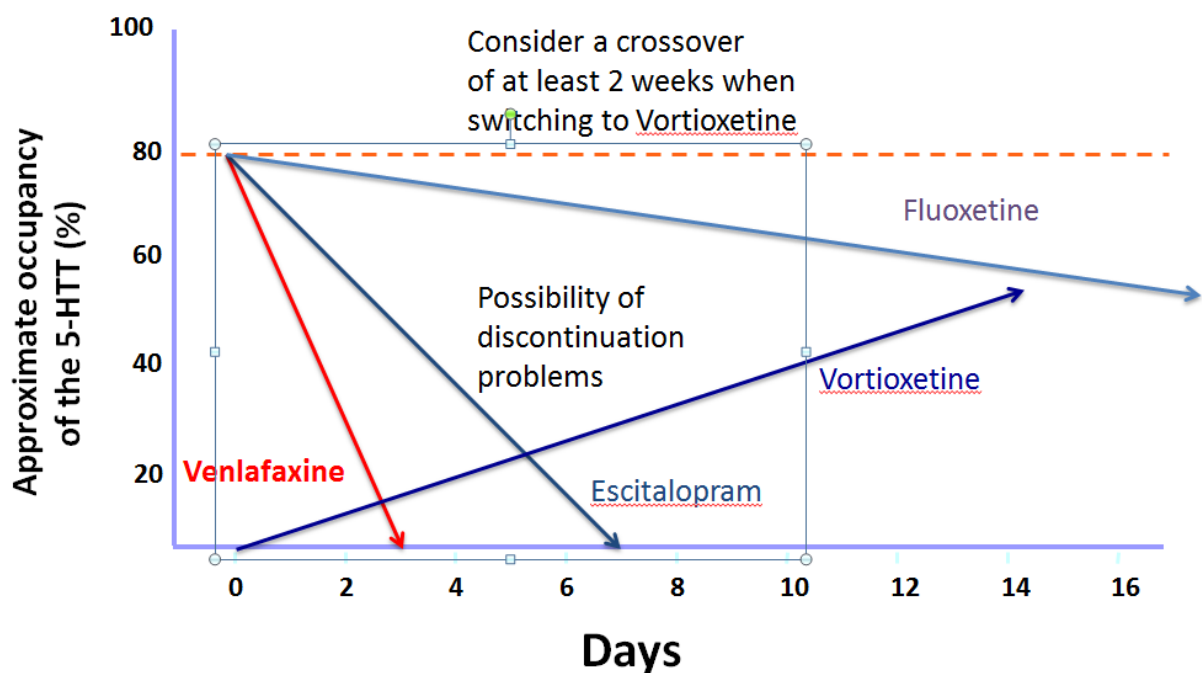


- **AMERICAN PSYCHIATRIC ASSOCIATION PUBLISHING TEXTBOOK OF PSYCHOPHARMACOLOGY – 5<sup>th</sup> edition:**

**Switching strategies for vortioxetine (P. Blier):**

According to the author, although patients seemed to tolerate the switch to vortioxetine well, in clinical practice this has been more problematic. In his view, a likely explanation for patients prematurely stopping vortioxetine may stem more from the abrupt or too rapid interruption of the SSRI or SNRI than from vortioxetine itself. As illustrated in the figure below, SSRIs or SNRIs are eliminated within several days thereby rapidly decreasing the occupation of the 5-HT transporters, while a steady-state of vortioxetine leading after 2 weeks to about 60% at 10 mg/day and 80% at 20 mg/day. Consequently, discontinuation symptoms could occur during a rapid switch that could be exacerbated by the potent 5-HT<sub>1A</sub> agonistic profile of vortioxetine. It is thus recommended to implement a gradual strategy when switching from SSRIs or SNRIs to vortioxetine.

One exception would be a switch from fluoxetine because of its long-half-life. However, because fluoxetine is a 2D6 inhibitor, the initial dose of vortioxetine should be 5 mg/day and gradually increased with the slow elimination of fluoxetine.



**Reference**

The American Psychiatric Association Publishing Textbook of Psychopharmacology , Fifth Edition, Chapter 16. Vortioxetine <https://psychiatryonline.org/doi/10.1176/appi.books.9781615371624.as16>