

Dosulepin (DROP-List)

This is one of a number of bulletins providing further information on medicines contained in the PrescQIPP DROP-List (Drugs to Review for Optimised Prescribing). This bulletin focuses on dosulepin and provides the rationale for not starting or switching to dosulepin in view of its safety profile and advice on how to manage existing patients. Information on dosulepin adverse effects, options for dose conversion in support of the switch and potential switch savings are provided. Further bulletins, including the DROP-List, are available on the PrescQIPP website, available at www.prescqipp.info¹

Recommendations

- Dosulepin should not be switched to or started because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.²
- Dosulepin should not be used as an anxiolytic, for neuropathic pain or for its sedative effects as an aid to sleep.
- Ensure that prescribing of antidepressants is in line with the relevant NICE clinical guideline.^{2,3} Commence new patients on first line SSRIs (generic citalopram or sertraline), where possible.²
- Review all patients prescribed dosulepin for suitability for switching to a safer antidepressant or suitable agent. For patients under the care of a relevant specialist, involve them in the decision to discontinue or switch treatment.
- Dosulepin should not be stopped abruptly unless serious side effects have occurred. Slowly tapering the dose over three to four weeks can help prevent discontinuation symptoms.⁴⁻⁶
- CCG Medicines Management Teams should liaise with local psychiatrists to ensure that prescribing is consistent across the interface between primary and secondary care.
- As with all switches, these should be tailored to the individual patient.

Background

The PrescQIPP DROP-List is an accumulation of medicines that are regarded as low priority, poor value for money or medicines for which there are safer alternatives. There are also medicines which could be considered for self care with the support of the community pharmacist included on the DROP-List. Dosulepin features on the DROP-List as an item which is not recommended for prescribing in view of its unfavourable safety profile compared with other available antidepressant options.

In England and Wales over £3.4 million is spent on dosulepin over the course of a year (ePACT August to October 2015). Switching to an alternative antidepressant could release significant savings nationally. As with all switches, individual patient circumstances need to be borne in mind, however, with tight switching criteria, assistance from practice nurses, support from your local CCG prescribing teams and the experiences of CCGs/GPs that have already undertaken this work, it is hoped that GPs will participate in switching to a safer alternative and realising the cost savings.

Rationale for reviewing dosulepin prescribing

- Although dosulepin has been shown to be better tolerated than some alternative antidepressants, this is outweighed by the increased cardiac risk and toxicity in overdose.²
- Consequently, after reviewing the available evidence, NICE has concluded that dosulepin should not be prescribed.²
- Existing patients should be reviewed to assess their ongoing need and suitability for dosulepin, in view of the associated safety concerns. Patients at risk of suicide should be reviewed as a matter of urgency.
- At this review, consideration should be given to reducing the dose, switching to an alternative or stopping treatment.
- Dosulepin is licensed for the treatment of depressive illness in adults.⁷ It should not be prescribed for any unlicensed indication, including anxiety, neuropathic pain or insomnia.
- It is contraindicated in patients who have had a recent myocardial infarction or in patients with heart block of any degree or other cardiac arrhythmias. It is also contra-indicated in mania and in severe liver disease.⁷
- Dosulepin should not be stopped suddenly unless serious side effects have occurred as patients may experience unpleasant discontinuation symptoms. Slowly tapering the dose over three to four weeks can help prevent this.⁴⁻⁶
- Discontinuation symptoms may include anxiety, flu-like symptoms and insomnia. 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.⁴⁻⁶
- Prescribing of antidepressants should be in line with the relevant NICE guidance. First line SSRIs are generic citalopram and sertraline.
- If switching to citalopram, prescribers are reminded that the maximum dose for adults is now 40mg daily (20mg daily for over 65s) in view of the European-wide review into the risks of QT interval prolongation.⁸

Costs

There is little difference in cost between dosulepin and other antidepressants, including the first line SSRIs. Table 1 below illustrates the cost of these products.

Table 1: Price comparison – Drug Tariff June 2015⁹

Product	Cost per 28 tablets
Dosulepin 25mg capsules	£1.86
Dosulepin 75mg tablets	£1.80
Citalopram 10mg tablets	£1.05
Citalopram 20mg tablets	£1.09
Citalopram 40mg tablets	£1.28
Sertraline 50mg tablets	£1.46
Sertraline 100mg tablets	£1.66

Switching and stopping options

The choice of a potential alternative antidepressant should be discussed with the patient and should take into account their depressive symptoms, relative side effects, physical illness and interactions with any other prescribed medicines.^{4-6,8}

A suggested withdrawal regimen for dosulepin is:

Current dose	Week 1	Week 2	Week 3	Week 4
150mg/day	100mg/day	50mg/day	25mg/day	STOP

Switching dosulepin to a SSRI:⁶

- Gradually reduce the dose of dosulepin to 25-50mg/day as per the above withdrawal regimen, then add in the SSRI at the usual starting dose. Then slowly withdraw the remaining dosulepin over 5-7 days.
- Patients under the care of a specialist should be referred back to consider suitability of switching in partnership.
- Alternative non-antidepressant options may be suitable for patients taking dosulepin for other indications.

Switch savings

In England and Wales, over £3.4 million is spent on dosulepin annually. Reducing prescribing of dosulepin by 80% will save more than £2.7 million annually. This equates to savings of £4,564 per 100,000 patients. Please note that the savings may be offset by patients requiring alternative antidepressants, specialist treatment or other non-antidepressant treatment options, but this will offer safer treatment.

References

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Additional PrescQIPP resources



Data pack

Available here: <https://www.prescqipp.info/resources/category/313-dosulepin-drop-list>

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Contact info@prescqipp.info with any queries or comments related to the content of this document.

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