

USE WITH CAUTION.

Risks: Venlafaxine can exacerbate or induce the syndrome of inappropriate antidiuretic hormone secretion (SIADH) or hyponatraemia, both of which may compromise cardiovascular stability. SNRIs may increase blood pressure, posing a risk for patients with pre-existing cardiac disease. Although venlafaxine-induced hypertension in older adults is relatively uncommon, orthostatic hypotension occurs more frequently. Renal impairment may decrease venlafaxine clearance, leading to drug accumulation and enhanced cardiovascular adverse effects. The drug's potential for cardiotoxicity (QTc prolongation, arrhythmia, orthostatic hypotension) is greater in patients with cardiac comorbidities. CYP2D6 is the primary hepatic metabolic pathway. Potent enzyme inhibitors, as well as poor metabolisers, may exhibit increased plasma concentrations and heightened cardiotoxicity.

Risk monitoring: Monitor blood pressure, heart rate, ECG, and serum sodium at baseline and at regular intervals (SIADH risk is highest within 2–4 weeks after initiation). Watch for dizziness, syncope, or peripheral oedema. Review concurrent therapy for pharmacokinetic interactions mainly via CYP2D6. Consider CYP2D6 genotyping.

Dose adjustment: No specific dose adjustment is required for patients with a reduced ejection fraction (EF < 40%). The same dosing regimen as in elderly patients is generally appropriate. For immediate-release formulations, start with 25–50 mg twice daily and increase by 25 mg per dose as tolerated. For extended-release formulations, start with 37.5 mg once daily and increase by 37.5 mg every 4–7 days based on tolerability.

Recommendation:

Venlafaxine should be used with caution in patients with unstable or advanced heart failure or other significant cardiovascular disease. If treatment is required, start at the lowest possible dose and closely monitor ECG, serum sodium, and interacting cardiovascular medications.