3-94 Switching Antipsychotics

TIPS Question:

What do you watch for when switching from one antipsychotic to another when weaning?

Response:

There was more “cholinergic” rebound with the older antipsychotics such as Chlorpromazine and Mellaril which presented as flu-like type illnesses and sometimes perceptual disturbance. The newer antipsychotics, when they are withdrawn, appear to have less of these problems as they have less anticholinergic properties.

Switching can be from a traditional to a newer atypical or from one atypical to another.

I prefer, in most cases, to look at a crossover, i.e., adding the new one while slowly withdrawing the old one. There are a number of factors that may help guide your choice on how to do this and therefore, addition of a new antipsychotic and discontinuation of the other should be individualized, i.e.

(1) If the person is very psychotic and vulnerable to decompensation, I would add one to therapeutic dose and then titrate the other slowly.

(2) Side effects are a major challenge and the addition of two meds would make things worse, i.e., increase the side effects such as hypotension, I would look at titrating down the first, then adding the second.

(3) If both are issues, i.e., both side effects and a vulnerability to decompensation, then a careful crossover is probably your best approach.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*