### Guidelines for switching between specific antidepressants

| TO → | citalopram | escitalopram | paroxetine | fluoxetine | sertraline | fluvoxamine | mirtazapine | venlafaxine | vortioxetine | duloxetine | reboxetine | mianserin | moclobemide | fluvoxamine, start above low dose
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<td>taper drug, start low dose§</td>
<td>taper and stop drug, start fluvoxamine at 50 mg*</td>
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**Notes:**
- All switches from one antidepressant to another may result in serious complications. Switching should be undertaken cautiously and under close observation.
- The recommendations in this table are based on clinical experience, product information, empirical evidence and recommendations from other guidelines. It is necessary to modify the switching process depending on patient, illness and other factors.
- Taper means gradual dose reduction, with lowering by increments every few days, usually over a period of 4 weeks, modified by clinical need. (See Table 1 of original article for drug half-lives.)
- If dose >40 mg/day, wait 14 days for washout, then start clomipramine at 25 mg and continue dose for further 3 weeks.

**Additional Notes:**
- **Co‑prescription of the two antidepressants in this instance is not recommended.**
- Fluoxetine is likely to continue to elevate TCA concentrations for several weeks, and switching is carried out cautiously and under close observation, and clinical considerations such as illness severity support harm–benefit analyses.
- Fluoxetine may still cause interactions 5 or 6 weeks after cessation (especially from higher doses) due to long half-life of drug and accumulation.