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NHS Cumbria Clinical Commissioning Group

Dosulepin Prescribing Guidance

Dosulepin, a tricyclic antidepressant, is licensed for the treatment of depression, particularly where sedation is required. In December 2007 the MHRA advised that as dosulepin has a narrow safety margin its use in new patients should be avoided; the BNF marks it as a drug considered to be "less suitable for prescribing". NICE and Cumbria Partnership recommend that it is not used. Although often prescribed to aid sleep, it disrupts REM sleep and there is no evidence that it has sleep promoting effects. Nevertheless, dosulepin continues to be prescribed. Every year, up to 200 people in England and Wales fatally overdose with dosulepin. Of these about 20% are accidental.

Reducing risks with dosulepin

Review

Check:
- Dose – is it a therapeutic dose?
- Indication – is it being used to treat depression?
- Effectiveness of treatment
- Suicide risk
- Co-prescribing of interacting drugs known to increase cardiotoxicity
- Co-morbidity

Discuss

- Risk/benefits of dosulepin
- NICE does not recommend use of dosulepin
- Alternative options, e.g., stopping, switching (see handy comparison chart via link below)

Document

- Document outcomes of discussions
- Clearly identify reason if continuing dosulepin
- Document treatment plan if stopping or switching

Licensed dose: 75-225mg/day (elderly 50mg/day initially)

Toxicity in overdose is rated as HIGH – less than 1 weeks' supply likely to cause serious toxicity or death. Never prescribe if a risk of suicide identified

Interacting medicines:
Anti-arrhythmics, atomoxetine – increased risk of ventricular arrhythmias;
Antipsychotics and SSRIs – plasma concentration of dosulepin increased, possible increased risk of ventricular arrhythmias
Medicines with a potential to cause electrolyte imbalance, e.g., diuretics – may indirectly affect cardiac conduction

Dosulepin should be avoided in patients with cardiac disease, diabetes, epilepsy, hepatic impairment, renal impairment, Parkinson's disease and Alzheimer's disease

Dosulepin has an established link with a number of adverse cardiovascular effects (hypotension, tachycardia/arrhythmia and QTc prolongation)
Relative incidence and severity of side effects is higher than other antidepressants.
It is extremely toxic in overdose – warn about accidental overdose

Information on Medicines may be found at:
http://www.choiceandmedication.org/cumbria/

Stopping dosulepin

Dosulepin should not be stopped abruptly unless serious side effects have occurred. There is a lack of evidence to support any particular regime for reduction, although there are published regimes that suggest withdrawal over 3 to 4 weeks. However, a more gradual tapering of the dose seems prudent. In general after long-term maintenance treatment, expert opinion suggests reducing the dose by about 25% every 4 to 6 weeks.

Switching to another antidepressant

The choice of antidepressant should be discussed with the patient. Considerations include:

- Depressive symptoms
- Relative side effects
- Physical illness
- Interactions with other prescribed medication

Written by:	Jeanette Pieri (adapted from Tees, Esk and Wear Valley document)
Reviewed by:	CPFT MMG
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Patient profile	Suggested options
In need of sedation	Mirtazapine (lower doses more sedating)
In need of activation	SSRI
Cardiac disease	Sertraline. Mirtazapine is a suitable alternative in CHD if SSRIs cannot be used but it should be used with caution
Diabetes	SSRIs (fluoxetine or sertraline - may alter glycaemic control)
Epilepsy	SSRIs (sertraline but avoid in unstable epilepsy and carefully monitor in stable epilepsy)
Hepatic impairment	Fluoxetine (A lower dose, e.g. alternate day dosing, is recommended in patients with significant hepatic dysfunction) Citalopram (maximum dose 20mg/day)
Renal impairment	Sertraline (caution is advised) Citalopram (maximum dose 20mg/day)
Parkinson's disease	SSRIs
Stroke	SSRIs (sertraline)

There should be very close monitoring of patients being switched from dosulepin to another antidepressant, as there are no published guidelines to determine exactly how the switch should take place. The switch will need to be tailored to each individual and carried out cautiously. The regimen should depend upon the reason for the switch, how severe the depression is and which drug is being switched to. Gradual cross tapering is usually recommended but in some cases a washout period between drugs is required.

The following regime is recommended for changing from tricyclics to sertraline

		Week 1	Week 2	Week 3	Week 4
Dosulepin	150mg od	100mg od	50mg od	25mg od	Nil
Sertraline	Nil	Nil	25mg od	50mg od	50mg od

For conversion to other antidepressants:

- Dosulepin to mirtazapine: cross taper cautiously
- Dosulepin to fluoxetine: cross taper cautiously; halve dose and add fluoxetine, then slow withdrawal.

Further information on the cardiac effects of antidepressants can be found at http://www.ukmi.nhs.uk/activities/medicinesQAs/default.asp UK Medicines Information (UKMi) Q&A 55.6: What is the antidepressant of choice in coronary heart disease?

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UK Medicines Information (UKMi) Q&A 24.5: What is the most appropriate antidepressant to use in persons with epilepsy? http://www.ukmi.nhs.uk/activities/medicinesQAs/default.asp

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