Switching between antidepressant medications

Before switching between antidepressants, consider:

- Patient experience and preference may supersede this framework in any scenario
- There is no single approach to switching antidepressants that can be applied to all patients, and published data on "optimal" switching strategy are scarce.
- Drugs with shorter half-lives will require longer taper periods than drugs with longer half-lives.
- When a MAO-I involved there should be a clear washout period; NO antidepressant should be combined with a MAO-I.

General approach:

Medication A: the medication that is being discontinued

Medication B: the new medication being started

- Step 1) Reduce Medication A by a dose increment each week, spending 1 week at the Average Minimum Effective Dose
- Step 2) Overlap 50% Average Minimum Effective Dose Medication A plus 50% Average Minimum Effective Dose Medication B for 1 week
- Step 3) STOP Medication A. Increase Medication B to Average Minimum Effective Dose
- Step 4) Re-evaluate in 4-6 weeks, consider further titration of Medication B

Example – Transitioning from Escitalopram 20 mg to Duloxetine

Week 1: Escitalopram 10 mg

Week 2: Escitalopram 5 mg + Duloxetine 30 mg

Week 3: Duloxetine 60 mg

	Dose Increments	Approximate Half-lives (hours)	Avg Minimum Effective Dose	Max dose
Common SSRIs				
Fluoxetine Sertraline Citalopram Escitalopram	10-20 mg 25-50 mg 10-20 mg 5-10 mg	144 26 35 32	20 mg 100 mg 20 mg 10 mg	80 mg 200 mg 40 mg 20 mg
Common SNRIs				
Duloxetine Venlafaxine XR	30 mg 37.5-75 mg	12 11	60 mg 75 mg	120 mg 225 mg
Common TCAs				
Amitriptyline Nortriptyline Desipramine	25-50 mg 25-50 mg 25 mg	36 51 24	50-75 mg 75 mg 75 mg	150 mg 150 mg 300 mg
Other Common Antidepressants				
Mirtazapine Bupropion XL	7.5 mg 150 mg	40 21	15 mg 300 mg	45 mg 450 mg

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