Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Promazine De-prescribing Guidance

Promazine is a phenothiazine-type, first generation (typical) antipsychotic with relatively weak antipsychotic activity but pronounced sedative effects. It is licensed firstly for short-term adjunctive management of psychomotor agitation, and secondly for agitation and restlessness in the elderly. Promazine is subject to considerable first-pass metabolism, resulting in significant plasma concentration variations between patients and the BNF marks it as a drug considered to be "less suitable for prescribing". It is highly toxic in overdose and can result in grand mal seizures, QRS prolongation and coma. TEWV Foundation Trust recommend that it is **not** used. Promazine is associated with withdrawal symptoms following abrupt cessation, therefore a gradual withdrawal is recommended.

Reducing risks with promazine

Review

- Check:
  - Dose - is it a therapeutic dose?
  - Indication - is it being used to treat agitation?
  - Effectiveness of treatment
  - Suicide risk
  - Co-prescribing of interacting drugs known to increase CNS depression
  - Comorbidity

Discuss

- Risks/benefits of promazine
- BNF/TEWV do not recommend use of promazine
- Alternative options e.g. stopping, switching (see handy comparison chart via link below)

Document

- Document outcome of discussions
- Clearly identify reason if continuing promazine
- Document treatment plan if stopping or switching

Licensed dose:
100-200mg FOUR times a day
Elderly: 25-50mg FOUR times a day

HIGHLY toxic in overdose
Less than 1 weeks' supply likely to cause serious toxicity or death.
Never prescribe if a risk of suicide identified

Interacting medicines:
- Alcohol – *Hypotension & CNS depression*
- ACE inhibitors, alpha blockers, beta blockers, calcium channel blockers, diuretics, nicorandil, nitrates & TCAs – *Hypotension*
- Antipsychotics, benzodiazepines, gabapentin, mirtazapine, opioids, pregabalin, trazodone, venlafaxine & Z-drugs – *CNS depression*
- Lithium – *Neurotoxicity*
- MAOIs – *Neuroleptic malignant syndrome*

Promazine **should be avoided in patients with** cardiac disease, epilepsy, diabetes, hepatic impairment, Parkinson's disease, prostatic hypertrophy, phaeochromocytoma and glaucoma

Promazine has an established link with a number of **adverse cardiovascular effects** (hypotension, tachycardia/arrhythmia and QTc prolongation)
Relative incidence and severity of side effects is higher than other antipsychotics
It is extremely toxic in overdose – warn about accidental overdose

Handy chart comparing antipsychotic treatments:
www.choiceandmedication.org/generate.php?sid=55&fname=handychartpsychosis.pdf

Stopping promazine

Promazine should not be stopped abruptly unless serious side effects have occurred. Slowly tapering the dose over 3 to 4 weeks can help prevent discontinuation symptoms. These symptoms may include nausea, vomiting, sweating and insomnia. Recurrence of psychotic symptoms may also occur, and the emergence of involuntary movement disorders (such as akathisia, dystonia and dyskinesia) has been reported. Some people

may require a more gradual tapering of the dose if withdrawal symptoms occur. The doses selected and the speed at which they are reduced will need to be individualised for each patient. The smallest tablet strength is 25mg so reduction increments as small as 25mg can be used if necessary.

A suggested withdrawal regimen for promazine is:

Current dose	Week 1	Week 2	Week 3	Week 4
800 mg / day	600 mg / day	400 mg / day	200 mg / day	nil

Switching to another medication

The choice of medication should be discussed with the patient. Considerations include:

- Agitation symptoms
- Relative side effects
- Physical illness
- Interactions with other prescribed medication

Patient profile	**Suggested options**
In need of sedation	Promethazine, Lorazepam
Psychotic features	Haloperidol or alternative antipsychotic
Cardiac disease	Aripiprazole, Risperidone, Flupentixol or Promethazine, Lorazepam
Diabetes	Haloperidol, Amisulpride, Aripiprazole or Promethazine, Lorazepam
Epilepsy	Haloperidol, Amisulpride or Lorazepam or Diazepam
Hepatic impairment	Haloperidol, Amisulpride or Lorazepam
Renal impairment	Haloperidol, Olanzapine or Lorazepam
Parkinson's disease	Quetiapine or Promethazine, Lorazepam

There should be very close monitoring of patients being switched from promazine to another antipsychotic, as there are no published guidelines to determine exactly how the switch should take place. The switch will need to be tailored to each individual and carried out cautiously. The regimen should depend upon the reason for the switch, how severe the agitation is and which drug is being switched to. Gradual cross tapering is usually recommended but in some cases a washout period between drugs is required.

References

Bazire S. Psychotropic Drug Directory 2016. Lloyd-Reinhold Publications, Norwich.
BMA Group, Royal Pharmaceutical Society. British National Formulary online edition. Pharmaceutical Press, London. Available via [https://www.medicinescomplete.com]
Datapharm Communications Limited. Promazine Hydrochloride 50mg/5ml Oral Syrup Rosemont Pharmaceuticals Limited [www.medicines.org.uk/emc/medicine/10771] (updated 10/10/13)
Taylor D. et al. Prescribing Guidelines in Psychiatry 12th Edition. Wiley Blackwell, Chichester.