
Discontinuing and Switching Antipsychotics

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We often switch antipsychotics due to side effects or lack of efficacy. There are two types of switches: immediate and cross-tapering. You can use either one, though cross-tapering is more standard.

Cross-tapering:

- Gradually taper the old drug while gradually titrating up the dose of the new drug. We've likely all seen cases an intended cross-taper stalled and resulted in unintended long-term polypharmacy.
- Anecdotally, it appears that most clinicians use the cross-tapering strategy, because it seems like the more cautious and reasonable approach. It minimizes the risk of withdrawal symptoms from the original medication and adverse reactions to the new drug.
- While there's not much evidence that this approach is any better than immediate switching, we recommend this when time allows it.

Example of a cross-tapering schedule: risperidone to aripiprazole

Initial Conditions:

- Patient is currently on Risperidone 4 mg/day.

Week 1:

- Reduce Risperidone to 3 mg/day.
- Start Aripiprazole at a low dose, for instance, 5 mg/day.

Week 2:

- Reduce Risperidone to 2 mg/day.
- Increase Aripiprazole to 10 mg/day.

Week 3:

- Reduce Risperidone to 1 mg/day.
- Increase Aripiprazole to 15 mg/day.

Week 4:

- Discontinue Risperidone.
- Continue Aripiprazole 15 mg/day or adjust up to 15 mg BID based on response & tolerability.

Immediate switches

- Begin the new medication on the same day that you discontinue the old one
- Appears just as effective as cross-tapering in preventing relapse, and there is no evidence of more side effects.

Special considerations:

- Cholinergic rebound: Antipsychotics like clozapine and olanzapine are particularly anticholinergic. This can lead to cholinergic super-sensitivity so that when these meds are stopped (or when you switch a patient to a less anticholinergic drug), symptoms of the parasympathetic nervous system can result including nausea, vomiting, diarrhea, headache, sweating, and insomnia. Taper these anticholinergic medications gradually, i.e. over the course of 2-4 weeks, to minimize this risk.
- Withdrawal from Long-Acting Injectables (e.g., Invega Sustenna, Abilify Maintena): When switching from long-acting injectable antipsychotics, withdrawal symptoms might not show up for several weeks due to the long half-life of these medications.

Professionals / Agencies that I can call for help and to feel safe:

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Emergency Room: Phone/Address: _____

Suicide Prevention Lifeline Phone: 988
Crisis Text Line: Text HOME to 741741

I have participated in the development of this safety plan with my mental health provider:

Recipient Signature: _____ Date: _____

Guardian Signature*: _____ Date: _____

Provider Signature: _____ Date: _____

**for patients who are minors or have appointed guardians*