Q: What is the current recommendation for switching from citalopram to Viibryd (vilazodone)?

A: Vilazodone (Viibryd), a new oral antidepressant in the same class as nefazodone (Serzone), received FDA-approval in January 2011 for the treatment of major depressive disorder (MDD) in adults. Vilazodone inhibits reuptake of serotonin with partial 5-HT$_{1A}$ receptor agonist activity; however, its antidepressant effect is attributed to its SSRI properties. Like nefazodone, vilazodone is metabolized by CYP 3A4 into an active metabolite known as meta-chlorophenylpiperazine (mCPP). This metabolite has a high affinity for a number of serotonin receptors, including 5-HT$_{2C}$ where it functions mostly as an agonist throughout the CNS.

Stimulation of 5-HT$_{2C}$ under normal circumstances will initially produce some degree of anxiety, restlessness, and dysphoria; however, continued use seems to produce a paradoxical effect and have resultant antianxiety effects. SSRIs including citalopram typically have an antagonist effect at 5-HT$_{2C}$ resulting in receptor up-regulation; therefore, discontinuation of a SSRI and addition of Viibryd, results in both loss of 5-HT$_{2C}$ antagonism and additive agonist effects. The effect is profound dysphoria and anxiety. These effects will taper off with continued use, but a careful titration schedule needs to be in place to mediate the effects at the initiation of vilazodone therapy.

Currently, no recommendations are available on switching from an SSRI to vilazodone, so nefazodone recommendations are concluded to provide the most probable recommendations for vilazodone. It is recommended to taper off the citalopram over 2-4 weeks depending on the current dose and complete a seven day washout period (based on a half-life of 35 hours). Then carefully initiate the vilazodone starting at 10 mg and titrating to a final recommended dose of 40 mg. The titration schedule of vilazodone when switching from an SSRI should be much more conservative with step-ups in therapy every 10-14 days, as opposed to every week when vilazodone is the initial therapy for MDD.

References:

- Ferentz KZ. A guide to switching anti-depressant therapy. Patient Care Neurology and Psychology. 2007;16-21.
- Callahan PM, Cunningham KA. Involvement of 5-HT2C receptors in mediating the discriminative stimulus properties of m-chlorophenylpiperazine (mCPP). Eur J Pharmacol. 1994;257:27-38.