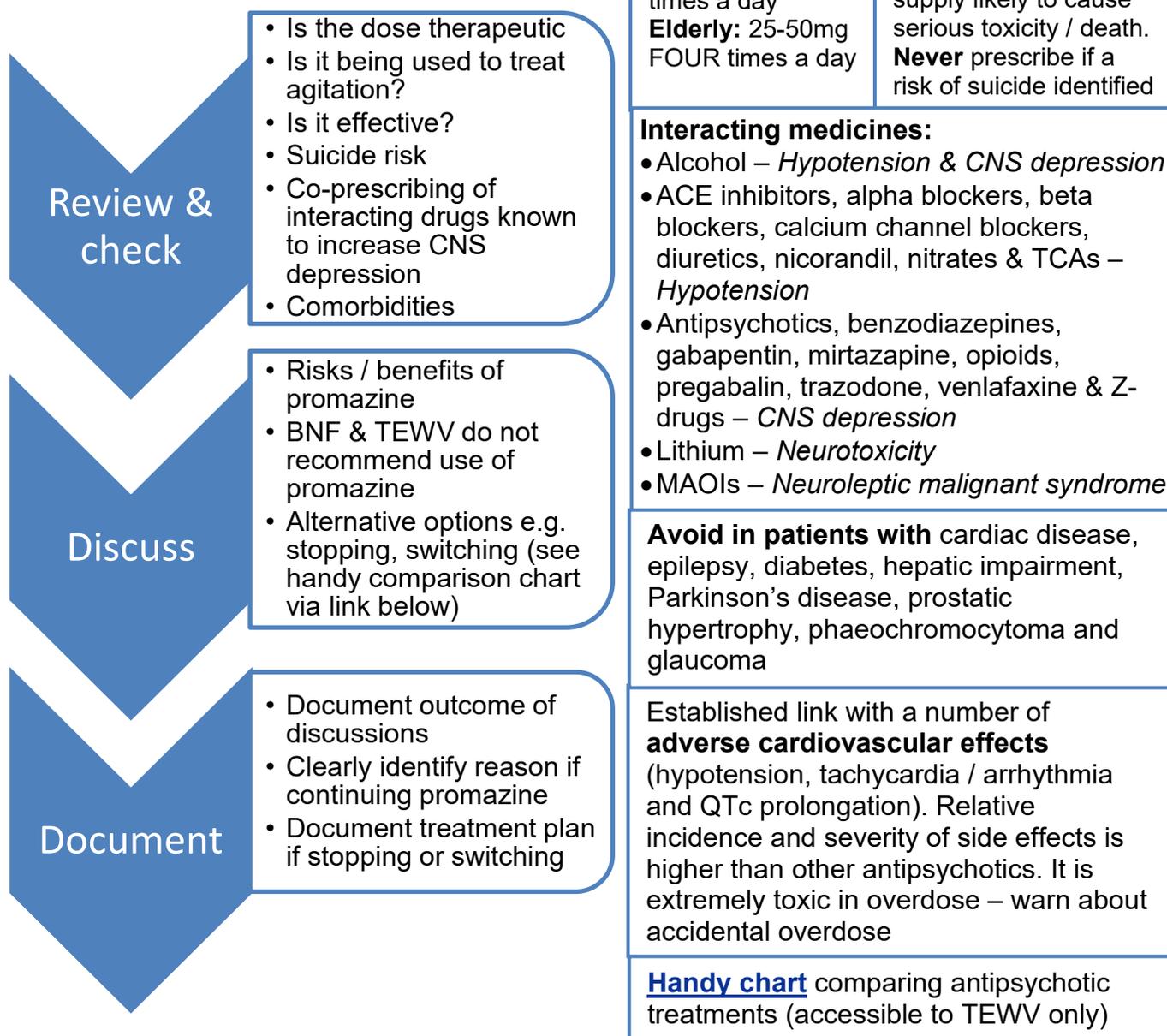


Deprescribing Guidance - PROMAZINE

Promazine is a phenothiazine-type, first generation (typical) antipsychotic with relatively weak antipsychotic activity but pronounced sedative effects¹. It is licensed firstly for short-term adjunctive management of psychomotor agitation, and secondly for agitation and restlessness in the elderly². Promazine is subject to considerable first-pass metabolism, resulting in significant plasma concentration variations between patients and the BNF marks it as a drug considered to be “less suitable for prescribing”³. It is highly toxic in overdose and can result in grand mal seizures, QRS prolongation and coma^{2,4}. TEWV FT recommend that it is **not** used. However, in 2024-25 £97,000 was spent on Promazine across the TEWV population, largely from the North East and North Cumbria ICB area⁵. Promazine is associated with withdrawal symptoms following abrupt cessation, therefore a gradual withdrawal is recommended².

Reducing risks with promazine



Title	Promazine De-prescribing Guidance		
Approved by	Drug & Therapeutics Committee	Date of Approval	27 th November 2025
Protocol Number	PHARM-0089-v3	Date of Review	1 st December 2028

Stopping promazine

Promazine should not be stopped abruptly unless serious side effects have occurred. Slowly tapering the dose over 3 to 4 weeks can help prevent discontinuation symptoms². These symptoms may include nausea, vomiting, sweating and insomnia. Recurrence of psychotic symptoms may also occur, and the emergence of involuntary movement disorders (such as akathisia, dystonia and dyskinesia) has been reported. Some people may require a more gradual tapering of the dose if withdrawal symptoms occur. The doses selected and the speed at which they are reduced will need to be individualised for each patient. The smallest tablet strength is 25 mg so reduction increments as small as 25 mg can be used if necessary.

A suggested withdrawal regimen for promazine is:

Current dose	Week 1	Week 2	Week 3	Week 4
800 mg / day	600 mg / day	400 mg / day	200 mg / day	nil

Switching to another medication

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

- Agitation symptoms
- Relative side effects
- Physical illness
- Interactions with other prescribed medication

Patient profile	Suggested options
In need of sedation	Promethazine, Lorazepam
Psychotic features	Haloperidol or alternative antipsychotic
Cardiac disease	Aripiprazole, Risperidone, Flupentixol or Lorazepam
Diabetes	Haloperidol, Amisulpride, Aripiprazole or Promethazine, Lorazepam
Epilepsy	Haloperidol, Amisulpride or Lorazepam or Diazepam
Hepatic impairment	Haloperidol, Amisulpride or Lorazepam
Renal impairment	Haloperidol, Olanzapine or Lorazepam
Parkinson's disease	Quetiapine or Lorazepam

There should be very close monitoring of patients being switched from promazine to another antipsychotic, 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 agitation is and which drug is being switched to. Gradual cross tapering is usually recommended but in some cases a washout period between drugs is required.

Title	Promazine De-prescribing Guidance		
Approved by	Drug & Therapeutics Committee	Date of Approval	27 th November 2025
Protocol Number	PHARM-0089-v3	Date of Review	1 st December 2028

References

Bazire S. Psychotropic Drug Directory 2024. Pharmaceutical Press, London.

1. Datapharm Communications Limited. Promazine Hydrochloride 50mg/5ml Oral Syrup Rosemont Pharmaceuticals Limited. Available via <https://www.medicines.org.uk/emc/product/6698/smpc> (updated 17 Mar 2025) [Accessed 03/11/2025]
2. BMA Group, Royal Pharmaceutical Society. British National Formulary online edition. Pharmaceutical Press, London. Available via [<https://www.medicinescomplete.com>]
3. Taylor D. et al. Prescribing Guidelines in Psychiatry 15th Edition. Wiley Blackwell, Chichester.
4. [OpenPrescribing: Promazine hydrochloride](https://openprescribing.net/). Available via <https://openprescribing.net/> [Accessed 03/11/2025]

Title	Promazine De-prescribing Guidance		
Approved by	Drug & Therapeutics Committee	Date of Approval	27 th November 2025
Protocol Number	PHARM-0089-v3	Date of Review	1 st December 2028