2017

Withdrawal of unnecessary antidepressant medication: Current prospects and future directions

Daniel J Dunleavy

E-letter

Response to: Eveleigh, R. et al. (2017). Withdrawal of unnecessary antidepressant medication: A randomized controlled trial in primary care. BJGP Open, DOI: https://doi.org/10.3399/bjgpopen17X101265

Withdrawal of unnecessary antidepressant medication: Current prospects and future directions

Link: http://bjgpopen.org/content/early/2017/11/14/bjgpopen17X101265/tab-e-letters#withdrawal-of-unnecessary-antidepressant-medication---current-prospects-and-future-directions [original text below]

13 December 2017

Daniel J. Dunleavy
PhD Candidate
Florida State University, College of Social Work
296 Champions Way; University Center C; Tallahassee, FL

The study by Eveleigh et al.[1] provides an important contribution to the literature on psychiatric drug withdrawal and highlights the difficulties of coming off antidepressants. Psychiatric drugs of all classes (i.e. antidepressants, neuroleptics, benzodiazepines, etc.) can cause physical and psychological withdrawal effects.[2-5] Approaches for their discontinuation require further study.[6]

As noted in previous letters (and subsequent responses from the authors), the rate of withdrawal can impact patient outcomes. We know that rapid discontinuation can cause intense physical and emotional discomfort,[7] which may explain the low success rate in the study's intervention group.[1] Unfortunately, despite the enormous financial investment in drug research, there is a dearth of empirical evidence, from both a short- and long-term standpoint, about how different withdrawal schedules and dose reductions compare.[1,5,8,9] Researchers, physicians, and patients will have to work together to disentangle the risks and benefits of various protocols and how they differ across condition (i.e. purely psychiatric conditions vs. purely medical conditions vs. mixed presentations), drug-class (i.e. SSRIs vs. TCAs vs. SGAs, etc.), and demographic groups (e.g. women vs. men; young vs. old), among other factors.

This collaboration will have to begin with professional acknowledgement of the iatrogenic harms caused by these substances, whether intentional or not. Overtreatment, coercive treatment, and lack of informed consent have left many patients feeling betrayed or alienated by the medical system; in part leading to the development of patient-driven support groups and withdrawal initiatives.[9-11] Professional trust must be repaired and strengthened, to increase the chances of withdrawal success. Likewise, patients and physicians will have to reconcile their beliefs about the nature and treatment of conditions like depression,[12] which can cause apprehension (in either

party) at the notion of discontinuing treatment. Eveleigh et al.[1] have provided one step toward achieving this goal. It is encouraging to read that their work on drug withdrawal will continue, with some of these considerations in mind.

References

1. Eveleigh, R., Muskens, E., Lucassen, P., Verhaak, P., Spijker, J.,…Speckens, A. (2017). Withdrawal of unnecessary antidepressant medication: A randomized controlled trial in primary care. BJGP Open, DOI: 10.3399/bjgpopen17X101265
2. Nielsen, M., Hansen, E. H., & Gøtzsche, P. C. (2013). Dependence and withdrawal reaction to benzodiazepines and selective serotonin reuptake inhibitors. International Journal of Risk & Safety in Medicine, 25, 155-168.
3. Fava, G. A.., Gatti, A., Belaise, C., Guidi, J., & Offidani, E. (2015). Withdrawal symptoms after selective serotonin reuptake inhibitor discontinuation: A systematic review. Psychotherapy and Psychosomatics, 84, 72-81.
4. Moncrieff, J. (2006). Why is it so difficult to stop psychiatric drug treatment? It may be nothing to do with the original problem. Medical Hypotheses, 67(3), 517-523.
5. Breggin, P. R. & Cohen, D. (1999). Your drug may be your problem: How and why to stop taking psychiatric medications. Cambridge, MA: De Capo Press.
6. Ostrow. L., Jessell, L., Hurd, M., Darrow, S. M., & Cohen, D. (2017). Discontinuing psychiatric medications: A survey of long-term users. Psychiatric Services, 68(12), 1-7.
7. Baldessarini, R. J., Tondo, L., Ghiani, C., & Lepri, B. (2010). Illness risk following rapid versus gradual discontinuation of antidepressants. American Journal of Psychiatry, 167(8), 934-941.
8. Glenmullen, J. (2005). The antidepressant solution: A step-by-step guide to safely *overcoming antidepressant withdrawal, dependence, and "addiction*". New York, NY: Free Press.
9. AGIDD-SMQ. (2003). Taking back control: My self-management guide to psychiatric medication. Association des groupes d'intervention en défense des droits en santé mentale du Québec.
10. Hall, W. (2012). Harm reduction guide to coming off psychiatric drugs (2nd Ed.). The Icarus Project and Freedom Center. Retrieved from: http://www.willhall.net/files/ComingOffPsychDrugsHarmReductGuide2Edonline.pdf
11. Moore, J. (n.d.). Letter to Secretary of State for Health, Jeremy Hunt. Retrieved from: https://www.change.org/p/provide-tapering-strips-to-help-users-who-want-to-stop-taking-anxiety-depression-drugs
12. Cohen, D. & Hughes, S. (2011). How do people taking psychiatric medications explain their "chemical imbalance"? Ethical Human Psychology and Psychiatry, 13(3), 176-189.