



PIC QUESTION OF THE WEEK: 3/17/08

Q: What are the current recommendations for switching a patient from one SSRI to another?

A: Depression is often difficult to treat and usually requires drug regimens specific for each patient. Approximately 29- 49% of patients treated for depression do not have an adequate response to initial drug therapy. Those experiencing less than a 25% response to a selective serotonin re-uptake inhibitor (SSRI) can be classified as non-responsive to treatment. A period of approximately 4-8 weeks of SSRI treatment at optimal dosage is required to determine the relative success of a specific agent. If the patient has not adequately improved after this period of treatment, several options do remain. Switching patients from one SSRI to another can increase response rates from 42% to as high as 71%. Before switching within this class of drugs, there are several factors that must be considered. These include potential adverse effects, drug interactions, the pharmacokinetics of each agent, patient preference, cost, and other existing medical conditions. The first option for switching SSRIs is to gradually decrease the dose of the first drug until discontinuation, provide a brief (few days) *washout* period, then institute the new SSRI. This *washout* method is particularly recommended for fluoxetine because of its long half-life. Another method is referred to as *cross-tapering*. This consists of a gradual decrease in the dose of the first SSRI accompanied by a simultaneous and slow increase in dosage of the new SSRI. This method is commonly used to minimize recurrence of depressive symptoms during the period of transition. The third technique for changing SSRIs is a *direct* switch in which the patient discontinues the current SSRI and begins treatment with the new agent on the following day. This method often appears to be better tolerated by the patient than the *washout* option discussed earlier. *Direct* switching is not normally recommended in patients receiving fluoxetine because of its pharmacokinetic profile. There is no direct dosing equivalency data among the SSRIs. Typically, conversions are made by considering the normal dosage range (low, medium, high) of the agents in question. Because of possible adverse effects, the new SSRI is often started at a lower dose followed by titration to optimal dosage levels. In general, the *direct* and *cross-tapering* methods appear to be the most preferred when converting patients from one SSRI to another. Patients may also be effectively treated by switching from an SSRI to antidepressants such as venlafaxine or bupropion. In this case, the *washout* and *cross-tapering* regimens appear to be the most successful.

References:

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- How to Switch Antidepressants. Pharmacist's Letter/Prescriber's Letter 2006;22(6):220605.
- Brent D, Emslie G, Clarke G, et al. Switching to another SSRI or to venlafaxine with or without cognitive behavioral therapy for adolescents with SSRI-resistant depression. JAMA 2008;299:901-13.

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The PIC Question of the Week is a publication of the Pharmaceutical Information Center, Mylan School of Pharmacy, Duquesne University, Pittsburgh, PA 15282 (412.396.4600).