

Medicines Optimisation intervention brief

Medicines Optimisation Incentive Scheme 18/19 – NHSE (Items which should Not be routinely Prescribed in primary care) Interventions - trimipramine

TITLE?
INP1.18 Deprescribe trimipramine.
WHAT?
<ul style="list-style-type: none"> In December 2017 NHS England¹ made the following recommendations regarding trimipramine: <ul style="list-style-type: none"> Prescribers in primary care should not initiate trimipramine for any new patient All existing patients should have their trimipramine stopped as part of a review of their ongoing treatment
WHY?
<ul style="list-style-type: none"> Trimipramine is a tricyclic antidepressant (TCA) indicated for the treatment of depressive illness, particularly where sedation is required. However, TCAs are not recommended as a first line treatment option in adults with depression by NICE and they are not recommended at all for children and adolescents under 18 years of age.² Where a TCA is indicated, trimipramine does not represent a cost-effective choice as it has been subjected to excessive price inflation. More cost effective products are available.
WHO?
<ul style="list-style-type: none"> All patients prescribed trimipramine.
TIPS?
<ul style="list-style-type: none"> Ongoing prescribing of antidepressants should be reviewed after six months or two years depending on the person's risk of relapse.⁶
HOW?
<ul style="list-style-type: none"> Search for all patients prescribed trimipramine. Patients should be individually reviewed. Non-antidepressant options may be appropriate for some patients, especially those taking it for indications other than depression. Trimipramine should not be stopped abruptly unless serious side effects have occurred. Slowly tapering the dose over 3 to 4 weeks can help prevent discontinuation symptoms. These symptoms may include anxiety, flu-like symptoms and insomnia. Some people may require a more gradual tapering of the dose if withdrawal symptoms occur. The doses selected and the speed at which they are reduced will need to be individualised for each patient. The choice of alternative antidepressant should be discussed with the patient taking into account factors such as depressive symptoms, relative side-effects, physical illness and interactions with other medication. Follow NICE and Southern Health Depression Guidelines for advice on choice of alternative antidepressants according to the patient's symptoms and co-morbidities^{2,3} UKMi and PrescQIPP have produced guidance on switching between antidepressants.^{4,6}



- Do not initiate trimipramine in new patients with depression but follow the Southern Health Depression Guidelines on choice of antidepressant.³

SO WHAT?

- NHS England guidance implemented.

FURTHER INFORMATION

1. Items which should not routinely be prescribed in primary care: Guidance for CCGs. NHS England December 2017 <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>
2. NICE CG90: Depression in Adults. Updated April 2018 <https://www.nice.org.uk/guidance/cg90>
3. Southern Health Depression Guidelines <http://www.southernhealth.nhs.uk/resources/assets/inline/full/0/43735.pdf>
4. How do you switch between tricyclic, SSRI and related antidepressants? UKMi November 2015 <https://www.sps.nhs.uk/wp-content/uploads/2015/12/NW-QA150.5-How-do-you-switch-between-TCA-SSRI-and-related-antidepressants-.pdf>
5. NICE Clinical Knowledge Summaries – Depression <https://cks.nice.org.uk/depression#!management>
6. PrescQIPP Bulletin B204i for trimipramine
7. WHCCG Policy Statement reference no. [PS017](#)

