

Position statement on the prescribing of trimipramine for all indications

SW London CCGs* do not support the prescribing of trimipramine for any indication in line with NHS England's national guidance on medicines which should no longer be routinely prescribed

Trimipramine should not be prescribed for any indication. Patients currently prescribed trimipramine should be identified and have their treatment history reviewed by their GP or Primary Care Liaison service, as appropriate. Where possible trimipramine should be gradually withdrawn.

Rationale

- Trimipramine is a tricyclic antidepressant (TCA) indicated for depressive illness, particularly where sedation is required.¹
- TCAs are no longer considered first-line treatment for depression due to their side effect profile.²
- Trimipramine should not be used as an anxiolytic, for neuropathic pain or for its sedative effects as an aid to sleep.¹

References

1. Trimipramine 10mg tablets. Concordia International - formerly Focus Pharmaceuticals. www.medicines.org.uk. Last updated: 11-May-2016.
2. South West London and St Georges Mental Health NHS Trust formulary. <http://www.swlstg-tr.nhs.uk/documents/related-documents/health-professionals/437-formulary/file>
3. BNF online https://www.medicinescomplete.com/mc/bnf/current/PHP2386-trimipramine.htm?q=trimipramine&t=search&ss=text&tot=23&p=1#_hit, accessed 28-Mar-2018
4. Imipramine tablets 10mg (Posology and method of administration). Actavis UK Ltd. www.medicines.org.uk. Last updated: 29-Apr-2015
5. PrescQIPP patient information leaflet: <https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets> accessed 31st Jan 2018

Further information available from:

- NHS England. Items which should not routinely be prescribed in primary care: Guidance for CCGs. <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>. Updated November 2017.

Guidance and recommendations for clinicians

- No new patients should be prescribed trimipramine.
- Patients currently prescribed trimipramine should have their treatment history reviewed. Where possible, trimipramine should be gradually withdrawn by the GP or Primary Care Liaison service, as appropriate.
- Suitable alternatives may include an SSRI such as sertraline or fluoxetine, mirtazapine if a sedative antidepressant is required, or imipramine or lofepramine if an alternative TCA is required. Individual product literature for each of these medicines is available from www.medicines.org.uk
- TCAs should not be terminated abruptly. Instead gradually taper down the daily dose in weekly/two weekly decrements over **at least** 4 to 8 weeks to avoid discontinuation effects (e.g. insomnia, nausea and flu-like symptoms).
- For patients who have been taking trimipramine for a long duration (>1 year), more gradual tapering may be appropriate, in the region of at least 6 months.³ For patient specific guidance, GPs should contact their local specialist mental health medicines information department.
- Even with a gradual dose reduction some discontinuation symptoms may normally appear within the first 2 weeks. As with all swaps in medication, tailor the withdrawal process to the individual patient.
- For patients taking a split daily dose, the morning dose should ideally be completely reduced first before withdrawing the night-time dose, to minimise the change in effects on night-time sedation.
- For further information and advice please see the SWL [trimipramine withdrawal guidance](#), contact your practice pharmacist, or medicines information at Springfield University Hospital on 020 3513 6829 or medinfo@swlstg-tr.nhs.uk. Clinicians in Croydon should contact South London and Maudsley's medicines information on 020 3228 2317.
- Practice pharmacists can refer to the interface pharmacist for patient-specific advice.

Guidance for patients currently taking trimipramine, carers and guardians^{4,5}

- Trimipramine belongs to a group of medicines used to treat depression called 'tricyclics'.
- It is also used as a painkiller for a very small number of patients. However, it is not licensed for this use and there are other alternative, licensed painkillers available.
- The price of trimipramine has increased a lot so it is not good value for money for the NHS.
- There are now many alternative antidepressants to trimipramine. It is also possible that you will no longer need to take an antidepressant at all. If you are taking trimipramine for pain relief, there are also several alternatives available.
- You may suffer side effects if you stop taking trimipramine suddenly. Your doctor will support you to gradually reduce your dose of trimipramine before you stop and slowly introduce a new medicine (if you are to be prescribed one).
- **If being used as an antidepressant:** your doctor will discuss with you a slow reduction of the dose, taking between 1 and 3 months.
- **If being used to help sleep:** sleep hygiene aims to make you more aware of the different factors that may affect sleep. Your GP may advise you to:
 - Establish fixed times for going to bed and waking up.
 - Maintain a comfortable sleeping environment (not too hot, cold, noisy or bright).
 - Avoid napping during the day, caffeine, nicotine and alcohol within 6 hours of going to bed.
 - Avoid exercise within 4 hours of bedtime (exercise earlier in the day is beneficial).
 - Avoid eating a heavy meal late at night and watching or checking the clock throughout the night.
 - Keep a sleep diary to monitor the progress of treatment, noting duration of sleep, diet and exercise.

Further information on good sleep hygiene and non-pharmacological techniques may be found at: <http://www.nhs.uk/Livewell/insomnia/Pages/bedtimeritual.aspx>

A patient information leaflet is also available: <https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets>