

**South East London Area Prescribing Committee  
Dosulepin for all indications  
Position Statement, August 2018**

<b>Reference:</b>	<b>PS-009</b>
<b>Intervention:</b>	<b>Prescribing of dosulepin for all indications</b>
<b>Date of Decision:</b>	<b>August 2018</b>
<b>Date of Issue:</b>	<b>August 2018</b>
<b>Recommendation:</b>	<p><b>GREY: not recommended for prescribing in South East London</b>          Dosulepin should not be prescribed for any indication because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose. It should not be used as an anxiolytic, for neuropathic pain or for its sedative effects as an aid to sleep.  <b>This guidance is in line with NHS England's <a href="#">national guidance on medicines which should no longer be routinely prescribed</a>.</b></p>
<b>Further Information:</b>	<ul style="list-style-type: none"> <li>• Do not start new patients on dosulepin.</li> <li>• Review existing patients to assess their ongoing needs and suitability for dosulepin in view of safety concerns.</li> <li>• Dosulepin should not be stopped abruptly unless serious side effects have occurred. Slowly tapering the dose over at least three months to four weeks can help prevent discontinuation symptoms (such as anxiety, flu-like symptoms and insomnia).</li> <li>• People who have been receiving longer term maintenance treatment may need to be tapered for much longer e.g. over six months. The doses selected and the speed at which they are reduced will need to be individualised for each patient.</li> <li>• Patients at risk of suicide should be reviewed as a matter of urgency.</li> <li>• Discuss the choice of potential alternative antidepressants with the patient and take into account depressive symptoms, relative side effects, physical illness and interactions with any other prescribed medicines.</li> <li>• Inform the patient of potential risks of serious cardiac side-effects with dosulepin, (even at therapeutic doses), associated symptoms and what to do if they experience any of them.</li> <li>• Alternative non-antidepressant options may be suitable for patients taking dosulepin for other indications e.g. sleep hygiene advice if used for insomnia.</li> <li>• If there is an exceptional circumstance in which there is a clinical need for dosulepin to be prescribed in primary care, this should <b>only</b> be undertaken after discussion with specialist services.</li> </ul>
<b>Further Information:</b>	<p><b><u>If changing dosulepin to a selective serotonin reuptake inhibitor (SSRI):</u></b></p> <ul style="list-style-type: none"> <li>• As with all changes, these should be tailored to the individual patient.</li> <li>• Gradually reduce the dose of dosulepin to 25mg/day as per the suggested withdrawal regimen below. Once the dose of dosulepin is 25mg/day, <b>introduce the SSRI at the usual starting dose</b> (note elderly patients should be started at half the usual adult starting dose). Then slowly withdraw the remaining regimen this may need to be slower and with smaller decreases in dose. This is a clinical decision to be made on an individual patient basis.</li> <li>• If changing to citalopram, 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 prolongation</li> </ul>

<b>Further Information (cont'd):</b>	<p><b>A suggested withdrawal regimen is:</b></p> <table border="1" data-bbox="403 197 1513 322"> <thead> <tr> <th>Current dosulepin dose</th> <th>Week 1</th> <th>Week 2</th> <th>Week 3</th> <th>Week 4</th> </tr> </thead> <tbody> <tr> <td>150mg/day</td> <td>100mg/day</td> <td>50mg/day</td> <td>25mg/day</td> <td>STOP</td> </tr> </tbody> </table> <p>For further advice on switching between antidepressants contact:</p> <ul style="list-style-type: none"> <li>• Medicines information at South London and Maudsley NHS Foundation Trust on 0203 228 2317 or</li> <li>• Oxleas NHS Foundation Trust on 01322 625002.</li> </ul> <p><b>Guidance for patients currently taking dosulepin, carers and guardians:</b></p> <ul style="list-style-type: none"> <li>• Dosulepin is an antidepressant which can be used for anxiety, depression or insomnia. On stopping, 'discontinuation' symptoms can occur. Symptoms are usually mild and may be lessened by slowly lowering the dose in small steps; they are excessive saliva production, runny nose, diarrhoea or abdominal cramps. Doses used for insomnia are usually low and may be less likely to cause 'discontinuation' symptoms.</li> <li>• Dosulepin is an old medicine that is unsafe when taken in large doses. Accidentally taking too much dosulepin has led to deaths in the country. National regulatory bodies now suggest that all dosulepin prescriptions should be reviewed over concerns of the likelihood to harm patients.</li> <li>• A letter informing patients about changes to their dosulepin prescription can be accessed <a href="#">here</a>.</li> </ul>	Current dosulepin dose	Week 1	Week 2	Week 3	Week 4	150mg/day	100mg/day	50mg/day	25mg/day	STOP
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150mg/day	100mg/day	50mg/day	25mg/day	STOP							
<b>Cost Impact for agreed patient group</b>	<p>Across six CCGs in South East London spend for dosulepin for April 2017 to March 2018 was £28k.</p>										
<b>Usage Monitoring &amp; Impact Assessment</b>	<p><b>Mental health and acute trusts:</b> monitor non-formulary requests.</p> <p><b>CCGs:</b> Monitor prescribing via e-pact and exception reports from GPs if inappropriate requests to prescribe are made to primary care.</p>										
<b>Evidence reviewed:</b>	<ol style="list-style-type: none"> <li>1. PresQIPP Dosulepin bulletin. Published April 2016. Accessed via: <a href="https://www.presqipp.info/resources/send/313-dosulepin-drop-list/2857-bulletin-126-dosulepin-drop-list">https://www.presqipp.info/resources/send/313-dosulepin-drop-list/2857-bulletin-126-dosulepin-drop-list</a> on 05/07/2018</li> <li>2. NICE CG90: Depression in adults. Last updated April 2018. Accessed via: <a href="https://www.nice.org.uk/guidance/cg90">https://www.nice.org.uk/guidance/cg90</a> on 05/07/18 on 05/07/2018</li> <li>3. Taylor D, Paton C, Kapur S. The Maudsley Prescribing Guidelines in Psychiatry. 12th edition. Informa Healthcare, London 2015.</li> <li>4. NHSE guidance for CCGs: Items which should not routinely be prescribed in primary care 2017. Accessed via: <a href="https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/supporting_documents/Consultation%20Items%20not%20routinely%20prescribed%20in%20primary%20care%20FINAL1809.pdf">https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/supporting_documents/Consultation%20Items%20not%20routinely%20prescribed%20in%20primary%20care%20FINAL1809.pdf</a> on 05/07/18</li> </ol>										

**NOTES:**

- a) Area Prescribing Committee recommendations, position statements and minutes are available publicly via the [APC website](#).
- b) This Area Prescribing Committee position statement has been made on the cost effectiveness, patient outcome and safety data available at the time. The position statement will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**