

Moclobemide

(pronounced mo – clo – ba – mide)

Why has moclobemide been prescribed?

Moclobemide is an antidepressant known as a monoamine oxidase inhibitor or MAOI. These medications are prescribed to treat depression and social phobia.

What are the benefits of taking moclobemide?

Antidepressants are effective in reducing the severity of the symptoms of depression. They also shorten the time to recovery and prevent depression returning.

Are there any precautions with moclobemide?

Moclobemide is suitable for most people. As with all medicines, however, there are precautions. Your prescriber will usually check that it is safe to prescribe moclobemide, but let your prescriber know if any of the following apply to you, as extra care may be needed:

- a) if you have epilepsy, diabetes, pheochromocytoma, a thyroid disorder or suffer from heart or liver trouble.
- b) if you are taking any other medication for Parkinson's disease, medication for bipolar disorder, antidepressants, selegiline and cimetidine, strong pain killers or drugs for migraine. Also, tell your prescriber if you buy any medicine 'over the counter' from a pharmacy or supermarket. Please also tell your prescriber if you take any alternative or complementary medicine such as Chinese herbal medicines. St John's Wort should not be taken by patients prescribed moclobemide.
- c) if you are pregnant, breast feeding, or wish to become pregnant.
- d) If you have an intolerance to lactose as this is an ingredient of moclobemide tablets.

What is the usual dose of moclobemide?

The starting dose is usually 150mg twice a day. This may sometimes be increased after a few days or weeks. The usual dose of moclobemide may be between 300mg and 600mg depending on the condition for which it has been prescribed.

How should moclobemide be taken?

Moclobemide is usually taken twice a day, after food. However, you and your prescriber may decide that it is better for you to take the medicine at another time.

What form does moclobemide come in?

Moclobemide is available only as tablets. The tablets are available as 150mg and 300mg.

What should be done if a dose is missed?

If you forget a dose, take it as soon as you remember. If you miss a whole day's dose – just carry on as normal with the usual dose. If you miss more than a day's dose, speak to your prescriber.

What will happen when moclobemide is first taken?

Moclobemide, like many medicines, does not work straight away. For example, it may take several days or even weeks for some symptoms to improve. To begin with, some people find that moclobemide may help them feel more alert and less slowed down. Later, (usually in two to three weeks) other symptoms should begin to improve. Many people do not experience any side effects. However some people may experience some side effects. We have listed potential side effects in the table below, whether or not they are likely to be short or long-term and what measures can be taken is also described. There are other possible side effects – we have listed only the most important ones. Ask your doctor, pharmacist or nurse if you are worried about anything else that you think might be a side effect. Further information on side effects is available in the official manufacturer's leaflet.

Reporting side effects

The 'Yellow Card' scheme encourages patients to report any side effects that they feel may be caused by their medication. Ask your doctor, pharmacist or nurse for the forms if you wish to report any side effects. Alternatively, telephone 0800 100 3352 or go to www.mhra.gov.uk.

Is moclobemide addictive?

Moclobemide is not addictive, but if you stop taking the medicine suddenly, you may experience unpleasant physical feelings. Symptoms include nausea, insomnia, anxiety and dizziness. Reducing the dose of moclobemide slowly may make these symptoms less severe.

What about alcohol?

It is recommended that people taking moclobemide should not drink alcohol. This is because both antidepressants and alcohol can cause drowsiness. If the two are taken together, severe drowsiness can result. This can lead to falls and accidents. As well as this, drinking alcohol may make depression and anxiety worse. However, once people are used to taking medication, then *very small amounts* of alcohol may not be harmful. It pays to be very careful, because alcohol affects people in different ways, especially when they are taking medication. Never drink alcohol and drive. Discuss any concerns you may have with your doctor, pharmacist or nurse.

Is it OK to stop taking moclobemide when symptoms go away?

No. If you stop taking moclobemide your original symptoms are very likely to return. Most people need to remain on moclobemide for at least six months after they have fully recovered. You should always discuss with your prescriber any plans you have to reduce or stop any of your prescribed medicines.

Are there any alternatives to moclobemide?

Yes, there are alternatives available. Although antidepressants have broadly similar therapeutic effects they differ in the side effects they produce. There are more than 20 antidepressants available so most people can find one which suits them. Psychological therapies can also help in some types of depression, either as an alternative to medication or alongside it.

Further information

There are no dietary restrictions with moclobemide but avoid taking very large quantities of mature cheese, red wine or marmite. For further details speak to your doctor or pharmacist.

Summary of side effects

Side effect	Side effect
Insomnia or disturbed sleep – Common What can be done about it? This should wear off within a few days. Moclobemide should be taken in the morning and in early afternoon. Discuss with your prescriber if this persists.	
(Other less common) side effects	How common is it and what can be done about it?
Anxiety or restlessness – feeling worried and agitated	Uncommon This should wear off within a few days. Discuss with your prescriber if this persists.
Dizziness	Uncommon This may wear off within a few days. Discuss with your prescriber if this persists.
Nausea and vomiting	Uncommon This should wear off within a few days. Taking the medication with food may help. Discuss with your prescriber if this persists.
Diarrhoea – loose stools	Uncommon This should wear off within a few days. Discuss with your prescriber if this persists.
Visual disturbances	Uncommon This should wear off within a few days. Discuss with your prescriber if this persists. It may be necessary to switch to another medication. Symptoms will go away when switched to another medication.
Tingling in the arms and legs	Uncommon This may wear off within a few days. Discuss with your prescriber if this persists.
Odema (swelling of the ankles)	Uncommon This may persist. Tell your prescriber as another medication may need to be prescribed.
Headache	Uncommon This should wear off within a few days. Paracetamol can be taken but discuss with your prescriber if this persists.
Dry mouth	Rare This should wear off within a few days. Sugar-free boiled sweets, chewing gum or eating citrus fruits may help. Discuss with your prescriber if this persists.

Sexual dysfunction – reduced libido (desire) and lack of orgasm in males and females. Impotence in males	Rare Any changes should be reported to your prescriber. It may be necessary to switch to another medication. Symptoms should go away when switched to another medication.
Rash	Rare Stop taking moclobemide. Contact your doctor, pharmacist or nurse for advice.

Very common = almost everyone affected Common = many people affected Uncommon = some people affected
Rare = few people affected Very rare = very few or no one affected

Disclaimer

This leaflet is to help you understand more about your medication. This is not an official manufacturer's Patient Information Leaflet (see <http://www.medicines.org.uk/emc/>). Remember, leaflets like this can only describe some of the effects of medication. You may also find other books or leaflets useful. If you have access to the internet you may find a lot of information there as well, but be careful, as internet based information is not always accurate. If in doubt consult your GP or a health care professional.

This leaflet has been supplied by:

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