

Antidepressant switching and stopping

General guidance- stopping¹

All antidepressants can cause discontinuation symptoms with the possible exceptions of agomelatine and vortioxetine.

Abrupt withdrawal should be avoided unless a serious adverse event has occurred.

Reduce dose gradually over 4 weeks (except fluoxetine due to its long half-life), this is particularly important in drugs with a short half-life (e.g. paroxetine and venlafaxine).

Discontinuation symptoms (these can be drug specific, consult individual [SPC](#) for further information) include:

- Agitation
- Flu-like symptoms
- Headache
- Insomnia
- Irritability
- Shock-like sensations
- Vivid/excessive dreaming

Symptoms are usually mild and self-limiting but in some cases may be severe and prolonged.

Ensure patients are given adequate education on the symptoms they are likely to experience, onset and duration.

General guidance- switching¹

Cross-tapering is preferred when switch from one antidepressant to another:

- Dose of current antidepressant is reduced slowly while slowly introducing the new antidepressant
- Speed of cross-tapering should be based on individual patient tolerability
- Not suitable for all situations (see table for further information)

Risks associated with cross-tapering include:

- Pharmacodynamic interactions
 - Serotonin syndrome
 - Hypotension
 - Drowsiness
- Pharmacokinetic interactions
 - Increased plasma levels of tricyclics by some SSRIs
- Antidepressant discontinuation symptoms
 - Could be mistakenly interpreted as side effects of new medication

Symptoms of serotonin syndrome include (see full guidance for management):

- Confusion
- Convulsions
- Myoclonus
- Restlessness
- Shivering

The table below sets out guidance for specific drug to drug switches. Contact local clinical pharmacy services for additional advice.

NB: The use of MAOIs carries life-threatening risks - use under consultant supervision only

Notes: Cross-taper indicates that drugs can be swapped by cross-tapering cautiously over a few weeks. "No significant problems" refers to lack of reported incidents, but a careful cross taper is always advisable.

*21 days if clomipramine, imipramine or tranylcypromine are involved. Initial low doses of the MAOI are essential.

**This combination is contraindicated but the SPC implies that to minimize risk of serotonin syndrome switch using low doses and close monitoring can be used.

Key:

CTC- Cross-taper with caution

CTGC- Cross-taper with great caution

NSP- No significant problem

OPR- Occasional problems reported

SSP- Serotonin syndrome possible

References:

¹The Maudsley Prescribing Guidelines in Psychiatry 12th edition; Taylor.D, Paton.C, Kapur.S.

²Psychotropic Drug Directory 2018; Bazire.S Reproduced by kind permission of Prof. Bazire.