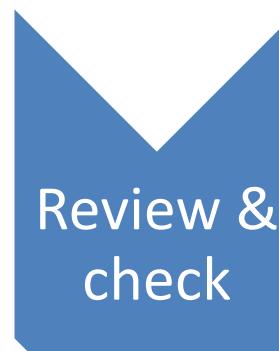


Deprescribing Guidance - DOSULEPIN

Dosulepin, a tricyclic antidepressant, is licensed for the treatment of depression, particularly where sedation is required. Although often prescribed to aid sleep, it disrupts REM sleep and there is no evidence that it has sleep-promoting effects. In December 2007 the MHRA advised that, as dosulepin has a narrow safety margin, it should be avoided¹ - it is marked in the BNF as "less suitable for prescribing". NHS England has issued guidance that dosulepin should not routinely be prescribed in primary care². NICE³ and TEWV FT recommend that it is **not** used. Usage is decreasing each year, however, in 2024-25, £3 million was still spent on dosulepin prescriptions in the UK^{4,5}.

Dosulepin overdose is associated with a high mortality rate, even with hospital treatment, with cases of ten x 75 mg tablets (750 mg) having fatal consequences.

Reducing risks with dosulepin



- Is the dose therapeutic?
- Is it being used to treat depression?
- Is it effective?
- Suicide risk
- Co-prescribing of interacting drugs known to increase cardio-toxicity?
- Comorbidities



- Risks / benefits of dosulepin
- NICE does not recommend use of dosulepin
- Alternative options e.g. stopping, switching (see handy comparison chart via link below)



- Document outcome of discussions
- Clearly identify reason if continuing dosulepin
- Document treatment plan if stopping or switching

Licensed dose:
75-225 mg daily in divided doses or at bedtime
Elderly: 50 mg daily initially

HIGHLY toxic in overdose <7 days' supply will cause serious toxicity / death.
Never prescribe if risk of suicide identified

Interacting medicines:

- ACE inhibitors, alcohol, alpha blockers, angiotensin II blockers, atypical antipsychotics, beta-blockers, calcium channel blockers, L-dopa, nitrates – *Hypotension*
- Carbamazepine, NSAIDs, SSRIs – *Hyponatraemia*
- Typical antipsychotics – *Hypotension & antimuscarinic effects*
- Diuretics – *Hyponatraemia & hypotension*
- Lithium – *Neurotoxicity*
- MAOIs, tranylcypromine – ↑ *toxicity*
- TCAs – *Hyponatraemia, hypotension & antimuscarinic effects*

Avoid in patients with cardiac disease, diabetes, epilepsy, hepatic impairment, renal impairment, Parkinson's disease and Alzheimer's disease

Established link with a number of **adverse cardiovascular effects** (hypotension, tachycardia / arrhythmia and QTc prolongation). Relative incidence and severity of side effects is higher than other antidepressants. It is extremely toxic in overdose – warn about accidental overdose

Handy chart comparing antidepressant treatments (accessible to TEWV only)

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Approved by	Drug & Therapeutics Committee	Date of Approval	27 th November 2025
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Stopping dosulepin (and not replacing with an alternative antidepressant)

Dosulepin should not be stopped abruptly unless serious side effects have occurred. Slowly tapering the dose in 25 – 50 mg increments over 3 to 4 weeks, or longer if necessary, can help prevent discontinuation symptoms such as anxiety, flu-like symptoms and insomnia. The rate at which the dose is reduced will need to be individualised for each patient, according to the starting dose, how long they have been taking dosulepin and the occurrence of withdrawal symptoms during the reduction. Some people may require a more gradual tapering of the dose over a long period of time to withdraw successfully.

Switching to another antidepressant ^{6,7}

There should be very close monitoring of patients being switched from dosulepin to another antidepressant, as there are no published guidelines to determine exactly how the switch should take place. The switch will need to be tailored to each individual and carried out cautiously. The regimen should depend upon the reason for the switch, how severe the depression is and which drug is being switched to. It is ideal to completely withdraw dosulepin before starting the new drug; however, cross-tapering is usually necessary to maintain symptom control. The dose of dosulepin should be at least halved before starting the new drug. Further reductions in dosulepin dose should occur once the new treatment is established. There is a risk of enhanced side-effects and serotonin syndrome during the overlap phase.

The choice of new antidepressant should be discussed with the patient. Considerations include:

- Depressive (target) symptoms
- Relative side effects of antidepressants (see handy chart, link above)
- Physical co-morbidities
- Interactions with other prescribed medication

Patient profile	Suggested options
In need of sedation	Mirtazapine (lower doses more sedating)
In need of activation	SSRI or venlafaxine
Cardiac disease	Mirtazapine or sertraline
Diabetes	SSRIs (fluoxetine or sertraline) or venlafaxine
Epilepsy	SSRIs
Hepatic impairment	Citalopram (maximum dose 20 mg/day) – see Trust guidance
Renal impairment	Citalopram
Parkinson's disease	SSRIs
Stroke	SSRIs (citalopram if taking warfarin + consider PPI for gastric protection) or mirtazapine

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The following tables provide example cross-titration plans to guide prescribing decisions, but the speed and rate of switching should be based on individual tolerability and response.⁶⁻⁸
Doses above 150 mg should be reduced to 150 mg daily before commencing cross-titration.

Switch from	Medication	Current dose	Week 1	Week 2	Week 3	Week 4	Comments
	Dosulepin	150 mg daily	75 mg daily	50 mg daily	25 mg daily	STOP	
Switch to SSRI	Sertraline			50 mg daily	50 mg daily	100 mg daily	
	Citalopram			20 mg daily	20 mg daily	20 mg daily	Caution: combined QT prolongation
	Escitalopram			10 mg daily	10 mg daily	10 mg daily	Caution: combined QT prolongation
	Fluoxetine			20 mg daily	20 mg daily	20 mg daily	Potential increased Dosulepin levels
Switch to SNRI	Duloxetine			30 mg daily	60 mg daily	60 mg daily	
	Venlafaxine			75 mg daily	75 mg daily	150 mg daily	
Switch to Mirtazapine	Mirtazapine			15 mg daily	30 mg daily	30 mg daily	

Patient Information Leaflets

Available online at:

- [PrescQIPP Patient information - Changes to dosulepin prescribing](#)
- <https://www.choiceandmedication.org/generate.php?sid=55&fname=pilldosulepin.pdf>
(accessible to TEWV staff only)

References

1. Medicines and Healthcare products Regulatory Agency. Drug Safety Update: vol.1, issue 5. December 2007
2. NHS England. [NHS England » Items which should not routinely be prescribed in primary care: policy guidance](#) August 2023.
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5. [OpenPrescribing: Dosulepin hydrochloride](#). Available via <https://openprescribing.net/> [Accessed 30/09/2025]
6. Bazire S. Psychotropic Drug Directory 2024. Pharmaceutical Press, London.
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8. [PSYMATIK: Antidepressant Switcher](#) Available via <https://www.psymatik.com/adswitcher/> [Assessed 21/10/25]

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