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.