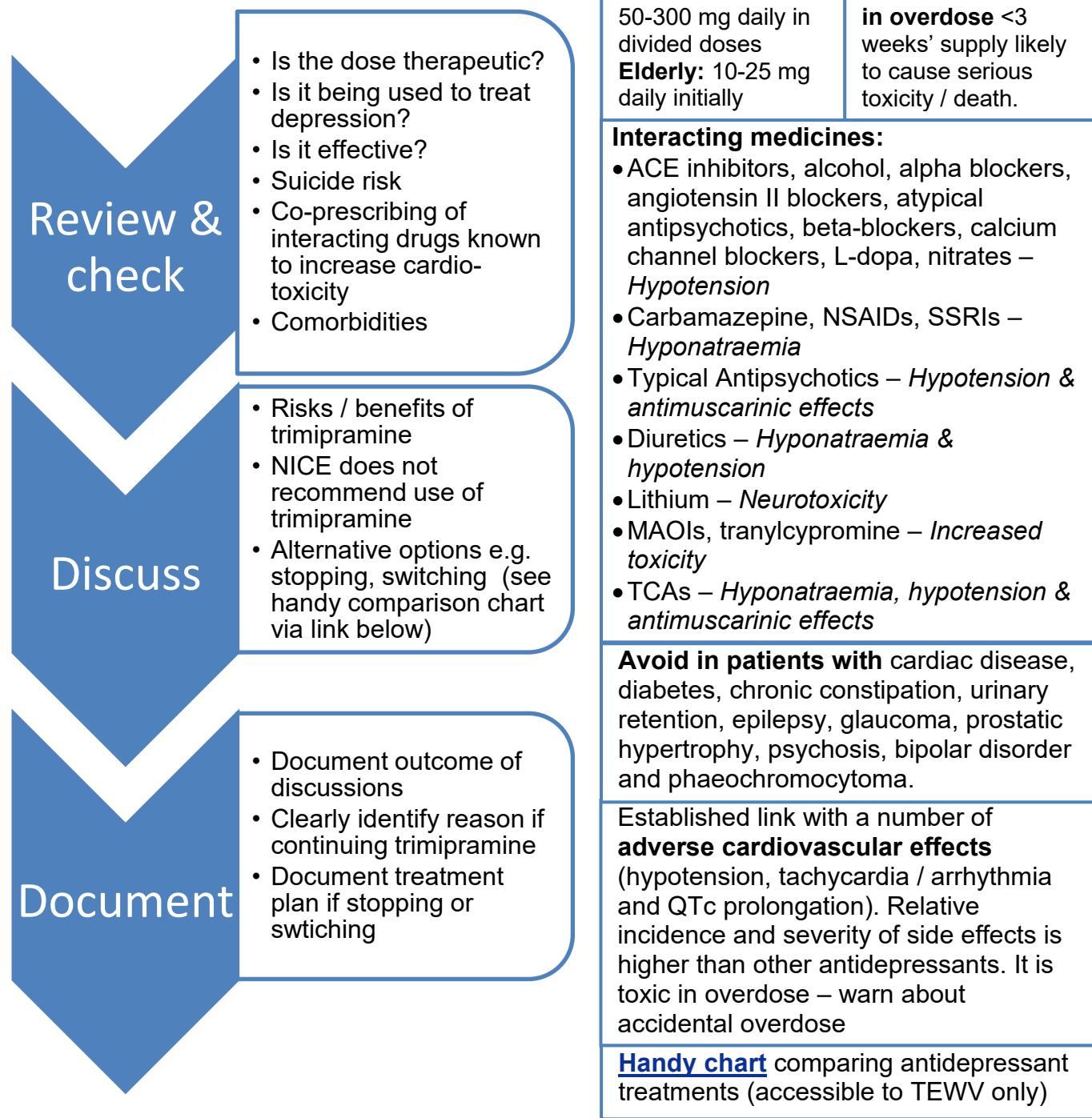


Deprescribing Guidance - TRIMIPRAMINE

Trimipramine, a tricyclic antidepressant (TCA), is licensed for the treatment of depression, particularly where sedation is required. Trimipramine is also used off-licence as a painkiller. It has a clinical efficacy and side-effect profile comparable to other TCA's^{1,2}; however the acquisition cost is significantly higher for trimipramine than other TCA's at approximately £400-£1200 for 28 days' supply. In light of this, NHS England highlighted trimipramine as a medicine which should not routinely be prescribed in primary care³. TEWV FT therefore recommends that it is **not** initiated in any new patients. Usage has significantly reduced, however, in 2024-25 £2.8 million was still spent on Trimipramine in the UK.^{3,5}

Reducing risks with trimipramine



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

Trimipramine 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 trimipramine 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 trimipramine 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 trimipramine before starting the new drug; however, cross-tapering is usually necessary to maintain symptom control. The dose of trimipramine should be at least halved before starting the new drug. Further reductions in trimipramine 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 is based on individual tolerability and response.⁶⁻⁸ Doses above 150mg should be reduced to 150mg daily before commencing cross-titration.

	Medication	Current dose	Week 1	Week 2	Week 3	Week 4	Comments
Switch from	Trimipramine	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 Trimipramine 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 Leaflet

Available online (for TEWV staff only) at:

<https://www.choiceandmedication.org/generate.php?sid=55&fname=pilltrimipramine.pdf>

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