There are a few things to avoid (which are easy to remember), and in practice, this is not really a problem. Unless you plan to eat more than 25 pieces of pizza or drink more than 25 cans of beer or 25 glasses of wine, you won’t have to disrupt everything, stopping all other meds for 2 weeks after taper. And if you have to disrupt everything, stopping all other meds for 2 weeks after taper, you have to go without all meds for another 2 weeks. This is an unacceptable risk and a hassle.

### The Psychotropic Medication Interaction

**The Myth**

If you're taking an MAOI, you can't take painkillers because they will kill you, so patients who have sprained ankles, sore muscles, dental extractions, or surgeries cannot take MAOIs.

**The Truth**

You must avoid only agents that block serotonin reuptake. There are many options for not only bridging between serotonin reuptake inhibitors and MAOIs, but also augmenting MAOIs.

### The Anesthetic Interaction

**The Myth**

If you're taking an MAOI, you can't take local or a general anesthetic, so patients who get colds cannot take MAOIs.

**The Truth**

Be careful using local anesthetics that contain epinephrine and using general anesthesia, as it can cause blood pressure changes.

 drugs to avoid due to risk of serotonin syndrome/toxicity

<table>
<thead>
<tr>
<th>Antidepressants</th>
<th>Drugs of Abuse</th>
<th>Opioids</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRI</td>
<td>NMDA (excitatory)</td>
<td>selective</td>
<td>non-competitive</td>
</tr>
<tr>
<td>SNRI</td>
<td>cocaine</td>
<td>tramadol</td>
<td>chlorpromazine</td>
</tr>
<tr>
<td>selective</td>
<td>methamphetamine</td>
<td>methadone</td>
<td>bromocriptine</td>
</tr>
<tr>
<td>selective</td>
<td>amphetamine</td>
<td>methadone</td>
<td>bromocriptine</td>
</tr>
<tr>
<td>tricyclics</td>
<td>high-dose or injected</td>
<td>amphetamine</td>
<td>desipramine</td>
</tr>
</tbody>
</table>

### The Psychotropic Medication Interaction (cont.)

**Switching from a Serotonergic Drug to an MAOI**

<table>
<thead>
<tr>
<th>MAOI</th>
<th>Weeks</th>
<th>5-HT Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAOI</td>
<td>3</td>
<td>MAOI</td>
</tr>
<tr>
<td>5-HT</td>
<td>4</td>
<td>MAOI</td>
</tr>
<tr>
<td>5-HT</td>
<td>5</td>
<td>MAOI</td>
</tr>
</tbody>
</table>

**How to Bridge When Starting or Stopping an MAOI**

**To Use:**

- benzodiazepines
- Z-drug hypnotics
- trazodone
- mirtazapine
- venlafaxine
- gabapentin, pregabalin, topiramate, carbamazepine, oxcarbazepine
- stimulants
- atypical antipsychotics

**Other**

### Use of Anesthetics With MAOIs

**Local anesthetic**

- Use with caution in patients taking MAO inhibitors.

**Elective surgery**

- Wash out of the MAO inhibitor 10 days prior to surgery.

**Urgent or elective surgery where patient is still taking MAOI inhibitor**

- Cautiously use a benzodiazepine, minoxidil, naproxen, morphine, or codeine.

**Drugs That Boost Noradrenaline and Should Be Used With Caution With MAO Inhibitors**

- Desipramine
- Mianserin
- Moclobemide
- Lysergic acid diethylamide
- Atypical antipsychotics
- Antidepressants
- Others

### The Anesthetic Interaction

- Benzodiazepines
- Mianserin
- Moclobemide
- Lysergic acid diethylamide
- Atypical antipsychotics
- Antidepressants
- Others

**Drugs to Avoid Due to Risk of Serotonin Syndrome/Toxicity**

- SSRI
- SNRI
- TCA
- NMDA (excitatory)
- Selective serotonin reuptake inhibitors
- Non-selective serotonin reuptake inhibitors
- Cautiously use a selection of serotonin reuptake inhibitors
- MAOIs
- Antidepressants