

UpToDate RX Transition Mental Health

UpToDate Enterprise Edition

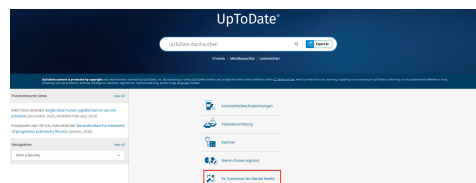


Wofür ist das Tool?

- Das Tool unterstützt Kliniker:innen beim sicheren Wechsel zwischen Antidepressiva – inkl. Tapering, Titration und zeitlichem Übergangsplan. Pläne können gedruckt oder in die Dokumentation kopiert werden.

So finden Sie das Tool

- UpToDate öffnen → Startseite → „Rx Transitions for Mental Health“ (Kachel/Link).
- Hinweis zur Lizenz: Das Tool ist lizenzabhängig und wird in Institutionen mit Enterprise-Freischaltung sichtbar.



So nutzen Sie das Tool (Schritt für Schritt)

1. Absetz-Medikament auswählen (z.B. SSRI/SNRI/DNRI) und aktuelle Dosis angeben.
2. Zielmedikament bestimmen.
3. Wechselart wählen: Direkter Wechsel (sofort), Schneller Cross-Taper (verkürzte Intervalle) oder Typischer Cross-Taper (wochenweise Anpassungen).
4. Plan exportieren/ausdrucken und in die Klinikdokumentation übernehmen bzw. mit Patient:innen besprechen.

Step 1: Select the medication being stopped

Selective serotonin reuptake inhibitors (SSRIs)

- ☐ Citalopram
- ☐ Escitalopram
- ☐ Fluoxetine
- ☐ Sertraline

Serotonin-norepinephrine reuptake inhibitors (SNRIs)

- ☐ Duloxetine
- ☐ Venlafaxine ER

Dopamine-norepinephrine reuptake inhibitors (DNRIs)

- ☐ Bupropion ER (24 hour)

Current dose *

Please choose...

Step 2: Select the medication to be started

Atypical antidepressants

- ☐ Bupropion ER (24 hour)
- ☐ Mirtazapine

Serotonin modulators

- ☐ Vilazodone
- ☐ Vortioxetine

Create switching schedules

Create schedules

Step 3: Select type of switch

Immediate switch

Schedule	Citalopram	Mirtazapine
Current dose	40 mg orally once daily	None
Day 1	Stop	30-45 mg orally once daily (Additional changes may be needed)

Rapid switch

Schedule	Citalopram	Mirtazapine
Current dose	40 mg orally once daily	None

Step 4: Additional information and options

Note about cross-tapering:

- When switching from 20 mg of citalopram to mirtazapine, a cross-taper is not necessary. Rather, the citalopram can be stopped, and mirtazapine can be started the next day at 15 mg once daily.
- However, if there is a concern that the patient will develop discontinuation (withdrawal) symptoms, for example in patients with a prior history of discontinuation symptoms, then the citalopram can be tapered to 10 mg once daily when mirtazapine is initiated and then discontinued after several days to a week.

Additional information:

- Mirtazapine is preferably administered at night, prior to sleep; sedation can be more pronounced at a 15 mg daily dose than a 30 or 45 mg dose.
- Once the switch to mirtazapine is complete, the dose may be increased in 15 mg increments, as needed, every 1 or more weeks.
- The typical antidepressant dose ranges from 15 to 45 mg once daily. Some patients may require 60 mg once daily.

In patients with creatinine clearance <30 mL/min, the initial dose of mirtazapine is 7.5 or 15 mg once daily. In patients with liver impairment (Child-Pugh class A through C), the initial dose is 7.5 mg once daily and may be titrated to a maximum of 30 mg daily if needed. The dose of mirtazapine may need adjustment in patients prescribed a strong CYP3A4 inhibitor or inducer.

Print Sched... Copy to Clip...

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