



Tablet Press **EXTRA**

The prescribing newsletter for GPs, nurses and pharmacists NHS Northamptonshire



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DOSULEPIN PRESCRIBING GUIDANCE

NICE guidance on “Depression in adults: recognition and management” published in 2009 advised that Dosulepin should NOT be prescribed. This guidance states “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” In 2011 200 deaths related to tricyclic antidepressants were reported, 49 with dosulepin. 20% of fatal dosulepin overdose cases are unintentional (MHRA). Whilst locally there has been a 16% reduction in the prescribing of dosulepin over the last couple of years, there still remains a significant amount of prescribing.

Review Points

- Don't switch to, or initiate dosulepin for new patients
- Only prescribe dosulepin after consultant psychiatrist recommendation
- Review existing patients to assess their ongoing need and suitability for dosulepin. Consider reduction in dose, change or stop
- Dosulepin is not recommended for neuropathic pain. Review any historic max use (6-12 months treatment followed by trial reduction was the recommendation)
- DO NOT prescribe as a hypnotic
- Review quantities prescribed for those requiring ongoing prescription and assess risk of self-harm, dementia and falls etc
- SSRIs remain first line choice in moderate depression and anxiety. Warn patients re *transient* side effects eg GI, anxiety. Consider short term hypnotic or benzodiazepine if agitated
- Do not co-prescribe SSRIs and other antidepressants with tricyclics (TCA) eg amitriptyline, dosulepin, nortriptyline due to risk of serotonin syndrome

TCA contra-indications / cautions

CI: Immediate post MI, arrhythmias & heart block; manic phase bipolar disorder

Cautions: cardiovascular disease, hyperthyroidism (risk of arrhythmia), epilepsy, diabetes, dementia, BPH, chronic constipation, glaucoma, urinary retention

Alternatives to Dosulepin

Depression and anxiety: SSRIs are first line choice and are anxiolytic in long term use. Consider trial of beta-blockers for somatic symptoms of anxiety

Other Sedative Anti-depressants including mirtazapine and alternative sedative tricyclics eg clomipramine, trazodone: both sedative but less cardiotoxic than dosulepin

Hypnotics: short term use of a short acting hypnotic such as zopiclone is preferred in times of increased stress and is often helpful at the start of SSRI treatment

Neuropathic Pain: see Herefordshire guidelines and consider amitriptyline or nortriptyline (also unlicensed but quoted in BNF & NICE CG173), gabapentin etc

Discontinuation

Discontinue dosulepin slowly where possible, over one month if long term continuous use. See PrescQIPP bulletin for more detail on stopping. Discontinuation symptoms can include insomnia, anxiety, GI symptoms.

Dosulepin Audit

An audit template is available to support for GP practices in undertaking a review of dosulepin prescribing [link](#)