

Cymbalta

(duloxetine)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Capsules:** 20 mg, 30 mg, 60 mg

Dosing

- **Age:** 7 years for GAD
- **Considerations:** Monitor for suicidal thoughts and behaviors, especially during initial treatment or dosage changes. Regularly monitor weight and growth in pediatric patients.
- **Initial Dose:**
 - **Major Depressive Disorder (MDD):** Start with 40–60 mg/day (e.g., 20 mg BID or 30 mg QD).
 - **Generalized Anxiety Disorder (GAD):**
 - Adults: Start with 60 mg QD.
 - Pediatrics (≥ 7 years): Start with 30 mg QD, increase to 60 mg QD after 1 week.
- **Titration:** Increase to 60 mg/day after one week if tolerated
- **Max Dose:** 120 mg/day

Quick Facts

- Inhibits serotonin (5-HT) and norepinephrine (NE) reuptake for mood regulation and pain relief
- Improves mood, alleviates anxiety, modulates pain
- Oral capsule; doses >60 mg/day typically divided (e.g., 30 mg BID)
- Common side effects: nausea, dry mouth, dizziness, constipation, fatigue
- Dual action on mood and pain symptoms; monitor for suicidal ideation in younger patients

Indications

- **Generalized Anxiety Disorder** (F41.1)
-

Off-Label Uses

- **Major Depressive Disorder** (F32.x)
 - **Diabetic Peripheral Neuropathic Pain** (G63.2)
 - **Chronic Musculoskeletal Pain** (M79.1)
-

How to Take

- Take **once daily**, preferably at the **same time each day**.
 - Can be taken **with or without food**; taking with food may help reduce nausea.
 - Swallow **capsule whole**; do not crush, chew, or open.
 - **Do not abruptly stop**; tapering is required to prevent withdrawal symptoms.
-

Side Effects

- Common: Nausea, diarrhea, decreased weight, dizziness, decreased appetite, vomiting, fatigue
 - Serious: Suicidal thoughts and behaviors, severe skin reactions, activation of mania or hypomania, angle-closure glaucoma, seizures, blood pressure increases, hyponatremia
-

Monitoring / Labs

- Monitor for suicidal thoughts and behaviors.
 - Regularly monitor weight and growth.
 - Monitor blood pressure periodically.
-

Education

- **When to Call the Doctor:**

- Severe **mood changes, suicidal thoughts, or unusual behavior**.
 - Symptoms of **serotonin syndrome** (e.g., confusion, rapid heart rate, muscle rigidity, high fever).
 - Signs of **liver damage** (e.g., yellowing of the skin/eyes, dark urine, persistent nausea).
 - Unusual bruising or bleeding.
 - Severe dizziness, fainting, or difficulty urinating.
 - **Safety Tips:**
 - **Monitor blood pressure regularly**, as Cymbalta may increase blood pressure.
 - Use caution when driving or operating machinery, as **drowsiness and dizziness** may occur.
 - Avoid **alcohol**, as it may increase the risk of liver toxicity.
 - May cause **sexual dysfunction**; discuss with provider if problematic.
 - **Taper gradually** if discontinuing to minimize withdrawal effects (e.g., dizziness, nausea, irritability).
 - **Parent Tips for Pediatric Patients:**
 - Monitor for **suicidal thoughts, mood changes, or behavioral changes**, especially during the first few weeks.
 - May cause **drowsiness or agitation**; observe how the child responds to the medication.
 - Encourage **hydration** and a balanced diet to help with potential nausea.
 - If taken for **chronic pain or fibromyalgia**, assess response regularly.
-

Additional Information

- **Contraindications:**
 - **Hypersensitivity** to duloxetine or formulation components.
 - **Use within 14 days of MAOI therapy** (risk of serotonin syndrome).
 - **Uncontrolled narrow-angle glaucoma**.
 - **Severe hepatic or renal impairment**.
 - **Pregnancy:**
 - **Category C**; use only if benefits outweigh risks.
 - May cause **withdrawal symptoms** in newborns if taken in the third trimester.
 - **Lactation:**
 - **Excreted in breast milk**; use with caution as effects on the infant are unknown.
 - **Drug Interactions:**
 - **Serotonergic drugs** (e.g., SSRIs, SNRIs, MAOIs, St. John's Wort) increase **serotonin syndrome risk**.
 - **CYP1A2 and CYP2D6 inhibitors** (e.g., fluvoxamine, quinidine) may increase duloxetine levels.
 - **NSAIDs, anticoagulants, and antiplatelets** may increase bleeding risk.
 - May enhance the **hypertensive effects** of stimulants or decongestants.
-

