Prescribing advice during shortages of sertraline

There are intermittent shortages of sertraline 50mg and 100mg with availability changing on a daily basis. Alternative SSRIs citalopram and fluoxetine and branded sertraline- Lustral® are currently available.

➢ Patients will be taking sertraline as their first anti-depressant or will have already tried at least one other antidepressant and must be individually reviewed.
➢ Consider whether continued treatment with an antidepressant is necessary. Abrupt discontinuation should be avoided. When stopping an antidepressant, gradually reduce the dose, normally over a 4-week period, although some people may require longer periods.
➢ Supplies of sertraline and Lustral® available locally should be reserved for patients who have previously tried at least one other antidepressant prior to becoming stabilised on sertraline. If generic sertraline is not available, prescribe by brand Lustral® as one off ‘acute’ script on a month by month basis, reverting to generic prescribing when available.
➢ If continued treatment necessary and sertraline prescribed as first line antidepressant consider switching to citalopram or fluoxetine. Tolerability and effectiveness should be equivalent for most patients.
➢ Care is required when switching between antidepressants and should take into consideration individual patient circumstances i.e. past treatments that have been tried and failed, co-morbidities and concomitant medications.
➢ Different indications have different recommended initial doses and dosing ranges. Please see BNF online for details.

Citalopram – licensed indications
- Citalopram tablets are indicated in adults for the treatment of depressive illness in the initial phase and as maintenance against potential relapse/recurrence.
- Citalopram tablets are also indicated in adults for the treatment of panic disorder with or without agoraphobia.

Fluoxetine – licensed indications
- Fluoxetine is licensed in adults for:
  - Major Depressive Episodes - with or without associated anxiety symptoms, especially where sedation is not required.
  - Obsessive-compulsive disorder.
  - Bulimia nervosa - as a complement of psychotherapy for the reduction of binge-eating and purging activity.

➢ For advice about how to switch patients from Sertraline to Citalopram or Fluoxetine-see next page.

Please note that caution is required when switching antidepressants.
Monitor the patient and discontinuation symptoms

- Additional monitoring to check for efficacy, tolerability, and for withdrawal/discontinuation symptoms due to any change in therapy will be needed.
- Discontinuation symptoms can occur with all classes of antidepressants and a direct switch may put the patient at risk of discontinuation symptoms.
- Discontinuation symptoms can last between 1 and 2 weeks and the following symptoms commonly occur after abrupt withdrawal or reduction of the dose of sertraline: flu-like symptoms, ‘shock-like’ sensations, dizziness exacerbated by movement, insomnia, excessive (vivid) dreaming, irritability, and crying spells.
- Serotonin syndrome can occur with a single serotonergic drug at a therapeutic dose or more frequently with a combination of serotonergic drugs. Caution is therefore advised when switching between antidepressants and patients should be very carefully monitored for the following symptoms of serotonin syndrome when their therapy is changed:
  - Mild – Insomnia, anxiety, nausea, diarrhoea, hypertension, tachycardia, hyper-reflexia.
  - Moderate – Agitation, myoclonus, tremor, mydriasis, flushing, diaphoresis, low fever (<38.5°C).
  - Severe – Severe hyperthermia, confusion, rigidity, respiratory failure, coma, and death.

Switching patients from Sertraline to Citalopram or Fluoxetine

Please note that caution is required when switching antidepressants.

- All antidepressants have the potential to cause withdrawal phenomena.
- All patients should be informed of the risk of discontinuation symptoms (discussed further below).
- There are three main ways of switching between SSRIs:
  1. Direct switch
  2. Cross titration
  3. Washout period
- The best for the patient will depend on a number of factors:
  - The urgency of the switch. i.e. have they got any supplies of sertraline left/available.
  - The patient’s physical condition. Caution is required in older patients and those with comorbidities.
  - The current dose of sertraline
  - The duration of antidepressant treatment. If this has been less than 6 weeks, then it may be possible to shorten the withdrawal period or stop the drug abruptly.
  - The pharmacodynamic and pharmacokinetic profiles of the antidepressants involved.
The risk of serotonin syndrome. Serotonin syndrome is more likely to occur if the patient is on other drug therapy with serotonergic activity, for example opioids, tramadol, selegiline, lithium, linezolid and dextromethorphan.

- Any history of discontinuation reactions.
- The risk that the switching regimen will confuse the patient and result in medication error.

1. **Direct switching of patients**
   - This may be the most appropriate switch for patients without comorbidities and without a high risk of relapse or history of severe depression.
   - This option may be suitable for patients taking sertraline as a first line antidepressant at the dose of 50mg daily.
   - Switch to alternative SSRI (citalopram or fluoxetine) at the usual starting dose for the indication - the switch should usually occur, the day after immediately stopping the first anti-depressant.
   - Consideration should be given to increasing the dose further after (usually after another week) if there is a high risk of relapse or a history of severe depression.

2. **Cross-tapering**
   - Ideally reduce the sertraline dose by 50mg/day at weekly intervals until 50mg dose is reached. *However, this may not be possible if shortage of sertraline available locally.*
   - This may be more appropriate when switching from sertraline to fluoxetine and/or for patients on high doses of sertraline with a history of withdrawal symptoms, patients with a high risk of relapse or patients with a history of severe depression.
   - The principle is to overlap the prescribing of antidepressants and the doses used will depend on age. For examples of cross taper regimes see Appendix.

3. **Washout period**
   - This involves gradually withdrawing the first antidepressant over several weeks and starting the second anti-depressant after a time (washout period).
   - When using this method of switching from sertraline, the washout period should be at least 5 days.
   - This may be the most appropriate switch process for patients with a history of serotonin syndrome or who are prescribed other medication which may cause serotonin syndrome e.g. opioids, tramadol, selegiline, lithium, linezolid and dextromethorphan. It may be less suitable for patients with a high risk of relapse or patients with a history of severe depression.
   - *It is important to involve any patients (and their carers as appropriate) in the discussion regarding any planned change to their medication BEFORE making the change. Extra patient counselling will be required to support. If the above recommendations are not clinically acceptable or there is any uncertainty about what to do or how to do it then management options should be discussed with the responsible consultant specialist depending on indication.*
Appendix-Examples cross tapers:

For an adult patient (under 65 years of age) with depression and prescribed sertraline and switching to citalopram.

<table>
<thead>
<tr>
<th>Initial sertraline dose</th>
<th>Antidepressant dose</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
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<tbody>
<tr>
<td>200mg</td>
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<td>100mg</td>
<td>50mg</td>
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<tr>
<td></td>
<td>Citalopram dose</td>
<td>10mg</td>
<td>20mg</td>
<td>30mg</td>
<td>40mg &amp; review in 2 weeks’ time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>150mg</td>
<td>Sertraline dose</td>
<td>100mg</td>
<td>50mg</td>
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For an adult patient with depression and prescribed sertraline and switching to fluoxetine.

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<td>100mg</td>
<td>50mg</td>
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<tr>
<td></td>
<td>Fluoxetine dose</td>
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<td>40mg</td>
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<td>50mg</td>
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<td>Fluoxetine dose</td>
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<td>40mg</td>
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References:

Refer to the Specialist Pharmacy Service, UKMI Q&A [How do you switch between tricyclic, SSRI and related antidepressants?](October 2019)

Adapted with permission from Cambridgeshire and Peterborough Clinical Commissioning Group – [Shortage of sertraline 50mg and 100mg tablets](10th April 2020)