

Lexapro vs Zoloft

Escitalopram and sertraline at a glance. A one-page companion to the full comparison at psychiatryrx.org/compare/lexapro-vs-zoloft/

Both are SSRIs and both are widely used first-line antidepressants. They're more alike than different: same mechanism, same four to six week timeline, and a shared core of side effects. Neither is clearly better. The differences below are what usually tip a choice one way or the other.

Side by side

	Escitalopram (Lexapro)	Sertraline (Zoloft)
Drug class	SSRI	SSRI
FDA-approved uses	Major depressive disorder, generalized anxiety disorder	Major depressive disorder, panic disorder, PTSD, social anxiety disorder, OCD, PMDD
Usual adult dose	Simple range, commonly 10 to 20 mg a day	Wider range, commonly 50 to 200 mg a day
Side effect tendency	Often regarded as slightly better tolerated, fewer stomach effects for many people	More associated with diarrhea and loose stools
Heart rhythm (QT)	Dose-related QT effect, so a lower maximum dose for adults over 65 and people with significant liver problems	Low risk of QT effects
Drug interactions	Relatively clean, with few interactions	Relatively clean

What they share

- Same timeline: early side effects in the first week or two, fuller effect on mood and anxiety in four to six weeks, sometimes up to eight.
- Same core side effects: nausea, sexual side effects, increased sweating, and changes in sleep.
- Both need a gradual taper planned with a prescriber. Stopping abruptly can cause discontinuation symptoms.
- Both carry the antidepressant boxed warning about a possible increase in suicidal thoughts in people under 25, especially early on or after a dose change.
- Both can rarely contribute to serotonin syndrome with other serotonin-raising drugs, add to bleeding risk with NSAIDs or blood thinners, and lower blood sodium, more often in older adults.
- Both are inexpensive generics. Brand and generic contain the same active medication.

What may tip the choice

- Sensitive stomach or a condition like IBS: escitalopram is often a little gentler.
- Panic disorder, PTSD, social anxiety, OCD, or PMDD on the chart: sertraline carries the formal approvals, though off-label SSRI use here is routine and well supported.
- Certain heart conditions, a known long QT, or age over 65: a clinician may lean toward sertraline.
- Preference for simple dosing: escitalopram usually has just one step up.

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