

ANTIDEPRESSANTS – swapping and stopping

GENERAL POINTS

- Ideally patients admitted to the acute trust should be maintained on current therapy unless there are compelling reasons to change.
- **Serotonergic Syndrome (SS)**
A syndrome caused by over stimulation of serotonergic mediated enervation in the CNS. Combinations of antidepressants either deliberately or accidentally may cause SS. Onset is usually within a few hours of dose changes and can resolve quickly on dose reduction or cessation once symptomology recognized.

Diagnosis is according to Sternbachs Criteria below:

- At least 3 mental state changes, agitation or restlessness, sweating, diarrhoea, fever, hyperreflexia, tachycardia, myoclonus, lack of co- ordination, shivering and tremor. Nausea, vomiting, tachycardia, hypertension and convulsions have been reported.

Rule out other causes of these symptoms such as infection, substance misuse or withdrawal or neuroleptic malignant syndrome.

KEY TO FOLLOWING TABLE

- **Numbers indicate** number of days to leave between last dose of the first antidepressant and starting new antidepressant drug.
- **Zero indicates** that one drug should be withdrawn completely before starting new drug, but no wash out period is required.
- **CT** = Cross Taper, this indicates that drugs can be swapped by cross tapering over a few weeks.
- **a** = Abrupt switching is possible but not recommended
- **b** = Do not co-administer Clomipramine and SSRIs or Venlafaxine. Withdraw Clomipramine before starting
- **c** = Beware interactions with Fluoxetine may still occur for 5 weeks after stopping Fluoxetine because of long half-life.
- **d** = See general guidelines on discontinuation symptoms.⁽¹⁹⁾
- **e** = Withdrawal effects seem to be more pronounced. Slow withdrawal over 1-3 months may be necessary.
- **f** = Some authorities recommend a 7 day gap and starting tranylcypromine at half the usual dose for 1 week

| TO FROM | MAOIs | | TCA | SSRIs | | | | Related | Reversible MAOI | Other | | |
|---|------------|------------------|---|--|--|--|--|--|-----------------|--|--|---|
| | Hydrazines | Tranyl-cypromine | Tricyclics | Citalopram | Fluoxetine | Paroxetine | Sertraline | Trazodone | Moclobemide | Reboxetine | Venlafaxine | Mirtazapine |
| MAOIs-Hydrazines | | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 |
| Tranyl-cypromine^f | 14 | | 14 | 14 | 14 | 14 | 14 | 14 | 14 ^a | 14 | 14 | 14 |
| Tricyclics | 7 | 7 | CT Cautiously | Taper to 25-50mg Add SSRI and discontinue TCA over 5-7 days ^b | Taper to 25-50mg Add SSRI and discontinue TCA over 5-7 days ^b | Taper to 25-50mg Add SSRI and discontinue TCA over 5-7 days ^b | Taper to 25-50mg Add SSRI and discontinue TCA over 5-7 days ^b | Taper to 25-50mg Add SSRI and discontinue TCA over 5-7 days ^b | 7 | CT Cautiously | CT Cautiously start Venlafaxine 37.5mg/daily | CT Cautiously |
| Citalopram | 7 | 7 | CT Cautiously ^b | | 0 start Fluoxetine 10mg/day titrate up after 7 days | 0 start Paroxetine 10mg/day titrate up after 7 days | 0 start Sertraline at 25mg/day titrate up after 7 days | CT Cautiously Titrate up Trazodone | 14 | CT Cautiously | 0 start Venlafaxine 37.5mg/day & increase v.slowly | CT Cautiously |
| Paroxetine | 14 | 7 | CT cautiously with v.low dose of tricyclic ^b | 0 | 0 | | 0 then Sertraline at 25mg/day | CT Cautiously start titration of Trazodone | 14 | CT Cautiously | 0 start Venlafaxine at 37.5mg/day & increase v.slowly | CT Cautiously |
| Fluoxetine^c | 35-42 | 35-42 | 4-7 days Start tricyclic at v.low dose & increase slowly | 4-7 days. start Citalopram at 10mg/day & increase slowly | | 4-7 days start Paroxetine at 10mg/day | 4-7 days start Sertraline at 25mg/day | 4-7 days start low dose Trazodone and titrate up | 35 | 0 start Reboxetine at 2mg bd & increase cautiously | 4-7days start Venlafaxine at 37.5mg/day increase v.slowly | 0 start Mirtazapine cautiously |
| Sertraline | 14 | 14 | CT cautiously with v.low dose of tricyclic ^b | 0 | 0 | 0 | | CT Cautiously start titration of Trazodone | 14 | CT Cautiously | 0 start Venlafaxine at 37.5mg/day | CT Cautiously |
| Trazodone | 7 | 7 | CT cautiously with v.low dose tricyclic | 0 | 0 | 0 | 0 | | 7 | 0 start 2mg BD & increase cautiously | 0 start Venlafaxine at 37.5mg/day | CT Cautiously |
| Moclobemide | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 |
| Reboxetine | 7 | 7 | CT Cautiously | CT Cautiously | CT cautiously | CT cautiously | CT cautiously | CT cautiously | 7 | | CT cautiously | CT cautiously |
| Venlafaxine | 7 | 7 | CT cautiously with v.low dose of tricyclic ^b | CT cautiously start with 10mg/day | CT cautiously start with 20mg every other day | CT cautiously start with 10mg/day | CT cautiously start with 25mg/day | CT cautiously | 7 | CT cautiously | | CT cautiously |
| Mirtazapine | 7 | 7 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | |
| STOPPING^d - Reduce over _ wks | 4 weeks | 4 weeks | 4 weeks | 4 weeks | 20mg/day = just stop 40mg/day = 2 wks | 4 weeks or longer if necessary ^e | 4 weeks | 4 weeks | 4 weeks | 4 weeks | 4 weeks or longer if necessary ^e | 4 weeks |