DUQUESNE UNIVERSITY
MYLAN SCHOOL OF PHARMACY

PIC QUESTION OF THE WEEK: 1/21/08

Q: Are there any general recommendations for switching from one antipsychotic agent to another?

A: It is frequently necessary to convert patients from one type of drug therapy to alternative agents within the same therapeutic category. This commonly occurs with drugs such as antidepressants, benzodiazepines, anticonvulsants, etc. In the case of antipsychotic medications, this issue must be carefully addressed. There are a number of reasons for switching patients from one antipsychotic compound to another. This may be necessary because of lack of response to current treatment, adverse drug effects, eventual development of tolerance to a given agent, etc. Inappropriate tapering of the previous drug and/or excessively rapid initiation of a new compound may result in a number of adverse consequences. These include signs and symptoms of withdrawal, adverse reactions to the newly prescribed drug, disease relapse, etc. Symptoms of withdrawal are often a major concern when changing antipsychotic therapy. Withdrawal effects related to excessively rapid discontinuation of antipsychotic medications may consist of cholinergic rebound (nausea, diaphoresis, restlessness, insomnia, etc), dopamine supersensitivity (tardive dyskinesia, parkinsonism, tremor, akathisia, etc), and symptoms associated with serotonin syndrome (agitation, diaphoresis, diarrhea, hyperreflexia, fever, etc). Various tapering methods have been proposed for switching antipsychotic therapy. The first option is to *abruptly* discontinue current treatment and begin therapy with the new drug. Although this method may be most convenient, it is frequently accompanied by exacerbation of the initial condition or the development of withdrawal symptoms. *Cross-tapering* is the second choice for switching a patient's medication. This requires gradual dose reduction of current treatment while simultaneously slowly increasing the dose of the new agent. The period required for this type of tapering is variable, but may often require weeks of dosing adjustment. When utilizing this method, the patient should be monitored for breakthrough psychosis due to sub-therapeutic doses of the new antipsychotic agent. The final form of tapering is referred to as *delayed withdrawal*. In this case, the patient is immediately placed on the target dose of the new medication prior to beginning a slow taper from the previous treatment. This method may be considered in patients with a high risk of relapse; however, one disadvantage is the increased potential for adverse effects due to combined therapy. Although each of these options may be appropriate in specific patients, some form of *cross-tapering* appears to be the method most frequently recommended.

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