

Switching Scenarios:

Between SSRIs: Direct switch at approximate equivalent dose (potential for discontinuation syndrome most likely with paroxetine)

SSRI to SNRI: If coming from low dose SSRI, direct switch is generally appropriate. If high dose SSRI, cross taper

SSRIs to other antidepressant: Cross taper

Between SNRIs: At low doses (<60 mg duloxetine or <150 mg venlafaxine), direct switches may be attempted

SNRIs to other antidepressant: Cross taper

Bupropion to other antidepressant: Cross taper generally recommended (bupropion does not exhibit discontinuation syndrome because it is not strongly serotonergic, but cross-tapering reduces periods of therapeutic gaps while ensuring tolerability of alternative agent)

Serotonin modulators: Limited data, direct switch within class at approximate equivalent dose or cross-taper outside of class

Mirtazapine to other antidepressant: Cross taper

Approximate dose conversions for select antidepressants*:

Drug	Approximate Equivalent Dose (mg)
SSRIs	
Citalopram	20
Escitalopram	10
Fluoxetine	20
Paroxetine	20
Sertraline	50
SNRIs	
Duloxetine	30-60
Venlafaxine	37.5-75
Atypical Agents	
Bupropion XL 24 hr	150
Mirtazapine	15
Serotonin Modulators	
Trazodone	100
Vortioxetine	10

*Equivalent doses are approximated and may vary based on patient-specific factors such as sensitivity to medication side effects and concomitant medications.