# Antidepressant switching and stopping

General guidance- stopping[1]

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- switching[1]

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
- Pharmacokintetic 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.

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## Recommended Washout Periods - numbers shown are in days[2]

| From \ To | MAOIs | | TCA | SSRIs | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Hydrazines** | **Tranylcypromine** | **Tricyclics** | **Citalopram/ Escitalopram** | **Fluoxetine** | **Sertraline** | **Paroxetine** | **Vortioxetine** |
| MAOIs Hydrazines | 14 | 14 | 10-14 | 14 | 14 | 14 | 14 | 14 |
| Tranylcypromine | 14 | | 14 | 14 | 14 | 14 | 14 | 14 |
| Tricyclics | 7 – 14* | 7-14* | CTC | CTC | CTGC | CTC | CTGC | SSP |
| Citalopram/ Escitalopram | 7 | 7 | CTC | SSP | SSP | SSP | SSP | SSP |
| Fluoxetine | 35 | 35 | Great care for 4 weeks | SSP | | SSP | SSP | SSP |
| Sertraline | 7-14 | 7-14 | CTGC | SSP | SSP | | SSP | SSP |
| Paroxetine | 14 | 14 | CTGC | SSP | SSP | SSP | | SSP |
| Vortioxetine | 14 | 14 | SSP | SSP | SSP | SSP | SSP | |
| Trazodone | 14 | 14 | CTC | CTC | CTC | CTC | CTC | SSP |
| Moclobemide | NSP | NSP | OPR | NSP | 14 | NSP | NSP | SSP |
| Reboxetine | 7 | 7 | NSP | NSP | NSP | NSP | NSP | NSP |
| Mirtazapine | 7-14 | 7-14 | NSP | NSP | NSP | NSP | NSP | NSP |
| Venlafaxine | 7 | 7 | NSP | CTC | CTC | CTC | CTC | SSP |
| Duloxetine | 5 | 5 | SSP | SSP | SSP | SSP | SSP | SSP |
| Agomelatine | NSP | NSP | NSP | NSP | NSP | NSP | NSP | NSP |

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## Recommended Washout Periods - numbers shown are in days[2]

| From / To | Trazodone | Moclobemide | Reboxetine | Mirtazapine | Venlafaxine | Duloxetine | Agomelatine |
|---|---|---|---|---|---|---|---|
| MAOIs Hydrazines | 14 | No Gap, Dietary restriction for 14 days | 14 | 14 | 14 | 14 | NSP |
| Tranylcypromine | 14 | No Gap, Dietary restriction for 14 days | 14 | 14 | 14 | 14 | NSP |
| Tricyclics | NSP | Seek advice | NSP | NSP | CTC | SSP | NSP |
| Citalopram/Escitalopram | CTC | 7 | NSP | NSP | CTC | SSP | NSP |
| Fluoxetine | CTC | 35-42 | NSP | NSP | CTC | SSP | NSP |
| Sertraline | CTC | 7-14 | NSP | NSP | CTC | SSP | NSP |
| Paroxetine | CTC | 7 | NSP | NSP | CTC | SSP | NSP |
| Vortioxetine | SSP | See note** | NSP | NSP | SSP | SSP | NSP |
| Trazodone | | NSP | NSP | NSP | CTC | SSP | NSP |
| Moclobemide | NSP | | NSP | NSP | NSP | SSP | NSP |
| Reboxetine | NSP | NSP | | NSP | NSP | NSP | NSP |
| Mirtazapine | NSP | NSP | NSP | | NSP | NSP | NSP |
| Venlafaxine | CTC | NSP | NSP | NSP | | SSP | NSP |
| Duloxetine | SSP | SSP | NSP | NSP | SSP | | NSP |
| Agomletatine | NSP | NSP | NSP | NSP | NSP | NSP | |

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**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:**
[1]The Maudsley Prescribing Guidelines in Psychiatry 14th edition; Taylor.D, Paton.C, Kapur.S.
[2-+]Psychotropic Drug Directory 2020/21; Bazire.S Reproduced by kind permission of Prof. Bazire.