



Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Dosulepin
Indication under review	Depression, anxiety, insomnia and neuropathic pain
Policy No:	APC 140
Date of Issue:	May 2017
Review Date:	May 2020
Policy Statement: Opicapone should be used only as a second line treatment for patients unable to take entacapone due to side-effects under the directions of a neurologist.	
Traffic Light Status	Brown
Key Points considered: <ul style="list-style-type: none"> • Dosulepin should not be switched to or started because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose. • Dosulepin should not be used as an anxiolytic, for neuropathic pain or for its sedative effects as an aid to sleep. • Ensure that prescribing of antidepressants is in line with the relevant NICE clinical guideline.^{2,3} Commence new patients on first line SSRIs (generic citalopram or sertraline), where possible.² • Review all patients prescribed dosulepin for suitability for switching to a safer antidepressant or suitable agent. For patients under the care of a relevant specialist, involve them in the decision to discontinue or switch treatment. • Dosulepin should not be stopped abruptly unless serious side effects have occurred. Slowly tapering the dose over three to four weeks can help prevent discontinuation symptoms.⁴⁻⁶ • As with all switches, these should be tailored to the individual patient. 	
References <ol style="list-style-type: none"> 1. PrescQIPP DROP-List. Bulletin available at www.prescqip.info 2. National Institute for Health and Care Excellence (NICE). Clinical Guideline 90. October 2009. Depression in adults. Accessed 20/06/15 via https://www.nice.org.uk/guidance/cg90 3. National Institute for Health and Care Excellence (NICE). Clinical Guideline 28. March 2015. Depression in children and young people. Accessed 20/06/15 via http://www.nice.org.uk/guidance/cg28 4. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press; December 2015. Accessed 06/01/16 via https://www.evidence.nhs.uk/formulary/bnf/current 5. WeMeReC. Stopping Medicines-Antidepressants. Online content. November 2009. Available at http://www.wemerec.org/Documents/enotes/Stoppingantidepressantse-notes.pdf 6. Taylor D, Paton C, Kapur S. The Maudsley Prescribing Guidelines in Psychiatry. 12th edition. Informa Healthcare, London 2015 	
Date taken to APC:	3 rd May 2017
Date Ratified by GPMOC on Behalf of the Board:	21 st June 2017

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

Brown	Green	Amber	Red
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only