**This document is for you to adapt for your patient(s). Please ensure that you customise the information so that it is appropriate. Once you have made your amendments check that important information isn’t split across two pages. This section should be deleted prior to giving to the patient.**

**Information about stopping your trimipramine treatment**

Your trimipramine dose will be reduced dose gradually over [X] weeks. The plan to reduce your dose is shown on the table below. If you experience any problems or side effects during this reducing treatment, please call your GP/nurse/pharmacist on [insert telephone number].

|  |  |
| --- | --- |
| **Your name** |  |
| **Your GPs name** |  |
| **The change being made to your treatment** | Gradually stopping your trimipramine treatment |
| **How long will this change take?** |  |
| **When do I need to come in for a review?** | Example **-** you will need to come in every two weeks to be reviewed and issued a new prescription. |

**How your dose of trimipramine will be reduced over [x] weeks**

|  | **Your weekly prescription** | **Daily dose** | **How to take your medication** |
| --- | --- | --- | --- |
| **Your current dose** | 21 x 50mg capsules | 150mg trimipramine | You currently take one 50mg capsule three times a day **OR** you take three capsules at night [delete as necessary] |
| **Week 1** | 14 x 50mg capsules | 100mg trimipramine | Take one x 50mg capsule twice a day **OR** take two x 50mg capsules at night [delete as necessary] |
| **Week 2** | 7 x 50mg capsules | 50mg trimipramine | Take one 50mg capsule at night |
| **Week 3** | 7 x 25mg capsules | 25mg trimipramine | Take one 25mg capsule at night |
| **Week 4** | **STOP** – You will stop taking trimipramine from the beginning of week 4 | | |