Pharmaceuticals and

Non-Prescription Drugs,

SSRIs

Selective Serotonin Reuptake Inhibitors are common antidepressants;

*Citalopram - Celexa*

*Escitalopram - Lexapro*

*Fluoxetine - Prozac*

*Paroxetine - Paxil*

*Sertraline - Zoloft*

Interactions can also happen with newer drugs called SNRIs however these interactions are less well understood. Some common SNRIs are listed:

Venlafaxine - *Effexor*

Duloxetine *- Cymbalta*

Atomoxetine - *Straterra*

Interactions:

**Psychedelics** - SSRIs/SNRIs can decrease the effects of psychedelics;

Low Risk and Decreased Effects with:

LSD,

Mushrooms,

DMT,

Mescaline,

DOx,

NBOMes

2C-x

2C-Tx

5-MeO-xxT

**Cannabis** -  SSRIs/SNRIs can reduce the effects especially paranoia and anxiety can be reduced

**Depressants** - SSRIs/SNRIs can increase the effects of some depressants - alcohol, benzodiazepines & opioids causing disinhibition and black out - use with caution.

Dangerous interactions

The following drugs also cause the release of serotonin or block its re-uptake and therefore when combined with SSRIs/SNRIs can risk serotonin syndrome.

Dextromethorphan, DXM, Dex - a dissociative substance that potentiates serotonin release and can lead to serotonin syndrome.

[Empathogens](https://psychonautwiki.org/wiki/Empathogens) - ***MDMA, Mephedrone, AMT*** all lead to a release of serotonin and increase the risk of serotonin syndrome

Tramadol - Risk of serotonin syndrome.

S[erotonin](https://psychonautwiki.org/wiki/Serotonin) is a [neurotransmitter](https://psychonautwiki.org/wiki/Neurotransmitter) involved in many aspects of the body, including mood regulation (where it is believed to be involved in depression, anxiety, aggression, mania), appetite, digestion, sleeping, memory, libido, pain, and potentially migraines. In humans, the effects of excess serotonin were first noted in 1960 in patients receiving a [MAOI](https://psychonautwiki.org/wiki/MAOI) and tryptophan in combination. The syndrome is caused by an unregulated excess of serotonin in the central nervous system. Other neurotransmitters may also play a role; NMDA receptor

antagonists and [GABA](https://psychonautwiki.org/wiki/GABA) have been suggested as being involved in the development of the syndrome.Symptom onset is usually rapid, often occurring within minutes and includes the following:

* Cognitive: Headache, agitation, hypomania, confusion, anxiety, hallucinations, coma
* Autonomous: Shivering, sweating, hyperthermia, hypertension, tachycardia, nausea, diarrhoea
* Somatic: Twitching, tremors

If people are exhibiting symptoms please refer to the medical tent