolerability of trazodone, mianserin, and amitriptyline in elderly subjects with major depression: a controlled multicenter trial. Clin Neuropharmacol 1989;12 Suppl 1:S25–33. doi: 10.1097/00002826-198912001-00004
2. Bayer A, Pathy M, Ankier S. Pharmacokinetic and pharmacodynamic characteristics of trazodone in the elderly. Br J Clin Pharmacol 1983;16(4):371–6. doi: 10.1111/j.1365-2125.1983.tb02179x
3. Bergeron L, Boulé M, Perreault S. Serotonin toxicity associated with concomitant use of linezolid. Ann Pharmacother 2005;39(5):956–61. doi: 10.1345/aph.1E441
4. Bertisch SM, Herzig SJ, Winkelman JW, Buettner C. National use of prescription medications for insomnia: NHANES 1999-2010. Sleep 2014;37(2):343–9. doi: 10.5665/sleep.3410
5. Blackmer AB, Feinstein JA. Management of Sleep Disorders in Children with Neurodevelopmental Disorders: A Review. Pharmacotherapy 2016;36(1):84–98. doi: 10.1002/phar.1686
6. Bossini L, Casolaro I, Koukouna D, Cecchini F, Fagiolini A. Off-label uses of trazodone: a review. Expert Opin Pharmacother 2012;13(12):1707–17. doi: 10.1517/14656566.2012.699532
7. De Meester A, Carbutti G, Gabriel L, Jacques JM. Fatal overdose with trazodone: case report and literature review. Acta Clin Belg 2001;56(4):258–61. doi: 10.1179/acb.2001.039
8. Di Nicola M, Pepe M, Panaccione I, Moccia L, Janiri L, Sani G. Update on Pharmacological Treatment for Comorbid Major Depressive and Alcohol Use Disorders: The Role of Extended-release Trazodone. Curr Neuropharmacol 2023;21(11):2195–205. doi: 10.2174/1570159X21666230404094149
9. Eberhard-Gran M, Eskild A, Opjordsmoen S. Use of psychotropic medications in treating mood disorders during lactation: practical recommendations. CNS Drugs 2006;20(3):187–98. doi: 10.2165/00023210-200620030-00003
10. Fagiolini A, Comandini A, Dell'Osso MC, Kasper S. Rediscovering trazodone for the treatment of major depressive disorder. CNS Drugs 2012;26(12):1033–49. doi: 10.1007/s40263-012-0010-5
11. Fagiolini A, González-Pinto A, Miskowiak KW, Morgado P, Young AH, Vieta E. Role of trazodone in treatment of major depressive disorder: an update. Ann Gen Psychiatry 2023;22(1):34. doi: 10.1186/s12991-023-00463-y
12. Flint AJ. Generalised anxiety disorder in elderly patients: Epidemiology, diagnosis and treatment options. Drugs Aging 2005;22(2):101–14. doi: 10.2165/00002512-200522020-00002
13. Gonçalo AMG, Vieira-Coelho MA. The effects of trazodone on human cognition: a systematic review. Eur J Clin Pharmacol 2021;77(11):1623–37. doi: 10.1007/s00228-021-03161-6
14. Greenberg PE, Fournier AA, Sisitsky T, Pike CT, Kessler RC. The economic burden of adults with major depressive disorder in the United States (2005 and 2010). J Clin Psychiatry 2015;76(2):155–62. doi: 10.4088/JCP.14m09298
15. Hansen RN, Boudreau DM, Ebel BE, Grossman DC, Sullivan SD. Sedative Hypnotic Medication Use and the Risk of Motor Vehicle Crash. Am J Public Health 2015;105(8):e64–9. doi: 10.2105/AJPH.2015.302717
16. Härter M, Klesse C, Bermejo I, Schneider F, Berger M. Unipolar depression: diagnostic and therapeutic recommendations from the current S3/National Clinical Practice Guideline. Dtsch Arztebl Int 2010;107(40):700–8. doi: 10.3238/arztebl.2010.0700
17. Herpertz-Dahlmann B. Adolescent eating disorders: update on definitions, symptomatology, epidemiology, and comorbidity. Child Adolesc Psychiatr Clin N Am 2015;24(1):177–96. doi: 10.1016/j.chc.2014.08.003
18. Kale P, Agrawal YK. Pharmacokinetics of single oral dose trazodone: a randomized, two-period, cross-over trial in healthy, adult, human volunteers under fed condition. Front Pharmacol 2015;6:236. doi: 10.3389/fphar.2015.00236
19. Karhu D, Gossen ER, Mostert A, Cronjé T, Fradette C. Safety, tolerability, and pharmacokinetics of once-daily trazodone extended-release caplets in healthy subjects. Int J Clin Pharmacol Ther 2011;49(12):730–43. doi: 10.5414/cp201614
20. Khouzam HR. A review of trazodone use in psychiatric and medical conditions. Postgrad Med 2017;129(1):140–8. doi: 10.1080/00325481.2017.1249265

21. Kraus RL, Li Y, Jovanovska A, Renger JJ. Trazodone inhibits T-type calcium channels. Neuropharmacology 2007;53(2):308–17. doi: 10.1016/j.neuropharm.2007.05.011
22. Mittur A. Trazodone: properties and utility in multiple disorders. Expert Rev Clin Pharmacol 2011;4(2):181–96. doi: 10.1586/ecp.11.1
23. Mohan G, Ajitkumar A, Bhide P, Ravilla J, Kramer V. Trazodone Overdose Manifesting as Hypotension and QT Prolongation. Cureus 2023;15(3):e36873. doi: 10.7759/cureus.36873
24. Munizza C, Olivieri L, Di Loreto G, Dionisio P. A comparative, randomized, doubleblind study of trazodone prolonged-release and sertraline in the treatment of major depressive disorder. Curr Med Res Opin 2006;22(9):1703–13. doi: 10.1185/030079906X121048
25. Paterson LM, Nutt DJ, Ivarsson M, Hutson PH, Wilson SJ. Effects on sleep stages and microarchitecture of caffeine and its combination with zolpidem or trazodone in healthy volunteers. J Psychopharmacol 2009;23(5):487–94. doi: 10.1177/0269881109104845
26. Small NL, Giamonna KA. Interaction between warfarin and trazodone. Ann Pharmacother 2000;34(6):734–6. doi: 10.1345/aph.19231
27. Sood S, James W, Bailon MJ. Priapism associated with atypical antipsychotic medications: a review. Int Clin Psychopharmacol 2008;23(1):9–17. doi: 10.1097/YIC.0b013e3282f132e0
28. Stahl SM. Mechanism of action of trazodone: a multifunctional drug. CNS Spectr 2009;14(10):536–46. doi: 10.1017/s1092852900024020
29. Starkstein SE, Mizrahi R, Power BD. Antidepressant therapy in post-stroke depression. Expert Opin Pharmacother 2008;9(8):1291–8. doi: 10.1517/14656566.9.8.1291
30. Warner MD, Dorn MR, Peabody CA. Survey on the usefulness of trazodone in patients with PTSD with insomnia or nightmares. Pharmacopsychiatry 2001;34(4):128–31. doi: 10.1055/s-2001-16723
31. Zalma A, Von Moltke LL, Granda BW, Harmatz JS, Shader RI, Greenblatt DJ. In vitro metabolism of trazodone by CYP3A: inhibition by ketoconazole and human immunodeficiency viral protease inhibitors. Biol Psychiatry 2000;47(7):655–61. doi: 10.1016/s0006-3223(99)00204-6