

Management of patients treated with dosulepin in primary care

Key facts

- Dosulepin is a tricyclic antidepressant which is no longer recommended by NICE, NTW or NGCCG.
- It carries an increased cardiac risk and has displays toxicity in overdose
- The recent NHS England document 'Items which should not be routinely prescribed in primary care: Guidance for CCGs' advises that prescribers should be supported to deprescribe dosulepin
- New patients should NOT be initiated on dosulepin for depression

Despite this, a number of patients within the Newcastle Gateshead CCG area are still prescribed dosulepin. In 2017-18, 9446 prescriptions for dosulepin were issued.

- Depending on the condition and patient presentation it may be appropriate to stop dosulepin or switch to another antidepressant. This document provides guidance on both options.
- In **exceptional** cases there may be a clinical need to continue dosulepin. However, in these cases the decision should be made in conjunction with another healthcare professional or multidisciplinary team.

Reducing and stopping dosulepin

- Dosulepin should not be stopped abruptly and should be gradually reduced over 3-4 weeks in order to minimize discontinuation symptoms.
- Discontinuation symptoms include flu-like symptoms, insomnia and agitation.
- If withdrawal symptoms do occur, a more gradual reduction may be indicated.
- Patients on a lower starting dose may tolerate a more rapid reduction.

A suggested regimen is shown below:

Dose	Week 1	Week 2	Week 3	Week 4
150mg	100mg	50mg	25mg	STOP

Switching from dosulepin to another antidepressant

There is no formal guidance on how to switch from dosulepin to another antidepressant and an individualised approach is required with close monitoring. Some general principles are highlighted below as guidance.

Switching to*	Advice	Notes
Citalopram or sertraline	Cross taper by reducing dosulepin to 25-50mg daily and start the SSRI. Withdraw dosulepin 5-7 days later.	Citalopram or sertraline are first line SSRI choices due to less risk of interaction. Citalopram max dose 20mg daily in elderly, avoid if prolonged QTc.
Fluoxetine and paroxetine	Dosulepin should be stopped completely before commencing any of these drugs.	Can significantly increase levels of dosulepin due to CYP2D6 inhibition therefore cross taper is not advised
Mirtazapine	Cross taper cautiously as per citalopram/sertraline guidance above	Sedating at lower doses. Can cause weight gain and postural hypotension.

*Antidepressant choice should be individualised to each patient depending on presentation, diagnosis, co-morbidities and preference.

Further information and references

NICE guidance CG90: Depression in Adults

Bazire, Stephen. Psychotropic Drug Directory 2016

Taylor D et al. The Maudsley Prescribing Guidelines in Psychiatry (12th Edition) 2016

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