

## Information Sheet - Changing Antidepressant Medications

Guidelines for managing changing from one antidepressant to another are still “work in progress”. The current literature encompasses an assortment of views ranging from recommendations provided by psychiatrists and institutions to more cautious product information provided by pharmaceutical companies. Clearly, as knowledge evolves there will be adjustments to managing medication changes.



This document incorporates the clinical experience of the Institute authors together with specific references listed below.

These are general guidelines and there are some circumstances that warrant special consideration. A determining factor is medication half-life - the longer the half-life, the longer the wait required or indicated after stopping one medication before starting the next. Although there are situations when it is appropriate to wait until a certain medication has been completely eliminated before introducing the next, in most cases it is not essential to wait that long before commencing the new medication (albeit with a low dose and gradually increasing). If a new medication is started before the former medication is completely ceased, it is called ‘cross-tapering’.

People vary in their capacity to tolerate, metabolise and excrete medications. The likelihood of having an adverse reaction when changing medications depends on a range of factors – the particular antidepressants involved, the individual characteristics of the recipient (ethnic background, age, weight, gender) and health (any medical problems), how the change-over is managed (consideration of issues such as period of time on the current medication, dose, tapering down regime, medication half-life, wash-out period allowed), compliance, and any concomitant ‘substance’ and medication use by the individual.

Medications should be gradually increased (subject to side-effects) until reaching the therapeutic dose and given an appropriate period of time at the therapeutic level before deciding that there has been insufficient benefit.

Medications associated with significant discontinuation symptoms should be gradually ceased – drugs without this problem can be stopped over a shorter period of time. (Note that this issue is independent of any deliberations regarding half-life and wash-out period).

Although psychiatrists broadly agree on how to switch antidepressant medications, there are differences of opinion. There is no universally accepted ‘gold standard’ – and there may be room for some flexibility in certain situations. If you have concerns regarding how to manage a particular change-over situation then discuss it with a psychiatrist with experience in this field. However, given their expertise in comparison to GPs, psychiatrists may take a slightly different tack when changing antidepressants with their own patients. The regime described below has quite deliberately taken a conservative approach.

Current medication	New medication	Changing over
<b>SSRI</b>		
<b>SSRI</b> all except fluoxetine fluoxetine	<b>SSRI</b>	cease over 4-7 days, wait 3 days, start SSRI cease stat, wait 14 days, start SSRI
<b>SSRI</b> all except fluoxetine fluoxetine	<b>SNRI</b>	cease over 4-7 days, wait 5 days, start SNRI cease stat, wait 14 days, start SNRI
<b>SSRI</b> all except fluoxetine fluoxetine	<b>TCA</b>	cease over 4-7 days, wait 5 days, start TCA cease stat, wait 6 weeks, start TCA
<b>SSRI</b> all except fluoxetine fluoxetine	<b>MAOI</b>	cease over 4-7 days, wait 7 days, start MAOI cease stat, wait 6 weeks, start MAOI (diet & medication restrictions for 2 wks before)

Current medication	New medication	Changing over
--------------------	----------------	---------------

SNRI		
<b>SNRI</b> except venlafaxine, duloxetine venlafaxine, duloxetine	<b>SSRI</b>	cease over 4 days, wait 5 days, start SSRI cease over 2 weeks, wait 5 days, start SSRI
<b>SNRI</b> except venlafaxine, duloxetine venlafaxine, duloxetine	<b>SNRI</b>	cease over 4 days, wait 2 days, start SNRI cease over 2 weeks, wait 2 days, start SNRI
<b>SNRI</b> except venlafaxine, duloxetine venlafaxine, duloxetine	<b>TCA</b>	cease over 4 days, wait 5 days, start TCA cease over 2 weeks, wait 5 days, start TCA
<b>SNRI</b> except venlafaxine, duloxetine venlafaxine, duloxetine	<b>MAOI</b>	cease over 4 days, wait 7 days, start MAOI cease over 2 weeks, wait 7 days, start MAOI (diet & medication restrictions for 2 wks before)

TCA		
<b>TCA</b> all TCAs	<b>TCA</b>	cease over 4-7 days, no wait, start TCA
<b>TCA</b> all except clomipramine clomipramine	<b>SSRI</b>	cease over 4-7 days, wait 7 days, start SSRI as above, particular caution re titration
<b>TCA</b> all except clomipramine clomipramine	<b>SNRI</b>	cease over 4-7 days, wait 7 days, start SNRI as above, particular caution re titration
<b>TCA</b> all TCAs clomipramine	<b>MAOI</b>	cease over 4-7 days, wait 7 days, start MAOI as above, particular caution re titration (diet & medication restrictions 2 wks before)

MAOI		
<b>MAOI</b> all MAOIs	<b>SSRI</b>	cease over 4 days, wait 14 days, start SSRI (maintain diet & medication restrictions 2-3 wks)
<b>MAOI</b> all MAOIs	<b>SNRI</b>	cease over 4 days, wait 14 days, start SNRI (maintain diet & medication restrictions 2-3 wks)
<b>MAOI</b> all MAOIs	<b>TCA</b>	cease over 4 days, wait 14 days, start TCA (maintain diet & medication restrictions 2-3 wks)

Please note: these recommendations, while based on a series of reviews of the topic and product information from pharmaceutical companies, remain recommendations. The Black Dog Institute neither effects nor accepts any legal responsibility in preparing this information sheet.

References :

- Therapeutic Guidelines Psychotropic, Version 5, 2003
- The Maudsley Prescribing Guidelines 9th Edition; Australian Prescriber 1995 18:92-6
- Australian Prescriber 2001 24:13-5
- Royal Australian and the New Zealand College of Psychiatrists' Clinical Practice Guidelines Team for Depression (ANZJPsych 2004 38:389-407).