South West Yorkshire Area Prescribing Committee

Phenelzine Shared Care Guideline

Introduction	
General Statements	• *The patient will receive supplies of the drug from secondary care until the transfer of shared care is agreed between the Consultant and GP.* • *The GP must reply in writing to the request for shared care as soon as practicable if unwilling to participate* • *The responsibility for prescribing and monitoring must be clearly documented in the patient's hospital and GP notes* • *The use of a shared care guideline is only considered when the patient's clinical condition is stable or predictable* • ***The full prescribing details in the BNF www.bnf.org.uk and SmPC www.medicines.org.uk should be read before prescribing*** • **Further information is available on www.choiceandmedication.org/swyp and from med.information @swyt.nhs.uk tel 01924 327619**
Indication	• Depression • Phenelzine should be initiated in secondary care under specialist supervision. Once a patient's mental state and medication have been stabilised they may be considered suitable for shared care between the psychiatrist, GP and CMHT.

Individuals Responsibilities	
Secondary care Specialist's Responsibilities	• Prescribing until maintenance regime established. • Baseline monitoring of clinical parameters including liver function, ECG and full blood count. • Discussion of risks and benefits with patients and carers in particular the dietary restrictions and interactions with medication, including those available over the counter. • Communication to GP of treatment regime, with an indication of monitoring required and frequency to be done.# • Communication of criteria for referral **Information to be received by the GP from the Consultant** • Diagnosis. • Concurrent medication prescribed via secondary care. • Details of patient follow up including care plan. • Details of any identified problems e.g. compliance with treatment. • Details of mental health key worker if appropriate.
General Practitioner's Responsibilities	• Continued discussion of risks and benefits of medication with patients and carers as required. • Prescribing once maintenance doses established. • Continued monitoring# as agreed with secondary care and referral back to secondary care if patient stops the medication without medical advice, if mental state deteriorates or if you have concerns over patient compliance. • To respond to adverse reactions and advise on concomitant medication. **Information to be received by the Consultant from the GP** • Details of any concurrent medication. • Details of any identified problems e.g. compliance with treatment.

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Individuals Responsibilities	
Monitoring Required	#No routine monitoring is required by the product licence but liver function, full blood count and blood glucose are recommended annually or as indicated in care plan.
When and How to Discontinue Treatment	Gradual discontinuation is generally recommended to avoid the risk of acute withdrawal syndromes or rapid relapse. If patient stops the medication without medical advice please refer to secondary care.
Information given to the patient	The patient will be involved in the choice of medication and verbal information given. It is essential that the patient has a good understanding of the food restrictions and is able to adhere to these. Patient information leaflet from the manufacturer and additional information on the food risks will be given to the patient with the medication.
Contact Details	Including telephone, bleep, email and fax numbers, out of hours and contact details of hospital medicines information department to be included in specialist's letter.

Product Information	
The information in this Shared Care Guideline should be used in conjunction with the latest edition of the BNF and Summary of Product Characteristics	
Dosage	• Phenelzine should be prescribed as the sole antidepressant. Combination with other antidepressants, particularly SSRIs, can cause very serious interactions and adverse effects. • The recommended starting dose in adults is 15mg three times a day, increased if necessary after at least two weeks to four times a day. The last dose should be taken before 3pm. • The maximum dose is 30mg three times a day. Doses should be reduced where possible to the lowest effective dose. • Phenelzine is not recommended for children under 16 years old. • Doses in the elderly are the same as for adults, however side effects may be more common. • Phenelzine is hepatotoxic and use in liver impairment is not recommended. • Dosage adjustments are not required in renal impairment.
Adverse Effects	• Common adverse effects include drowsiness, hypotension (particularly in the elderly), dizziness, weakness and tiredness. • Ankle oedema, nausea, vomiting, dry mouth, constipation, insomnia, myoclonic movements and sexual dysfunction are sometimes seen. In common with other antidepressants hyponatraemia may occur. • Agitation, tremor and nervousness, euphoria, arrhythmias, increased appetite and weight gain and seizures may occur. • Psychotic episodes with hypomanic behaviour, confusion and hallucinations may be induced in susceptible persons. • Jaundice and fatal progressive hepatocellular necrosis have been rarely reported. • Blood dyscrasias have occurred.

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Product Information	
Precautions and Contra-indications	• **Pregnancy** – Although there is no evidence of harm, phenelzine is best avoided in pregnancy due to a lack of published safety data, maternal toxicity and risk of interactions with medication used in labour. It is recommended that you contact the medicines information department at the local hospital for the most up to date information and advice. • **Breast feeding** – There is a lack of published safety data on the use of phenelzine during breast feeding. • Phenelzine is **contra-indicated** in **liver impairment** or abnormal liver function tests, **cerebrovascular disease**, **phaeochromocytoma** and **mania**. • Elderly – use with great caution and monitor blood pressure for postural hypotension and hypertensive responses. • Diabetes – MAOIs can reduce serum glucose levels by up to 35%. • Caution is required with concurrent cardiovascular disease, epilepsy and blood disorders.
Clinically relevant Drug Interactions and their management	• Tyramine – a naturally occurring substance present in some foods such as cheese, yeast extracts, red wine and pate – can interact with phenelzine resulting in hypertensive crisis. • Other antidepressants including St John's Wort. There is a risk of serious toxicity, increased risk of hypertension and CNS excitation. Carbamazepine may cause the same reaction due to its structural similarity to tricyclic antidepressants. Caution is required when switching to or from phenelzine to other antidepressants. Consult specialist texts or the locality mental health pharmacist via the local hospital. • Bupropion and sibutramine should also be avoided. • MAOIs should normally be stopped two weeks before any procedure that requires a general anaesthetic. • Pethidine and other opiod analgesics can lead to CNS excitation or depression (hypertension and hypotension) when given with phenelzine. Avoid concomitant use and for two weeks after stopping phenelzine. • Avoid all other medications which can cause hypotension. • Dopaminergics, such as entacopone or levodopa, and sympathomimetics such as pseudoephedrine and dextromethorphan in cold remedies, can cause hypertensive crisis when use with phenelzine. • Sumatriptan and other $5HT_1$ agonists should not be used at the same time as phenelzine due to a risk of CNS toxicity.