



Discontinuing Thioridazine Oct. 31, 2005

Withdrawal:

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

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.^{3,4} Choice of strategy depends on patient-specific and drug-specific factors.^{1,4}

- General options for switching antipsychotics.^{4,5}

Method	Advantages	Disadvantages
Withdraw 1 st drug gradually, washout period, start 2 nd 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 st drug, start 2 nd drug at a low dose & gradually increase	In general, the preferred method	Subtherapeutic dose possible if tapering too rapid
Overlap: Maintain 1 st drug at usual dose for 2-3 wks, initiate and uptitrate 2 nd drug to therapeutic dose, then gradually withdraw 1 st 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 st 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.

Telephone: Professionals 1-800-667-3425 Saskatoon 966-6340

Consumers 1-800-665-3784 Saskatoon 966-6378

Fax: (306) 966-2286



Switching from thioridazine to another antipsychotic

- 1) To a conventional (first generation) antipsychotic
Equipotent doses usually produce similar therapeutic effects.⁵ (See therapeutic textbooks or Rxfiles Antipsychotic Comparison Chart, www.rxfiles.ca, for equivalent doses of antipsychotics.)
 - a) To **low potency** agent (e.g. chlorpromazine)⁵
 - 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)⁵
 - 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 2nd 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 recommended⁵ EXCEPT for clozapine. Thioridazine should be tapered and stopped before starting clozapine (increased risk of potentially life threatening neutropenia & agranulocytosis if taken concurrently).¹
 - Caution with risperidone. There is an increased risk of severe hypotension and QTc prolongation while cross-tapering with thioridazine.¹

Factors to consider when switching:

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

Telephone: Professionals 1-800-667-3425 Saskatoon 966-6340

Consumers 1-800-665-3784 Saskatoon 966-6378

Fax: (306) 966-2286



ASKATCHEWAN DRUG INFORMATION SERVICE

College of Pharmacy and Nutrition • University of Saskatchewan
110 Science Place • Saskatoon SK • S7N 5C9 • www.usask.ca/druginfo

- (restlessness), rebound parkinsonism, and adverse effects due to the new antipsychotic.¹
- Adjusting doses and / or the rate of tapering may help to control disease flare-ups.¹
- Short-term use of anticholinergics, beta-adrenergic blockers, and/or sedatives are options for treating withdrawal effects.¹

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**

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*, 14th edition. Toronto, ON: Hogrefe & Huber Publishers; 2004.

Contact Pharmacy-Nutrition@usask.ca
© 2007 University of Saskatchewan - [Disclaimer](#)

Telephone: Professionals 1-800-667-3425 Saskatoon 966-6340
Consumers 1-800-665-3784 Saskatoon 966-6378
Fax: (306) 966-2286

