

## ANTIDEPRESSANTS – SWAPPING AND STOPPING

### General Guidelines

- Most antidepressants have the potential to cause discontinuation phenomena. When taken continuously *for six weeks or longer*, antidepressants should not be stopped abruptly unless a serious adverse event has occurred (e.g. cardiac arrhythmia with a tricyclic).
- When swapping from one antidepressant to another, abrupt withdrawal should usually be avoided. Cross-tapering is preferred, where the dose of the ineffective or poorly tolerated drug is slowly reduced while the new drug is slowly introduced.
- The speed of cross-tapering is best judged by monitoring patient tolerability. No clear guidelines are available, so caution is required.
- Note that the co-administration of some antidepressants is absolutely contra-indicated, and even cross-tapering of small doses can be dangerous. In other cases, theoretical risks or lack of experience preclude recommending cross-tapering.
- In some cases cross-tapering may not be considered necessary. An example is when switching from one SSRI to another: their effects are so similar that administration of the second drug is likely to ameliorate withdrawal effects of the first. However, there is little firm evidence of this occurring.
- Potential dangers of simultaneously administering two antidepressants include pharmacodynamic interactions (serotonin syndrome, hypotension, drowsiness) and pharmacokinetic interactions (e.g. elevation of tricyclic plasma levels by some SSRIs). The serotonin syndrome may include restlessness, diaphoresis, tremor, shivering, myoclonus, confusion, convulsions and death.

**The advice given in the following table should be treated with caution and patients should be very carefully monitored when switching.**

**Adapted from: Taylor D, Paton C and Kerwin R. The Maudsley Prescribing Guidelines, 11<sup>th</sup> edition. London: Wiley Blackwell 2012**

- a. Interactions with fluoxetine may still occur for 5 weeks after stopping fluoxetine because of its long half-life.
- b. Do not co-administer clomipramine and SSRIs, venlafaxine or duloxetine. Withdraw clomipramine before starting.
- c. See general guidelines.
- d. Withdrawal effects seem to be more pronounced. Slow withdrawal over 1-3 month may be necessary.
- e. Abrupt switching is possible but is not recommended.
- f. SPC for tranylcypromine suggests at least 14-day gap between cessation of prior drug and starting tranylcypromine.

<b>To From</b>	<b>fluoxetine<sup>a</sup></b>	<b>citalopram/ escitalopram</b>	<b>tricyclics</b>	<b>paroxetine</b>	<b>sertraline</b>	<b>duloxetine</b>	<b>venlafaxine</b>
<b>fluoxetine<sup>a</sup></b>		Stop fluoxetine. Wait 4-7 days. Start citalopram at 10mg/day and increase slowly	Stop fluoxetine Wait 4-7 days. Start tricyclic at very low dose and increase very slowly	Stop fluoxetine. Wait 4-7 days, then start paroxetine 10mg/day	Stop fluoxetine. Wait 4-7 days, then start sertraline 25mg/day	Abrupt switch possible: start at 60mg/day	Withdraw. Start venlafaxine at 37.5mg/day. Increase very slowly
<b>citalopram/ escitalopram</b>	Withdraw then start fluoxetine at 10mg/day		Cross-taper cautiously	Withdraw and start paroxetine at 10mg/day	Withdraw and start sertraline at 25mg/day	Abrupt switch possible: start at 60mg/day	Cross-taper cautiously. Start venlafaxine 37.5mg/day. Increase very slowly
<b>tricyclics</b>	Halve dose and add fluoxetine then slow withdrawal <sup>b</sup>	Halve dose and add citalopram then slow withdrawal <sup>b</sup>		Halve dose and add paroxetine then slow withdrawal <sup>b</sup>	Halve dose and add sertraline then slow withdrawal <sup>b</sup>	Cross-taper cautiously, start at 30mg/day. Increase slowly <sup>b</sup>	Cross-taper cautiously, starting with venlafaxine 37.5mg/day <sup>b</sup>
<b>paroxetine</b>	Withdraw then start fluoxetine at 10mg/day	Withdraw and start citalopram at 10mg/day	Cross-taper cautiously with very low dose of tricyclic <sup>c</sup>		Withdraw and start sertraline at 25mg/day	Abrupt switch possible; start at 60mg/day	Cross-taper cautiously. Start venlafaxine 37.5mg/day and increase very slowly
<b>sertraline</b>	Withdraw then start fluoxetine at 10mg/day	Withdraw then start citalopram at 10mg/day	Cross-taper cautiously with very low dose of tricyclic <sup>c</sup>	Withdraw then start paroxetine		Abrupt switch possible: start at 60mg/day	Cross-taper cautiously. Start venlafaxine 37.5mg/day
<b>duloxetine</b>	Withdraw then start fluoxetine	Withdraw then start citalopram at 10mg/day	Cross-taper cautiously with very low dose of tricyclic	Withdraw then start paroxetine	Withdraw then start sertraline at 25mg/day		Withdraw, then start venlafaxine
<b>venlafaxine</b>	Cross-taper cautiously. Start with 10mg/day	Cross-taper cautiously. Start with 10mg/day	Cross-taper cautiously with very low dose of tricyclic <sup>c</sup>	Cross-taper cautiously	Cross-taper cautiously. Start with 25mg/day	Withdraw – start at 30mg/day. Increase slowly	
<b>reboxetine</b>	Cross-taper cautiously	Cross-taper cautiously	Cross-taper cautiously	Cross-taper cautiously	Cross-taper cautiously	Cross-taper cautiously	Cross-taper cautiously
<b>mirtazapine</b>	Cross-taper cautiously	Withdraw then start citalopram	Withdraw then start tricyclic	Cross-taper cautiously	Cross-taper cautiously	Withdraw – start at 30mg/day. Increase slowly	Cross-taper cautiously
<b>trazodone</b>	Withdraw then start fluoxetine at 10mg/day	Withdraw then start citalopram at 10mg/day	Cross-taper cautiously with very low dose of tricyclic	Withdraw then start paroxetine at 10mg/day	Withdraw then start sertraline at 25mg/day	Withdraw – start at 30mg/day. Increase slowly	Cross-taper cautiously. Start venlafaxine at 37.5mg/day
<b>MAOIs- hydrazines</b>	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks
<b>tranylcypromine</b>	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks
<b>moclobemide</b>	Withdraw and wait 24 hours	Withdraw and wait 24 hours	Withdraw and wait 24 hours	Withdraw and wait 24 hours	Withdraw and wait 24 hours	Withdraw and wait 24 hours	Withdraw and wait 24 hours

<b>To From</b>	<b>reboxetine</b>	<b>mirtazapine</b>	<b>trazodone</b>	<b>MAOIs- hydrazines</b>	<b>tranyl- cypromine<sup>f</sup></b>	<b>moclobemide</b>	<b>Stopping<sup>c</sup></b>
<b>fluoxetine<sup>a</sup></b>	Cross-taper continuously	Cross-taper cautiously and start mirtazapine cautiously at 15mg/day	Cautious cross-taper starting with low dose trazodone	Withdraw and wait five to six weeks	Withdraw and wait five to six weeks	Withdraw and wait at least five weeks	At 20mg/day just stop. At 40mg/day reduce over two weeks
<b>citalopram/ escitalopram</b>	Cross-taper cautiously	Cross-taper cautiously	Cautious cross-taper starting with low dose trazodone	Withdraw and wait for one week	Withdraw and wait for one week	Withdraw and wait at least one week	Reduce over four weeks
<b>tricyclics</b>	Cross-taper cautiously	Cross-taper cautiously	Halve dose and add trazodone then slow withdrawal	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait at least one week	Reduce over four weeks
<b>paroxetine</b>	Cross-taper cautiously	Cross-taper cautiously	Cautious cross-taper starting with low dose trazodone	Withdraw and wait for two weeks	Withdraw and wait for one week	Withdraw and wait at least one week	Reduce over four weeks or longer, if necessary <sup>d</sup>
<b>sertraline</b>	Cross-taper cautiously	Cross-taper cautiously	Cautious cross-taper starting with low dose trazodone	Withdraw and wait for one week <sup>b</sup>	Withdraw and wait for one week	Withdraw and wait at least one week	Reduce over four weeks
<b>duloxetine</b>	Cross-taper cautiously	Withdraw, then start mirtazapine	Cautious cross-taper starting with low dose trazodone	Withdraw and wait for at least 5 days	Withdraw and wait for one week	Withdraw and wait one week	Reduce over four weeks
<b>venlafaxine</b>	Cross-taper cautiously	Cross-taper cautiously	Cross-taper cautiously	Withdraw and wait at least one week	Withdraw and wait at least one week	Withdraw and wait at least one week	Reduce over four weeks or longer, if necessary <sup>d</sup>
<b>reboxetine</b>		Cross-taper cautiously	Cross-taper cautiously	Withdraw and wait at least one week	Withdraw and wait at least one week	Withdraw and wait at least one week	Reduce over four weeks
<b>mirtazapine</b>	Cross-taper cautiously		Cross-taper cautiously	Withdraw and wait for two weeks	Withdraw and wait for one week	Withdraw and wait one week	Reduce over four weeks
<b>trazodone</b>	Cross-taper cautiously	Cross-taper cautiously		Withdraw and wait at least one week	Withdraw and wait at least one week	Withdraw and wait at least one week	Reduce over four weeks
<b>MAOIs- hydrazines</b>	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks		Withdraw and wait for two weeks	Withdraw and wait for two weeks <sup>e</sup>	Reduce over four weeks
<b>tranyl- cypromine</b>	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks	Withdraw and wait for two weeks		Withdraw and wait for two weeks <sup>e</sup>	Reduce over four weeks
<b>moclobemide</b>	Withdraw and wait 24 hours	Withdraw and wait 24 hours	Withdraw and wait 24 hours	Withdraw and wait 24 hours	Withdraw and wait 24 hours		Reduce over four weeks