Trimipramine

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 (aged under 18 years).[1,2]

Recommendations

- Tricyclic antidepressants (TCAs) should not be used first line for the treatment of depression. Selective serotonin reuptake inhibitors (SSRIs) are recommended by NICE as they are equally effective and have a more favourable risk-benefit ratio.
- Where a TCA is indicated in accordance with NICE, trimipramine should not be prescribed as it is not considered to be cost effective for prescribing on the NHS.
- Patients already being prescribed trimipramine should be reviewed in line with the current NICE clinical guidance and supporting resources accompanying this bulletin.
- After remission of an eposode of depression, ongoing prescribing of antidepressants should be reviewed after six months or two years depending on the person's risk of relapse.
- If trimipramine is being prescribed for an unlicenced indication (e.g. anxiety, neuropathic pain, fibromyalgia or insomnia) consider discontinuation or switching treatment to a more appropriate alternative in collaboration with an appropriate specialist.

Costs and savings

Where a TCA is indicated, trimipramine does not represent a cost effective choice of TCA as it has been subjected to excessive price inflation. More cost effective products are available.

The cost per 28 days for trimipramine is currently £380 (based on a maintenance dose of 100mg daily).[4] The comparative cost of an alternative TCA imipramine is £2.91 (based on a maintenance dose of 75mg daily).[5] Where an SSRI would be more appropriate, sertraline costs is £1.21 for a 28 day supply (based on a maintenance dose of 100mg daily).[5]

In England and Wales, over £17.9 million is currently being spent on trimipramine preparations in the course of a year (ePACT July 2017 to September 2017).

Reducing the use of trimipramine in favour of a more cost-effective alternative, has the potential to release savings of £17.9 million which equates to £30,711 per 100,000 patients.

Stopping or switching trimipramine

If an SSRI represents a clinically appropriate alternative for the individual patient, then a managed switch from trimipramine to sertraline should be tried.

SSRIs are associated with an increased risk of bleeding, especially in older people or in people taking other drugs that have the potential to damage the gastrointestinal mucosa or interfere with clotting.[1] In particular, consider prescribing a gastroprotective drug in older people who are also taking non-steroidal anti-inflammatory drugs (NSAIDs) or aspirin.[1]

If an SSRI isn't appropriate and an alternative TCA would be a more suitable alternative, a managed switch to imipramine is recommended as it is less sedative, cost effective and less cardiotoxic in overdose. Bear in mind that TCAs are associated with the greatest risk in overdose of all antidepressant classes and an increased likelihood of the person stopping treatment because of side effects.[1]

Due to the risk of discontinuation syndrome with sudden cessation of therapy with antidepressants, discontinuation and switching must be managed carefully. Dosage adjustments should be made carefully on an individual patient basis, to maintain the patient at the lowest effective dose. Dosage during long term therapy should be kept at the lowest effective level, with subsequent adjustment depending on therapeutic response.[3,4]

Any discontinuation of therapy should be done slowly, with gradual dose reductions, for patients who have been taking an antidepressant regularly for eight weeks or more.[4] When changing from one antidepressant to another, abrupt withdrawal should usually be avoided. Any switching should be carried out with the appropriate cross tapering regimen.[4] The speed of cross-tapering is best judged by individual patient tolerability. If patients are not tolerating the change, cross-taper more slowly.

The trimipramine bulletin provides additional guidance on how to manage gradual discontinuation of trimipramine and how to slowly cross-taper when switching to an alternative antidepressant – SSRI or TCA.

References

1. National Institute for Health and Care Excellence (NICE). Clinical Guideline 90. Depression in adults: recognition and management. October 2009, updated April 2016. Available via https://www.nice.org.uk/guidance/cg90 Last accessed 24/07/17.
2. National Institute for Health and Care Excellence (NICE). Clinical Guideline 28. Depression in children and young people: identification and management. September 2005, updated March 2015. Available via https://www.nice.org.uk/guidance/cg28 Last accessed 24/07/17.
3. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press; September 2017. Available at https://www.medicinescomplete.com/ Last accessed 22/09/2017.
4. Taylor D, Paton, C, Kapur Shitij, The South London and Maudsley NHS Foundation Trust. Oxleas NHS Foundation Trust. The Maudsley Prescribing Guidelines. 12th Edition. June 2015.
5. Department of Health. Drug Tariff. September 2017. Available via www.nhsbsa.nhs.uk Last accessed 22/09/2017.

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Additional resources available: https://www.prescqipp.info/b204-trimipramine/category/416-trimipramine


Bulletin


Audit, patient letter

Data pack available here: https://pdata.uk/views/B204_Trimipramine/Bulletindata?%3Aiid=2&%3AisGuestRedirectFromVizportal=y&%3Aembed=y


Data pack

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