

**Table 1: Switching antidepressants: Use this table in conjunction with the previous notes**

1st agent ▼	Citalopram, escitalopram, paroxetine, or sertraline	Fluvoxamine	Fluoxetine	TCA (except clomipramine)	Clomipramine*	Venlafaxine	Duloxetine	Mirtazapine	Reboxetine**	Agomelatine	Vortioxetine <sup>#</sup>
2nd agent ▶											
<b>Citalopram, escitalopram, paroxetine or sertraline</b>	Discontinue first SSRI gradually and stop - start second SSRI at low dose the following day [2]  <b>or</b> Immediate switch [8,9,15]	Discontinue SSRI gradually and stop - start fluvoxamine at low dose the following day [2]	Discontinue SSRI gradually and stop - start fluoxetine 10mg the following day [2]	Cross-taper cautiously with low dose of TCA [2]	Discontinue SSRI gradually and stop - start clomipramine at low dose the following day [2]	Cross-taper cautiously, starting with low dose venlafaxine e.g. 37.5mg daily and increase very slowly [2]  <b>or</b> Immediate switch (caution if fluoxetine or paroxetine used) [8,9]	Immediate switch starting with duloxetine 60mg daily has been well tolerated [2,3,10]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously starting with low-dose vortioxetine [2]
<b>Fluvoxamine</b>	Discontinue fluvoxamine gradually and stop - start SSRI at low dose the following day [2]		Discontinue fluvoxamine gradually and stop - start fluoxetine 10mg the following day [2]	Cross-taper cautiously with low dose of TCA [2]	Discontinue fluvoxamine gradually and stop - start clomipramine at low dose the following day [2]	Discontinue fluvoxamine gradually and stop - start venlafaxine at low dose the following day [2]	Discontinue fluvoxamine gradually and stop - start duloxetine at low dose the following day [2]  <b>or</b> Immediate switch starting with duloxetine 60mg daily has been well tolerated [2]	Cross-taper cautiously. Start mirtazapine at 15mg daily [2]	Cross-taper cautiously [2]	Discontinue fluvoxamine gradually and stop – start agomelatine 7 days later [2]	Discontinue fluvoxamine gradually and stop. Start vortioxetine at low dose the following day [2]

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<b>Fluoxetine 20mg daily §</b>	Stop fluoxetine <sup>§</sup> abruptly – start second SSRI at half the normal starting dose 4 to 7 days later [2]	Stop fluoxetine <sup>§</sup> abruptly – start low dose fluvoxamine 2 weeks later [2]		Stop fluoxetine <sup>§</sup> abruptly – start TCA at low dose 4 to 7 days later and increase dose very slowly [2,3,9]	Stop fluoxetine <sup>§</sup> abruptly – start low dose clomipramine 2 weeks later [2]	Stop fluoxetine <sup>§</sup> abruptly – start venlafaxine at low dose e.g. 37.5mg daily and increase dose very slowly [2]	Immediate switch starting with duloxetine 60mg daily has been well tolerated [2,3]	Cross-taper cautiously starting with mirtazapine 15mg daily [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Stop fluoxetine <sup>§</sup> abruptly – start vortioxetine at low dose 4 to 7 days later [2]
<b>TCA (except clomipramine)</b>	Gradually reduce the dose of TCA to 25-50mg daily - start SSRI then slowly withdraw TCA* over next 5 to 7 days [3]	Cross-taper cautiously [2]	Halve dose of TCA, add fluoxetine and then slowly withdraw TCA [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously, starting with venlafaxine 37.5mg daily [2]	Cross-taper cautiously starting with duloxetine* 30mg daily and increase dose very slowly [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Reduce the dose of TCA to half, start vortioxetine, then slowly withdraw TCA [2]
<b>Clomipramine*</b>	Discontinue clomipramine gradually then stop – start SSRI at low dose the following day [2]	Discontinue clomipramine gradually then stop – start fluvoxamine at low dose the following day [2]	Discontinue clomipramine gradually then stop – start fluoxetine 10mg daily the following day [2]	Cross-taper cautiously [2]		Discontinue clomipramine gradually and stop - start venlafaxine at low dose the following day [2]	Discontinue clomipramine gradually and stop - start duloxetine at low dose the following day [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Discontinue clomipramine gradually and stop – start vortioxetine at low dose the following day [2]
<b>Venlafaxine</b>	Cross-taper cautiously with low dose SSRI [2] <b>or</b> Immediate switch (caution if fluoxetine or paroxetine used) [8]	Discontinue gradually then stop – start fluvoxamine at low dose [2]	Discontinue gradually then stop – start fluoxetine 10mg daily the following day [2]	Cross-taper* using a very low starting dose of TCA e.g. amitriptyline 25mg daily [2]	Discontinue gradually then stop – start clomipramine at low dose the following day [2]		Cross-taper cautiously with low dose duloxetine e.g. 30mg daily <b>or</b> immediate switch starting with duloxetine 60mg daily has been well tolerated [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously starting with low-dose vortioxetine [2]

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<b>Duloxetine</b>	Cross-taper cautiously with low dose SSRI [2]	Discontinue gradually then stop – start fluvoxamine at low dose the following day [2]	Discontinue gradually then stop – start fluoxetine 10mg daily the following day [2]	Cross-taper cautiously using a very low starting dose of TCA e.g. amitriptyline 25mg daily [2]	Discontinue gradually then stop – start clomipramine at low dose the following day [2]	Cross-taper cautiously with low dose venlafaxine e.g. 37.5mg [2]		Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper starting with low-dose vortioxetine [2]
<b>Mirtazapine</b>	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]		Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]
<b>Reboxetine</b>	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]		Cross-taper cautiously [2]	Cross-taper cautiously [2]
<b>Agomelatine</b>	Stop agomelatine abruptly – start SSRI the following day [2,14,15]	Stop agomelatine abruptly – start fluvoxamine the following day [2]	Stop agomelatine abruptly – start fluoxetine the following day [2]	Stop agomelatine abruptly – start TCA the following day [2]	Stop agomelatine abruptly – start clomipramine the following day [2]	Stop agomelatine abruptly – start venlafaxine the following day [2]	Stop agomelatine abruptly – start duloxetine the following day [2]	Stop agomelatine abruptly – start mirtazapine the following day [2]	Stop agomelatine abruptly – start reboxetine the following day [2]		Stop agomelatine abruptly – start vortioxetine the following day [2]
<b>Vortioxetine<sup>#</sup></b>	Cross-taper cautiously starting with low-dose SSRI [2]	Stop vortioxetine <sup>#</sup> abruptly – start fluvoxamine at low dose the following day [2]	Stop vortioxetine <sup>#</sup> abruptly – start fluoxetine 10mg the following day [2]	Cross-taper cautiously with low-dose TCA [2]	Stop vortioxetine <sup>#</sup> abruptly – start clomipramine at low dose the following day [2]	Cross-taper cautiously with low-dose venlafaxine e.g. 37.5mg [2]	Cross-taper cautiously with low-dose duloxetine [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	Cross-taper cautiously [2]	

\* See notes regarding cross-tapering. Cross-tapering clomipramine with venlafaxine, duloxetine or a SSRI is not recommended.

\*\* Switching to reboxetine as antidepressant monotherapy is no longer recommended [2].

§ Fluoxetine at doses greater than 20mg may need to be withdrawn gradually, over 2 weeks, rather than stopping abruptly [2].

# See notes on vortioxetine. Vortioxetine at doses greater than 10mg should be reduced to 10mg over 1 week before stopping [2].