



## Discontinuing Thioridazine Oct. 31, 2005

### Withdrawal:

Thioridazine has significant anticholinergic activity so a slow taper is recommended to reduce the risk of cholinergic rebound.<sup>1</sup> The patient should be involved in determining the rate of withdrawal.<sup>2</sup>

### Switching to another antipsychotic:

Most patients will also be started on another antipsychotic. No one strategy for switching antipsychotics has been proven to be superior.<sup>3,4</sup> Choice of strategy depends on patient-specific and drug-specific factors.<sup>1,4</sup>

- General options for switching antipsychotics.<sup>4,5</sup>

Method	Advantages	Disadvantages
Withdraw 1 <sup>st</sup> drug gradually, washout period, start 2 <sup>nd</sup> drug	Avoids risk of drug interaction	Not feasible if patient is symptomatic Higher risk of disease relapse
Cross-tapering over 2 - 4 weeks: gradually decrease 1 <sup>st</sup> drug, start 2 <sup>nd</sup> drug at a low dose & gradually increase	In general, the preferred method	Subtherapeutic dose possible if tapering too rapid
Overlap: Maintain 1 <sup>st</sup> drug at usual dose for 2-3 wks, initiate and uptitrate 2 <sup>nd</sup> drug to therapeutic dose, then gradually withdraw 1 <sup>st</sup> drug over 1-2 wks	Most effective in preventing relapse May be suitable when starting quetiapine, olanzepine	Increased risk of adverse effects due to DI
Stop 1 <sup>st</sup> drug, start new drug immediately at usual initial dose and gradually increase	Less likelihood of medication errors	Increased risk of disease flare-ups and withdrawal reactions.

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### Switching from thioridazine to another antipsychotic

- 1) To a conventional (first generation) antipsychotic  
Equipotent doses usually produce similar therapeutic effects.<sup>5</sup> (See therapeutic textbooks or Rxfiles Antipsychotic Comparison Chart, [www.rxfiles.ca](http://www.rxfiles.ca), for equivalent doses of antipsychotics.)
  - a) To **low potency** agent (e.g. chlorpromazine)<sup>5</sup>
    - Straight switch may be feasible in this situation if patient is on a low to moderate dose. Stop thioridazine, substitute equivalent dose of second antipsychotic.
  - b) To **high potency** agent (e.g. haloperidol)<sup>5</sup>
    - Cross-taper recommended in this situation.
    - Watch for rebound cholinergic and sedative effects.
- 2) To a **second generation** (atypical) antipsychotic
  - This switch may ultimately provide an enhanced therapeutic effect. However, some 2<sup>nd</sup> generation agents have a gradual onset of action. Patients and their family should be aware of this delay and that the patient may feel worse during the conversion process.
  - Cross-taper recommended<sup>5</sup> EXCEPT for clozapine. Thioridazine should be tapered and stopped before starting clozapine (increased risk of potentially life threatening neutropenia & agranulocytosis if taken concurrently).<sup>1</sup>
  - Caution with risperidone. There is an increased risk of severe hypotension and QTc prolongation while cross-tapering with thioridazine.<sup>1</sup>

### Factors to consider when switching:

- Rate of tapering and/or switching should be slow in the elderly and also in young patients.<sup>5</sup>
- Therapeutic doses of antipsychotics are generally lower in elderly patients.<sup>4</sup>
- Potential for drug interactions between thioridazine and the new antipsychotic (CYP2D6 inhibition, additive pharmacodynamic effects).<sup>1,4</sup>
- Potential for interaction between any concomitant drugs (anxiolytics, antidepressants, etc.) and new antipsychotic.<sup>1,4</sup>
- A minimum of 6 weeks is required to evaluate the effectiveness of the new antipsychotic.<sup>1,5</sup>
- It is important to monitor for (and differentiate between) re-emergence of psychotic symptoms, withdrawal symptoms, e.g., anticholinergic discontinuation reaction, rebound akathisia

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(restlessness), rebound parkinsonism, and adverse effects due to the new antipsychotic.<sup>1</sup>

Adjusting doses and / or the rate of tapering may help to control disease flare-ups.<sup>1</sup>

Short-term use of anticholinergics, beta-adrenergic blockers, and/or sedatives are options for treating withdrawal effects.<sup>1</sup>

If you have any questions or would like more information on this topic, please call the Saskatchewan Drug Information Service **1-800-667-3425 (Saskatchewan), 966-6340 (Saskatoon)** or submit request on-line at **[www.usask.ca/druginfo](http://www.usask.ca/druginfo)**

Prepared September 2005 by Karen Jensen, Drug Information Consultant

### References:

1. Burns T, Chabannes J, Demyttenaere. Switching antipsychotic medications: general recommendations and switching to amisulpride. *Curr Med Res Opin* 2002;18:201-8.
2. Masand P. A review of pharmacologic strategies for switching to atypical antipsychotics. *J Clin Psychiatry* 2005;7:121-129.
3. Kinon B, Basson B et al. Strategies for switching from conventional antipsychotic drugs or risperidone to olanzapine. *J Clin Psychiatry* 2000;61:833-840.
4. Ganguli R. Rationale and strategies for switching antipsychotics. *Am J Health-Syst Pharm* 2002;59 (Suppl 8):S22-526.
5. Bezchlibnyk-Butler K, Jeffries J, eds. *Clinical Handbook of Psychotropic Drugs*, 14<sup>th</sup> edition. Toronto, ON: Hogrefe & Huber Publishers; 2004.

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