

Dosulepin Review Advice

Background

Dosulepin, (formerly known as dothiepin), is a tricyclic antidepressant

- In December 2007 the MHRA advised that Dosulepin has a narrow safety margin and use in new patients should be avoided.
- The BNF classifies Dosulepin as 'less suitable for prescribing'. NICE CG90: Depression in Adults has a "do not do" recommendation: "*Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.*"
- Due to the significant safety concerns advised by NICE, NHSE have included dosulepin in their guidance "Items which should not routinely be prescribed in primary care: Guidance for CCGs2 published in November 2017"

Suggested Action

- Do not start or switch to dosulepin.
- Discuss withdrawal from dosulepin or changing to alternate treatment.
- Do not use as an anxiolytic, for neuropathic pain or for its sedative effects (dosulepin disrupts REM sleep with no sleep promoting effects).
- Commence new patients on first line SSRIs (generic citalopram or sertraline) where possible.
- Do not stop abruptly. Slowly taper dose over three to four weeks to prevent discontinuation symptoms. (Discontinuation symptoms include anxiety, flu-like symptoms and insomnia)
- Patient under the current or recent care of a specialist should be referred back to the specialist.
- Document outcome of discussions
- Document treatment plan if switching
- If, in exceptional circumstances, there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional"? . So should probably be referred if not under current specialist care
- Clearly identify reason if continuing dosulepin

Withdrawal of dosulepin

Gradually reduce dose by 25mg-50mg per week. **Some people may require a more gradual tapering of the dose if withdrawal symptoms occur. The doses selected and the speed at which they are reduced will need to be individualised for each patient.**

Example:

Week 1	Week 2	Week 3	Week 4	Week 5
150mg /day	100mg/day	50mg/day	25mg/day	stop

Switching to alternative

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. General guidance on switching from dosulepin to another antidepressant is:

- **Dosulepin to an SSRI:** gradually reduce the dose to 25-50mg/day then add the SSRI at usual starting dose. Slowly withdraw the remaining dosulepin over 5-7 days.
- **Dosulepin to another tricyclic.** No significant problems reported. Cross taper cautiously
- **Dosulepin to mirtazapine:** No significant problems reported. Cross taper cautiously.
- Patients on Dosulepin for fibromyalgia from RJAH. RJAH have agreed not to initiate new patients on dosulepin and will be updating their advice on existing patients shortly

References

Dosulepin: measures to reduce risk of fatal overdose. MHRA Drug Safety Update December 2007

<http://webarchive.nationalarchives.gov.uk/+/http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON084687>

Dosulepin (DROP-List) PrescQIPP bulletin 126 April 2016 <https://www.prescqipp.info/resources/send/313-dosulepin-drop-list/2857-bulletin-126-dosulepin-droplist>

NICE do not do recommendation October 2009 <https://www.nice.org.uk/donotdo/do-not-switch-to-or-start-dosulepin-because-evidence-supportingits-tolerability-relative-to-other-antidepressants-is-outweighed-by-the-increased-cardiac-risk-andtoxicity-in-overdose>

<https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-cg-guidance.pdf>

Bazire, S. Psychotropic Drug Dictionary 2016

Cheshire and Wirral Partnership: Dosulepin review advice July 2015