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## SPECIAL ARTICLE

# Recommendations for switching antipsychotics. A position statement of the Spanish Society of Psychiatry and the Spanish Society of Biological Psychiatry<sup>☆,☆☆</sup>

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Consensus

**Abstract** Switching antipsychotics is common in the clinical practice setting and is associated with potential clinically relevant complications. An expert group selected by Spanish Society of Psychiatry and the Spanish Society of Biological Psychiatry has reviewed the evidence provided by randomised clinical trials and other relevant information to reach consensus recommendations for switching antipsychotics. In this article, we will review all the information that has led to those recommendations and which includes: indications and contraindications for switching antipsychotics, pharmacological issues, switching strategies, switching antipsychotics due to efficacy problems, switching antipsychotics due to tolerability issues (including extrapyramidal symptoms and tardive dyskinesia, weight gain, metabolic disorders, hyperprolactinemia, sexual dysfunction, persistent sedation, and QT prolongation), switching antipsychotics due to lack of treatment compliance, and switching antipsychotics in patients with bipolar disorders.

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**PALABRAS CLAVE**

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Consenso

**Recomendaciones para el cambio de antipsicóticos. Posicionamiento de la Sociedad Española de Psiquiatría y Sociedad Española de Psiquiatría Biológica**

**Resumen** El cambio de antipsicóticos es un hecho frecuente en la práctica clínica y está sujeto a potenciales complicaciones clínicamente relevantes. Un grupo de expertos seleccionados por la Sociedad Española de Psiquiatría y la Sociedad Española de Psiquiatría Biológica ha revisado y discutido las pruebas provenientes de los ensayos clínicos y otros artículos relevantes para llegar a unas recomendaciones de consenso sobre el cambio de antipsicóticos. En este artículo se revisa toda la información que ha dado lugar a esas recomendaciones y que incluye: indicaciones y contraindicaciones del cambio de antipsicóticos, aspectos farmacológicos, estrategias de cambio, el cambio por motivos de eficacia, el cambio por motivos de tolerabilidad (incluyendo los síntomas extrapiramidales y la discinesia tardía, el aumento de peso, los trastornos metabólicos, la hiperprolactinemia, la disfunción sexual, la sedación persistente y la prolongación del QT), el cambio por problemas de cumplimiento y el cambio de antipsicóticos en el trastorno bipolar.

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## Introduction

The need to switch antipsychotics during treatment of a patient with a psychiatric disorder is a common occurrence in daily clinical practice—whether because of efficacy or tolerability limitations or due to the interindividual variability in response to these drugs. There are difficulties and potential complications inherent to the switching process that are clinically significant and could be prevented or at least minimized with proper clinical management.

Despite its prevalence and importance, however, we have very little evidence available from clinical trials to guide us in the process of switching antipsychotics. Many aspects of this process—switching due to efficacy issues with the previous antipsychotic or due to the appearance of metabolic disorders, for example—have scarcely been evaluated in clinical trials. Moreover, the clinical trials that do evaluate aspects of switching antipsychotics, either primarily or secondarily, are fraught with limitations:

- Generally speaking, they are clinical trials with a small sample size.
- The vast majority of these studies were conducted in adult patients with schizophrenia, whereas these drugs are commonly used for other indications and in other populations—a situation that could also influence the results of the switch.
- In existing clinical trials, the comparator chosen seldom yielded good information, the comparison being limited to switching antipsychotics vs maintaining the previous therapy, which favours the drugs being studied.

Several good, narrative reviews on switching antipsychotics have been published<sup>1-9</sup> as well as 2 systematic reviews: one on the switching technique<sup>10</sup> and the other on how switching antipsychotics impacts weight and metabolic parameters.<sup>11</sup> However, this article's authors are of the opinion that none of these reviews adequately covers the multiple aspects to be taken into account in caring for a patient who requires a change of antipsychotic; these include not only the pharmacokinetic and pharmacodynamic

aspects of the drugs involved but also the clinical features of the patient undergoing this therapeutic intervention.

In view of all of the above, the *Sociedad Española de Psiquiatría (SEP)* and the *Sociedad Española de Psiquiatría Biológica (SEPB)* thought it vital to clinical practice that a document can be drawn up reviewing all those aspects and providing practical recommendations, as specific as possible, as to when and how to switch antipsychotics. In this article, we explain how these recommendations were developed and present a summary of the information on which they were based. At the end, we attempt to synthesize it all in a "decalogue" of practical recommendations.

## Methodology

A small group of experts in psychiatry, psychopharmacology, and pharmacoepidemiology established the working methodology for developing these recommendations by consensus. First, through a bibliographic search in Medline up to January of 2010 (subsequently updated to November of 2010), the literature on clinical trials or subanalyses of clinical trials on switching antipsychotics was reviewed. The details of this search and the articles included in the review will be the objective of a different article.

The information derived from the search was reviewed and discussed by this group of experts at a second meeting. They developed an initial table of contents that this review should cover and a first draft of the recommendations for switching antipsychotics. This group of experts refined the draft in 2 subsequent teleconferences. Once the group of experts had reached a consensus on the recommendations; these and the information on which they were based were reviewed and discussed in a meeting with a wider group of 34 psychiatrists (the RECAP group), who also were selected by the SEP and the SEPB. The suggestions and modifications proposed at this meeting were used to develop a second draft of the recommendations; this was distributed to all members of the group for comments, which were then incorporated into new versions. The draft recommendations finally agreed upon by this wider group of psychiatrists are

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