

Antidepressant Switching Table

Changing from \ Changing to	short-acting SSRI [a]	fluoxetine	TCAs [b]	venlafaxine	mirtazapine (or mianserin)	bupropion	moclobemide	irreversible nonselective MAOIs [c]
short-acting SSRIs [a]	Stop 1 st SSRI [d] then start 2 nd SSRI the following day	Stop 1 st SSRI [d] then start fluoxetine	Cross taper cautiously with very low dose TCA [f] [g]	Stop SSRI [d] then start venlafaxine the next day at 37.5mg/day and increase very slowly	Withdraw before starting mirtazapine cautiously	Withdraw then start bupropion	Withdraw, wait 1 week, start moclobemide	Withdraw and wait 1 week
fluoxetine [h]	Stop fluoxetine, wait 4-7 days, start SSRI at low dose [e]	—	Stop fluoxetine, wait 4-7 days, start TCA at very low dose and increase very slowly [f][g]	Stop fluoxetine, wait 4-7 days, start venlafaxine at 37.5mg/day and increase very slowly	Stop fluoxetine, wait 4-7 days, start mirtazapine cautiously	Stop fluoxetine, wait 4-7 days, start bupropion	Stop fluoxetine, wait 5 weeks, start moclobemide	Stop fluoxetine and wait 5 weeks [h]
TCAs [b]	Halve dose, add SSRI, then slowly withdraw TCA [g]	Halve dose, add fluoxetine, then slowly withdraw TCA [g]	Cross taper cautiously	Cross taper cautiously starting with venlafaxine 37.5mg/day [g]	Withdraw, start mirtazapine cautiously	Cross taper cautiously	Withdraw, wait 7 days, start moclobemide	Withdraw and wait 7 days
venlafaxine	Cross taper cautiously starting with low dose SSRI [e]	Cross taper cautiously starting with fluoxetine 20mg on alternate days	Cross taper cautiously with very low dose TCA [g]	—	Withdraw, start mirtazapine cautiously	Withdraw, start bupropion cautiously	Withdraw, wait 7 days, start moclobemide	Withdraw and wait 7 days
mirtazapine/ mianserin	Withdraw then start SSRI	Withdraw then start fluoxetine	Withdraw then start TCA	Withdraw then start venlafaxine	—	Withdraw, start bupropion cautiously	Withdraw, wait 7 days, start moclobemide	Withdraw and wait 7 days
bupropion	Withdraw then start SSRI	Withdraw then start fluoxetine	Withdraw then start TCA at a low dose.	Withdraw, start venlafaxine at 37.5mg and increase slowly	Withdrawn, start mirtazapine cautiously	—	Withdraw, wait 7 days, start moclobemide	Withdraw and wait 7 days
moclobemide	Withdraw, wait 24 hours, start SSRI	Withdraw, wait 24 hours, start fluoxetine	Withdraw, wait 24 hours, start TCA	Withdraw, wait 24 hours, start venlafaxine	Withdraw, wait 24 hours, start mirtazapine	Withdraw, wait 24 hours, start bupropion	—	Withdraw and wait 24 hours
irreversible nonselective MAOIs	Withdraw and wait 2 weeks	Withdraw and wait 2 weeks	Withdraw and wait 2 weeks	Withdraw and wait 2 weeks	Withdraw and wait 2 weeks	Withdraw and wait 2 weeks	Withdraw and wait 2 weeks	Withdraw and wait 2 weeks

[a] Short-acting SSRIs are citalopram, escitalopram, paroxetine, and sertraline.

[b] TCAs are amitriptyline, clomipramine (refer to note g), dothiepin, doxepin, imipramine, nortriptyline, trimipramine.

[c] Irreversible nonselective MAOIs (phenelzine or tranylcypromine) should be commenced with caution after all other antidepressants because of the risk of hypertensive crisis and serotonin toxicity. Allowance should be made for the washout period (5 half-lives) and individual patient differences in pharmacokinetics.

[d] Abrupt withdrawal is usually possible, however if patients are likely to experience problems with discontinuation symptoms then a slower withdrawal may be required.

[e] Low Dose= citalopram 10mg/day; escitalopram 5mg/day; paroxetine 10mg/day; sertraline 25mg/day; fluoxetine 20mg on alternate days

[f] If changing from paroxetine or fluoxetine, TCA concentration may be elevated for at least several weeks due to persisting SSRI-induced cytochrome P450 inhibition.

[g] Do not co-administer clomipramine with SSRIs or venlafaxine.

[h] Care is required when changing from fluoxetine to another antidepressant as it has a longer half-life than other SSRIs, leading to significant concentrations of fluoxetine or its active metabolite being present for about five weeks after cessation.