Imipramine (say: im-ip-ra-mean)

What is imipramine used for?
- Imipramine is one of the tricyclics
- It is mainly used to help treat the symptoms of depression, by cutting the time it takes to recover
- It can also be used for insomnia (in low dose), Seasonal Affective Disorder and Social Anxiety, plus neuropathic pain (caused by nerve damage) and bed-wetting in children
- Imipramine is made as tablets.

For depression, about 2 in 3 (65%) people get better with a first antidepressant in 4-6 weeks
If that antidepressant doesn’t work, or it has too many side effects, switching to another means about half of those people get better (total of about 75%, or 3 in 4 people). There are other options after that.

What is the usual dose of imipramine?
- The usual dose of imipramine should be around 125-150mg a day for depression.

How should I take imipramine?
- Swallow the tablets with at least half a glass of water whilst sitting or standing
- This is to make sure that they reach the stomach and do not stick in your throat.

When should I take imipramine?
- Taking it at mealtimes may make it easier for you to remember it can be taken with or after food
- If you take it once a day this is usually best at bedtime as it may make you sleepy at first.

What are the alternatives to imipramine?
- This will depend on what you are taking it for.
- There are many other medicines (e.g. SSRIs, venlafaxine, mirtazapine), talking therapies and treatments for depression and other symptoms.

See our “Handy charts” for depression, anxiety, anxiety, insomnia, social phobia or seasonal affective disorder to help you compare the medicines available.
This will help you talk to your prescriber, nurse, pharmacist or other healthcare professional.

How long will imipramine take to work?
- For depression, the dose will need to be increased steadily to get to the full effective dose
- The effect will then start in a week or two, and carry on building for the next few weeks
- If nothing has improved after 4 weeks it’s time to look at a higher dose or switching to another.

How long will I need to keep taking it for?
- This will depend on what you are taking it for.

For depression, if an antidepressant gets you better:
- First episode: Taking it for a further 6 months reduces the chances of becoming depressed again
- Second episode: Taking it for 1-2 years reduces the chances of becoming depressed again
- Three or more episodes: Taking for at least 3-5 years reduces the chances of becoming depressed again.

Is imipramine addictive and can I stop taking it suddenly?
- Imipramine is not addictive but it is unwise to stop taking it suddenly, even if you feel better, as your symptoms can return if is stopped too soon
- This may occur some weeks or even months after the medicine has been stopped
- If you stop it suddenly you may also get some discontinuation effects
- At worst, these could include feeling restless, diarrhoea, nausea, ‘flu-like symptoms, tiredness, stomach cramps and sleep disturbance
- They can start 2-4 days after stopping or dropping your dose, usually only last a few weeks (but can be longer) and will go if started again
- When the time comes, you should come off it by a gradual reduction in the dose over several weeks, when your stress levels are lower
- You should discuss this fully with your prescriber.

See our handy fact sheet on ‘Coming off Medicines’

What should I do if I forget to take a dose of imipramine at the right time?
- Take the missed dose as soon as you remember unless it is within about 12 hours of your next dose. If you remember after this just take the next dose as normal
- Do not try to catch up by taking two doses at once as you may get more side-effects.

Can I drink alcohol while I am taking it?
- Imipramine can increase the effects of alcohol, make you sleepy, reduce your concentration and slow your reactions
- This is really important if you need to drive or operate machinery. You must seek advice on this.

https://www.choiceandmedication.org/gmmh
Will imipramine affect my other medication?

Imipramine has a few possible interactions with other medicines. The main ones include:
- The effects of imipramine can be increased by some antipsychotics, some heart drugs and SSRIs
- If it is taken with alcohol or benzodiazepines (e.g. diazepam) it may cause more sleepiness.

Please see the Patient Information Leaflet (PIL) for the full possible list. Not all of these interactions happen in everyone. Some of these medicines can still be used together but you will need to follow your doctor’s instructions carefully.

Can I drive or cycle while I am taking it?

- Imipramine can affect your driving in two ways
- Firstly, you may feel sleepy and/or get blurred vision at first when taking amitriptyline
- Secondly, it can slow down your reactions or reflexes, especially if you also have a dry mouth, blurred vision or constipation
- Until these wear off, or you know how imipramine affects you, do not drive or operate machinery.

Will I need any blood or other tests if I am taking imipramine?

- You may need some tests to check on your health

What sort of side-effects might I get if I am taking imipramine?

This table shows some of the most common side effects and any you might need to take action on. You must also see the maker’s Patient Information Leaflet for the full list of possible side effects but do not be worried by this. Some people get no side effects at all. Some side effects are the brain getting used to a medicine and these usually wear off in a few days or weeks. Starting slower may help. If you think you might have a side effect to this medicine, you should ask your prescriber, pharmacist or other healthcare professional.

<table>
<thead>
<tr>
<th>Side effect</th>
<th>What happens</th>
<th>What to do about it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VERY COMMON</strong> (more than about 1 in 10 people might get these)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleepiness</td>
<td>Feeling sleepy, or sluggish. It can last for a few hours after taking a dose.</td>
<td>Don’t drive or use machinery. Ask your doctor if you can take your imipramine at a different time e.g. at bedtime.</td>
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<tr>
<td>Constipation</td>
<td>When you cannot pass stools, or poo, regularly, or cannot completely empty your bowels.</td>
<td>Make sure you eat enough fibre, cereal or fruit and drink enough fluid. Keep active and get some exercise e.g. walking. If this doesn’t help, ask your pharmacist for a mild laxative.</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>Not much saliva or spit.</td>
<td>Suck sugar-free gum or boiled sweets. If it is bad, your doctor may be able to give you a mouth spray.</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>Things look fuzzy and you can’t focus your eyes properly.</td>
<td>Do not drive with blurred vision. This should wear off after a few weeks. If it doesn’t, see your doctor if you are worried.</td>
</tr>
<tr>
<td>Weight gain</td>
<td>A bigger appetite. Putting on weight.</td>
<td>A diet vegetables and fibre may help prevent weight gain.</td>
</tr>
<tr>
<td><strong>COMMON</strong> (fewer than about 1 in 10 people might get these)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postural hypotension</td>
<td>Low blood pressure. Can make you feel dizzy when you stand up</td>
<td>Try not to stand up too quickly. If you feel dizzy, don’t drive.</td>
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<tr>
<td>Urinary retention</td>
<td>Not much urine passed. Feeling you haven’t fully emptied your bladder.</td>
<td>See your doctor straight away, especially if this happens suddenly.</td>
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<tr>
<td>Thoughts of harming yourself</td>
<td>Feeling anxious, restless, poor sleep and feel you might want to harm yourself</td>
<td>See your doctor in the next day, especially if you are under about 20 years old or have bipolar depression</td>
</tr>
<tr>
<td>Hyponatraemia (low sodium, see also our fact sheet)</td>
<td>Tiredness, confusion, being forgetful, headaches, unable to concentrate, muscle cramps and fits.</td>
<td>See your doctor in the next day, especially if you have started it in the last month, after a dose change, or if you are older and female</td>
</tr>
</tbody>
</table>

The small print: This leaflet is to help you understand about your medicine. You must also read the manufacturer’s Patient Information Leaflet (PIL). You may find more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else. The ‘Handy charts’ will help you compare the main medicines for each condition, how they work and their side effects. Go to our website for fuller answers to these and many other questions.

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