TIPS Question:

We have a resident who was started on Paxil 20mg every night at bedtime, about 12 weeks ago. She has vomiting intermittently. This usually occurs after breakfast, 2-3 times per week. Would this likely be a side effect of the Paxil, if she only has nausea off and on?

Response:

1. Was there any pre-existing nausea?
   • Are there any medical problems that may either account for or contribute to this problem? I.e. Is this person constipated? Does the resident have any G.I. problems? Is there any blood work that is abnormal? Were any other medications added at this time?

2. We know that nausea and vomiting are a side effect of SSRI’s occurring in the about 30% of person’s taking the drug. It generally decreases over time due to a gradual de-sensitization of serotonin receptors. The peak effect is between 5-8 hours.
   • It is generally suggested that Paxil be started at a low dose i.e. 10 mg and titrated very gradually, perhaps on a weekly basis, depending on response and tolerance.

3. Cimetidine has been shown to increase Paroxetine levels and may increase side effects.

4. The resident should be monitored for fluid and electrolyte imbalance. It is thought that people generally will have tolerance to side effects between 4-6 weeks.

If the person is not responding in terms of improved mood and side effects are compromising physical status and are not tolerable, another SSRI may need to be tried.


Please note: TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.