



TRAZADONE - INFORMED CONSENT FOR MEDICATION

<u>Medication Category:</u> antidepressant	<u>Medications in this Category:</u> trazadone (Desyrel)
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Anticipated dosage range: _____

About Your Medicine: Trazadone is used in the treatment of depression to elevate mood, improve appetite and sleep, and to restore interest in usual activities. Trazadone may also be used for sleep in the absence of depression, although it is not FDA approved for this indication. The exact mechanism of how this drug works is not known, but it is believed that Trazadone adjusts the regulation of serotonin in the brain. Serotonin is naturally occurring neurotransmitter that some nerve cells use to communicate with each other. This medication usually takes several weeks to work.

Side Effects: Every medication is capable of producing side effects. Many people who take Trazadone experience no, or minor side effects. The frequency and severity of side effects depend on many factors including dose, duration of therapy and individual susceptibility.

Possible side effects include:

More common: Drowsiness, fatigue and dry mouth. Upset stomach, nausea, vomiting, dizziness or lightheadedness, especially when taken on an empty stomach.

Less Common: Feelings of anger or hostility, tremor, impaired memory, irregular heartbeat, pounding in the chest, fainting, swelling (edema), and incontinence of urine.

Precautions: Trazadone has also been reported to cause painful, long lasting penile erections in some male patients. In some cases, this has led to permanent damage of normal penis function. Any man taking Trazadone should immediately contact his prescriber if he has any unusually prolonged erections.

By my signature below, I give consent for the above-named medication to be administered and for a change of medication within this medication category. My signature also indicates that I am aware of, have read and discussed the reasons for the use of this medication, and its potential risks and benefits.

Client Signature: _____ Date Signed: _____

Witness Signature: _____ Date Signed: _____