Deprescribing Inappropriate Pericyazine (DIP) in Adults in Primary Care: Guidance Summary

This summary (to be read in conjunction with the full document) document outlines the deprescribing of inappropriate pericyazine safely and effectively with the objectives of:

- reducing unnecessary harms and risks to patients and
- reducing unnecessary cost to the NHS

Key Points

1. **DO NOT initiate Pericyazine in primary care for any indication** – safer and more cost-effective alternatives exist.
2. Follow a patient-centred approach when planning deprescribing pericyazine.
3. Before deprescribing pericyazine, establish its appropriateness in the individual.
   - Pericyazine is only licensed for the following conditions:
     - Schizophrenia or other psychotic disorders
     - As an adjuvant treatment for **short term** relief of anxiety, psychomotor agitation, violent or dangerously impulsive behaviour (please note – safer alternatives are available)
   - **Pericyazine is NOT appropriate**:
     - For off-label uses
     - If the risks (e.g. frailty and history of falls, comorbidities or unnecessary polypharmacy) outweigh the benefit
     - If safer and more cost-effective alternatives are available
4. If pericyazine is inappropriate, consider deprescribing. Please refer to the DIP algorithm below for further guidance. Discuss and agree with the patient (and their families/carers and mental health clinicians if necessary):
   - Whether to stop or switch pericyazine to a more suitable alternative
     - If it is being prescribed for short term use for anxiety, psychomotor agitation, and violent or dangerously impulsive behaviour or off label use for insomnia or panic disorder, pericyazine can be stopped or switched in primary care
5. Advise the patient to contact the surgery should any problem with deprescribing pericyazine occur.
6. Follow up patient at least once after stopping or switching pericyazine and record the outcome of this follow up discussion in the Patient Medical Record (PMR).
7. **If pericyazine is being prescribed for Schizophrenia or a psychotic disorder, DO NOT stop or switch in primary care – refer these patients to NSFT for switching. Resources for switching guidance is for reference only.**

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Background

Pericyazine, a first-generation phenothiazine antipsychotic, with known cardiovascular and antihistamine effects and strong anti-serotonin, anticholinergic, hypotensive and sedative effect.[1, 2, 3, 4] Cardiovascular effects of pericyazine can include increase in QT interval in patients prescribed another QT prolonging drug, or other risk factors such as hypokalaemia or bradycardia. Extra-pyramidal side effects (EPSEs) are likely to be more common with pericyazine than other antipsychotics.[3] Pericyazine also has high anticholinergic burden, a serious risk particularly in elderly and frail patients, leading to an increase in cholinergic adverse effects and falls[5].

Why deprescribe Pericyazine?

Medicines should only be prescribed if it is necessary, appropriate, safe, cost-effective and improve patient outcomes. Pericyazine is an old and expensive antipsychotic with the potential to cause significant adverse effects. There are many safer and more cost-effective alternatives.

Norfolk and Waveney ICB (NWICB) is a significant outlier in England for pericyazine prescriptions, with over 3000 patients prescribed it annually at a cost of over £1 million[6]. This contrasts sharply with the second-highest prescribing ICB with annual cost of £23,000. This demonstrates the need for review of pericyazine prescribing, with a focus on optimising safer treatment choices and minimising unnecessary costs to the NHS. In most cases, pericyazine could be stopped or switched to a safer and cheaper alternative and therefore reduce the potential harm to patients.

Data suggests that most pericyazine prescribing in NWICB is inappropriate. Approximately 90% of patients are prescribed the lower dose of pericyazine 2.5mg tablets suggesting it is used for anxiety, psychomotor agitation, violent or dangerously impulsive behaviour. Ideally a safer alternative should be prescribed but if pericyazine is required, it should be prescribed for **SHORT TERM USE ONLY** e.g. for few weeks to months use only.

Pericyazine is also being inappropriately prescribed off-label as a “PRN” treatment, hypnotic or in the treatment of panic disorder despite NICE clearly stating antipsychotics **SHOULD NOT** be prescribed for this indication.[7]

How to Deprescribe Pericyazine in Primary Care

For patients on small doses of pericyazine or for off-label use, it can be deprescribed in primary care with careful monitoring.[3]

DO NOT stop or switch pericyazine prescriptions for Schizophrenia or psychotic disorder in primary care – refer these patients to NSFT for review. Resources for switching guidance is for reference only**.**

Step 1: Establish whether pericyazine is appropriate or not

Is the patient being prescribed pericyazine:

- For anxiety, psychomotor agitation, violent or dangerously impulsive behaviour for more than 3 months? OR
- As a hypnotic? OR
- For panic disorder? OR
- At higher risk of harm which outweighs the benefits (e.g. frailty and history of falls, comorbidities or unnecessary polypharmacy) OR
- Suitable for a safer and more cost-effective alternative?

If the answer to any of above is **"YES"** then it is **NOT** appropriate to prescribe pericyazine and consider deprescribing.

Step 2: Plan deprescribing Pericyazine

De-prescribing should be a collaborative decision following a structured process to reduce the risk of relapse and discontinuation effects.

If pericyazine is NOT appropriate ask the patient if they have been taking them. If not pericyazine can be stopped straight away. Establishing adherence is critical before stopping or reducing pericyazine as evidence suggests that around half of the patients with mental health conditions do not take their medication as prescribed.

If the patient is taking pericyazine as prescribed, then discuss and recommend deprescribing over 2-4 weeks. If the patient agrees, proceed with Step 3.

If the patient is worried or not ready, explore the reasons and try to alleviate the concerns – this may include explaining the reasons again in simpler terms, assuring that they can contact you should any problem arise during the process or in some cases, offering a safer and more cost-effective alternative treatment options. In some circumstances it may be appropriate to review the deprescribing issue in a month or two.

Step 3: Deprescribe and Monitor

In most cases of inappropriate pericyazine prescribing, deprescribing it would be most appropriate course of action.

Stopping or reducing the dose

If a patient has been taking a very low of up to 5-10mg per day, stopping without tapering is possible. The patient must be advised about discontinuation symptoms and instructed to contact the surgery if they have concerns.

Abrupt discontinuation should generally be avoided as there is a risk of discontinuation symptoms. This is of particular concern if the patient has been on pericyazine for over a year or prescribed a higher dose i.e. >30mg per day. The dose should be tapered gradually, ideally over a few weeks, with a daily dose reduction of 20-25% for a least a week. The dose reduction and tapering process depending on patient's sensitivity, patient's preference and clinical judgement and may need to be slower in some circumstances. Due to its sedative effect, lower dose should be prescribed in the morning leaving higher dose for night. Advise patient to contact the surgery should any problem arise with deprescribing pericyazine.

Example of cautious gradual stopping of pericyazine

Current Dose (mg)		NEW Dose								
		Week 1 dose (mg)		Week 2 dose (mg)		Week 3 dose (mg)		Week 4 dose (mg)		Week 5
OM	ON	OM	ON	OM	ON	OM	ON	OM	ON	
10	10	5	10	5	5	2.5	2.5	0	2.5	Stop

Discontinuation symptoms

Risk of discontinuation symptoms is relatively low with pericyazine compared to other antipsychotics[8]. The risk is likely to be even lower with lower dose prescribed in most patients. Nonetheless, discontinuation symptoms, such as those listed below, can occur, more commonly after abrupt discontinuation:

- Nausea and vomiting
- Cholinergic rebound effects (e.g. feeling sick, tiredness, sweating, anxiety and insomnia, EPSEs)
- Relapse of previous symptoms

Most discontinuation symptoms generally start within few days to weeks but relapse of previous symptoms such as anxiety may develop after weeks to months. Discontinuation symptoms are generally mild (particularly with gradual

withdrawal) only last a few days and are self-resolving. However, if discontinuation symptoms are severe or persistent then patient may need to be prescribed alternatives.

Switching to Alternative Treatments

In some cases (e.g. patient's preferring something else in its place or persistence of discontinuation symptoms) it may be necessary to provide safer and more cost-effective alternatives.

Alternative treatment options depend on indication. If pericyazine is being prescribed for:

- Short term use for anxiety or agitation: Psychological therapy such as CBT or PRN Promethazine or a benzodiazepine for 1-2 weeks may be suitable. If the patient has presented with chronic generalised anxiety disorder then consider Sertraline or another selective serotonin reuptake inhibitor (SSRI) as per NICE CG113.
- Insomnia: Psychological therapy such as CBTi or "Better Sleep Program" provided by the mental health team or PRN Promethazine or benzodiazepine or Z-drugs for 1-2 weeks may be suitable.
- Panic disorder: NICE CG113 states that antipsychotic SHOULD NOT be prescribed for panic disorder. Cognitive behavioural therapy (CBT) or an SSRI are suitable alternatives. If an SSRI is unsuitable or there is no improvement, imipramine or clomipramine may be considered but this may require mental health specialist's input.

If these options fail, refer to Mental Health services for switching.

- If patient is prescribed for short term for violent or dangerously impulsive behaviour and these symptoms deteriorate after pericyazine discontinuation then continue pericyazine and refer to mental health for switching.

There is limited guidance on switching pericyazine to promethazine, Z drugs, benzodiazepines or antidepressants such as SSRI. However, based on its half-life (≈12hours) and considering most patients are prescribed off-label low dose pericyazine, it is generally safe for direct switch i.e. stop pericyazine and start the alternative on same day.

Review the patient at least once after stopping or switching pericyazine and record the outcome of this follow up discussion on PMR.

Helpful Information

Pericyazine information leaflets from Choice and Medication Website:

- Patient Information Leaflet (PIL) - CLICK HERE
- Quick Information Leaflet (QUILL) - CLICK HERE
- Stopping My Antipsychotic – CLICK HERE

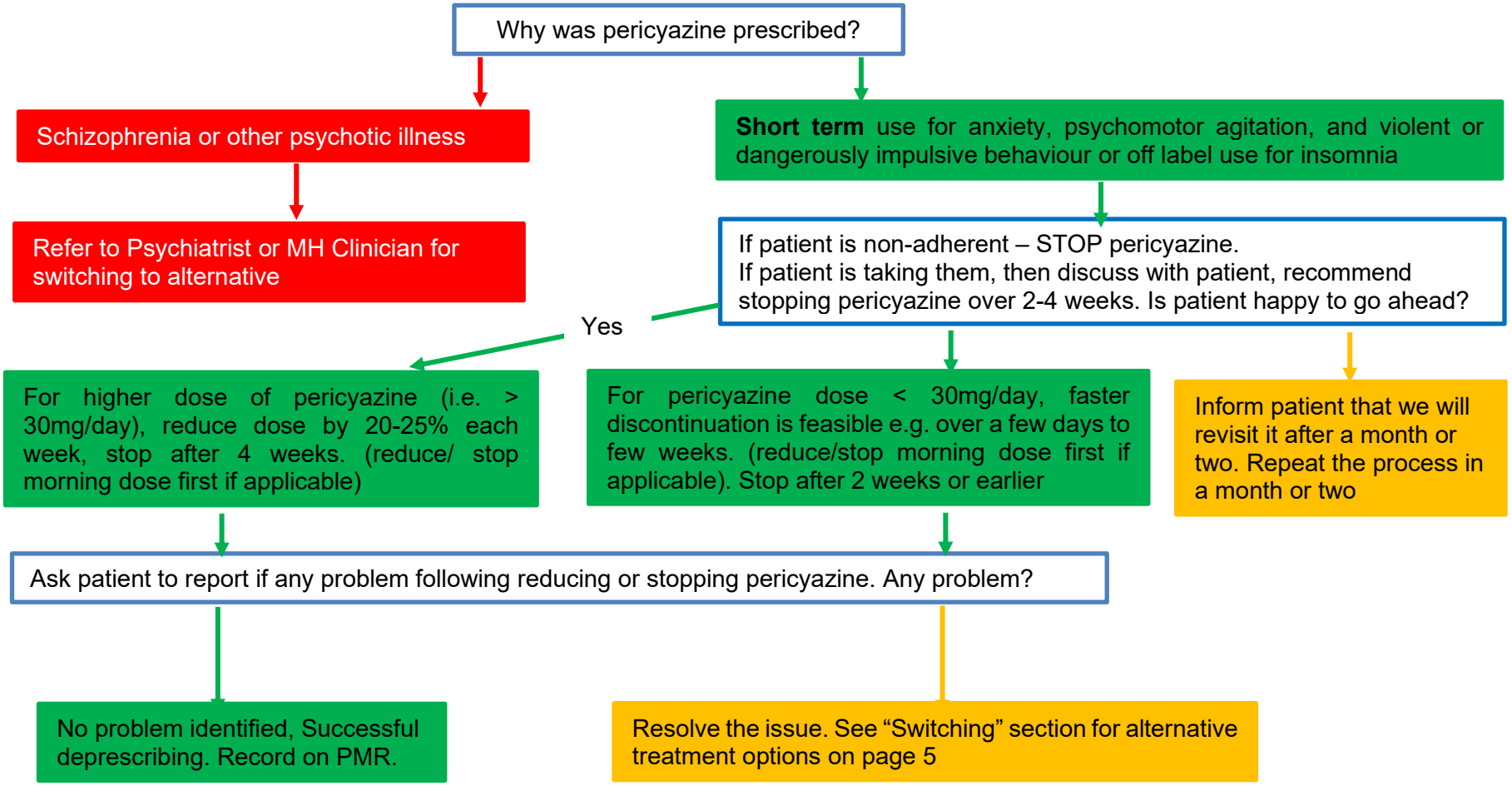
Helpful Resources for Switching Antipsychotics (For information purpose ONLY)

- https://www.psychiatrienet.nl/switchtabel/show?id=SwitchAntipsychotics
- https://australianprescriber.tg.org.au/articles/antipsychotic-switching-tool.html
- https://pmc.ncbi.nlm.nih.gov/articles/PMC6787301/
- Dose Equivalents for Antipsychotic Drugs: The DDD Method - PMC –
- https://pmc.ncbi.nlm.nih.gov/articles/PMC4960429/

References

1. Choice and Medication (Pericyazine) https://www.choiceandmedication.org/nsft/medication/pericyazine-periciazine/
2. Summary of Product Characteristics (Pericyazine) https://www.medicines.org.uk/emc/product/3970/smpc#about-medicine
3. Matar HE, Almerie MQ, Makhoul S, Xia J, Humphreys P. Pericyazine for schizophrenia. Cochrane Database Syst Rev. 2014 https://pmc.ncbi.nlm.nih.gov/articles/PMC11023599
4. Psychotropic Drug Directory, Pharmaceutical Press, 2024.
5. Anti-Cholinergic Burden Calculator - https://www.acbcalc.com/
6. www.openprescribing.net
7. Generalised anxiety disorder and panic disorder in adults: management (CG113), 2024 - https://www.nice.org.uk/guidance/cg113/resources/generalised-anxiety-disorder-and-panic-disorder-in-adults-management-pdf-35109387756997
8. Storck W, de Laportalière TT, Yrondi A, Javelot H, Berna F, Montastruc F. Withdrawal syndrome after antipsychotics discontinuation: an analysis of the WHO database of spontaneous reports (Vigibase) between 2000 and 2022. Psychopharmacology (Berl). 2024 Jun;241(6):1205-1212. https://pubmed.ncbi.nlm.nih.gov/38376511/
9. British National Formulary (BNF), 2025 - https://bnf.nice.org.uk/

Deprescribing Inappropriate Pericyazine (DIP) Algorithm



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