Trimipramine

Trimipramine is a tricyclic antidepressant (TCA). TCAs have similar efficacy to selective serotonin reuptake inhibitors (SSRIs) but are more likely to be discontinued because of side-effects and toxicity in overdosage. SSRIs are less sedating and have fewer antimuscarinic and cardiotoxic effects.[1]

Key recommendations

- Tricyclic antidepressants (TCAs) should not be used first-line for the treatment of depression. Selective Serotonin Reuptake Inhibitors (SSRIs) are recommended by the National Institute for Health and Care Clinical Excellence (NICE) as they are equally effective and have a more favourable risk-benefit ratio.
- Where a TCA is indicated in accordance with NICE, trimipramine should not be prescribed as it is not considered to be cost effective.
- Produce a joint policy with input from secondary care and mental health services to support the review and switch of patients from trimipramine in primary care.
- Review all existing patients prescribed trimipramine and deprescribe where appropriate, ensure the availability of relevant services to facilitate this change.
  - Switch to an alternative antidepressant, if patients are under the care of a specialist, involve them in the decision to discontinue or switch treatment.
  - As with all switches, this should be tailored to the individual patient.
  - Patients at risk of suicide should be reviewed as a matter of urgency.
- Trimipramine should not be prescribed for an unlicensed indication such as an anxiolytic, for neuropathic pain, fibromyalgia or for its sedative effects as an aid to sleep.
- Ongoing prescribing of antidepressants to prevent relapse should be reviewed at least every six months.
- Trimipramine should not be stopped abruptly unless serious side effects have occurred. The dose should preferably be reduced gradually. The speed of withdrawal should be led by the patient, and guided by the medicines pharmacokinetic profile and duration of treatment. The BNF recommends reducing the dose gradually over a period of four weeks, or longer if withdrawal symptoms emerge (six months in patients who have been on long term treatment).

National guidance

NHS England guidance Items which should not be routinely prescribed in primary care includes trimipramine as an item which is clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation.[2] The NICE guideline [NG222] for Depression in adults: treatment and management recommends a SSRI in a generic form as one of the first-line treatments when considering prescribing an antidepressant.[3] NICE Guideline [NG134] for Depression in children and young people: identification and management recommends that TCAs should not be used for the treatment of depression in children and young people.[4] The Northern Ireland Department of Health (NI DH) have included trimipramine in their Deprescribing: Limited Evidence List and Stop List.[5]

Costs and switching options

In England, Wales and Scotland over £8.2million is spent annually on trimipramine. (NHSBSA (March to May 2022), Public Health Scotland (February to April 2022)). Deprescribing in 10% of appropriate individuals could release savings of £820,000. Switching 25% of patients from trimipramine to sertraline would save £2.04 million per annum, this equates to £2,886 per 100,000 patients. Switching 25% of patients from trimipramine to lofepramine would save £1.99 million per annum, this equates to £2,817 per 100,000 patients.

Work with the Integrated Care System or Health Board to produce a joint policy with input from secondary care and mental health services to support the review and switch of patients from trimipramine in primary care.

A trial discontinuation of trimipramine should be considered if long term maintenance is no longer considered necessary. If considering a switch to an SSRI, the NICE Clinical Knowledge Summary on depression has general advice on 'How should I switch from one antidepressant to another?'[6]

References

1. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press. https://www.medicinescomplete.com/ accessed on 12/07/2022.
2. NHS England. Items which should not be routinely prescribed in primary care – Guidance for CCGs. Version 2, June 2019. https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf
3. NICE. Depression in adults: treatment and management. NICE guideline [NG222]. Published June 2022. https://www.nice.org.uk/guidance/ng222
4. NICE. Depression in children and young people: identification and management. NICE guideline [NG134]. Published June 2019. https://www.nice.org.uk/guidance/ng134
5. The Northern Ireland Department of Health (NI DH). Deprescribing: Limited Evidence List and Stop List. November 2020. https://hscbusiness.hscni.net/pdf/Limited%20Evidence%20List%20and%20Stop%20List%20Dec%202017.pdf
6. Clinical Knowledge Summary. Depression. Last revised June 2022. https://cks.nice.org.uk/topics/depression/prescribing-information/switching-antidepressants/

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-311-trimipramine/
	Tools	
	Data pack	https://data.prescqipp.info/?pdata.u/#/views/B311_Trimipramine/FrontPage?:iid=1

Support with any queries or comments related to the content of this document is available through the PrescQIPP help centre https://help.prescqipp.info

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). Terms and conditions

PrescQIPP Community Interest Company