

Stopping Antidepressants

Overview

There are several reasons for stopping antidepressant treatment. These include: i) ending the planned treatment course; ii) lack of benefit; iii) side effects; iv) forgetfulness; and v) personal choice. Stopping therapy can have consequences. These consequences differ if stopping after using the antidepressant for a shorter period of time (a few days to 2 or 3 weeks) versus a longer duration (months or years of use).

Stopping treatment early usually occurs due to side effects, a lack of benefit, or some other concerns that led

to a change in the treatment plan. Stopping early can alleviate side effects but loses the opportunity for treatment response.

Stopping long-term antidepressant treatment should be done gradually rather than abruptly. This should be planned in advance by speaking with your prescriber and pharmacist. The potential benefits and risks when stopping should be discussed. Usual benefits relate to getting rid of side effects and costs as well as not needing to take a medication each day. Risks include a return of

symptoms for which the antidepressant was helping and experiencing an **antidepressant discontinuation syndrome**. This can occur if you forget to take your antidepressant for a few days. While antidepressants are not habit forming or addicting they can produce a **physical dependence**. This means that when long-term treatment is stopped your body has to adjust to the medication's absence. When stopped abruptly, and occasionally even when stopped slowly, this adjustment can be quite uncomfortable.

Antidepressants by Class

Selective Serotonin Reuptake Inhibitors (SSRIs)

Citalopram • Celexa®
Escitalopram • Cipralex®
Fluoxetine • Prozac®
Fluvoxamine • Luvox®
Paroxetine • Paxil®
Sertraline • Zoloft®

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Desvenlafaxine • Pristiq®
Duloxetine • Cymbalta®
Venlafaxine • Effexor®

Tricyclic Antidepressants (TCAs)

Amitriptyline • Elavil®
Clomipramine • Anafranil®
Desipramine • Norpramin®
Imipramine • Tofranil®
Nortriptyline • Aventyl®

Monoamine Oxidase Inhibitors (MAOIs)

Phenelzine • Nardil®
Moclobemide • Manerix®
Tranylcypromine • Parnate®

Others

Bupropion • Wellbutrin®
Mirtazapine • Remeron®
Trazodone • Desyre®

Types of discontinuation syndromes

SSRI/SNRI Discontinuation Syndrome:

Antidepressants that affect serotonin activity in the brain can cause the "SSRI/SNRI Discontinuation Syndrome". This occurs in 25-50% of people stopping these antidepressants. After stopping an SSRI or SNRI, symptoms of discontinuation syndrome are most likely to begin within the first 3 days. Typically, most of the symptoms gradually improve and disappear within a week, but for some it may last much longer.

Common symptoms (>10%):

- nausea, diarrhea, sweating, headache, dizziness, cold and flu-like symptoms, anxiety, irritability, trouble sleeping

Less common symptoms (1-10%):

- unusual sensory experiences (e.g., electric shock-like feelings, visual after images); muscle aches and pains, chills, confusion

Cholinergic Rebound:

Several antidepressants (TCAs) block the chemical messenger acetylcholine in the brain and body. A cholinergic rebound can occur when treatment is stopped abruptly. Symptoms appear within 1-3 days of stopping the medication or after a large decrease in dose. Symptoms subside over a few days.

Common symptoms (>10%):

- cramping, diarrhea, nausea, sweating, hot or cold flashes, headache, dizziness, flu-like symptoms, fatigue, anxiety, restlessness, trouble sleeping, vivid dreams, tremors, muscle aches

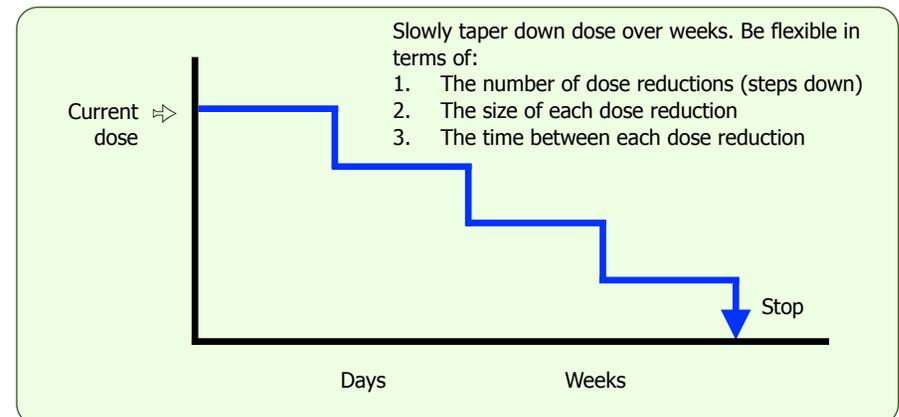
Less common symptoms (1-10%):

- confusion, pounding heart (palpitations), unusual movements, mood changes

Not all antidepressants cause the same types of discontinuation symptoms:

- MAOIs have their own type of discontinuation symptoms that are similar to the SSRI/SNRI discontinuation syndrome. Symptoms may include flu-like symptoms, headache, nausea, sweating, muscle weakness, muscle jerks, vivid dreams, irritability, restlessness, visual disturbances, psychosis, high blood pressure, and a racing heart rate.
- Bupropion (Wellbutrin®) is not known to cause discontinuation symptoms.
- Among the SSRIs and SNRIs, venlafaxine (Effexor®), desvenlafaxine (Pristiq®), and paroxetine (Paxil®) are known to cause discontinuation symptoms that are more uncomfortable compared to the other medications in the same classes.
- Fluoxetine (Prozac®) is a medication that is cleared very slowly (weeks) by your body compared to other antidepressants (days). Therefore, it does not often cause a discontinuation syndrome and when it does the symptoms are less severe. For most people it can be stopped abruptly without causing a discontinuation problem.

Common approach to stopping antidepressants



What to do

The best way to avoid or minimize side effects of stopping antidepressants is to be aware of what to expect and to have an action plan in place. Your pharmacist and prescriber can help you with this. There are several principles to stopping longer-term antidepressant use safely.

1) Slow taper:

Slowly decrease the dose of the antidepressant over several weeks. This is known as “tapering”. This limits the risk for symptom relapse and minimizes or avoids the discontinuation syndrome. In general, the longer the antidepressant has been taken the more gradual the tapering process should be. You should be able to reduce the dose more quickly at the start then slow down near the end as the dose is reduced. Long-term antidepressant treatment should be discontinued abruptly only when medically necessary.

2) Symptoms will pass:

Often tapering the dose does not completely eliminate all discontinuation symptoms. If the syndrome is mild and tolerable, symptoms usually peak within a few days and markedly improve within a week.

3) Troubleshooting:

If discontinuation symptoms are long-lasting, more severe, or otherwise unbearable, it's important to contact your prescriber or pharmacist. Restarting the medication usually resolves the symptoms within hours. Getting off the medication for good might require a slower taper or a switch to fluoxetine treatment for a few weeks then its gradual taper off. Fluoxetine is unique in how slowly it is cleared from the body, which helps minimize discontinuation symptoms.

Resources for patients & clinicians

Free:

NHS Choices: How Should Antidepressants be Discontinued?
<http://www.nhs.uk/chq/Pages/869.aspx?CategoryID=73&SubCategoryID=104>

NHS Education for Scotland: Stopping Antidepressants - The Antidepressant Discontinuation Syndrome
<http://www.nes.scot.nhs.uk/media/344033/stoppingantidepressants.pdf>

psychiatry.net's Switchwiki (antidepressants, antipsychotics, mood stabilizers, benzodiazepines) http://wiki.psychiatry.net.nl/index.php/Main_Page

Warner CH, Bobo W, Warner C, et al. Antidepressant discontinuation syndrome. *Am Fam Physician* 2005;74: 449-56.
<http://www.aafp.org/afp/2006/0801/p449.html>

Not free:

Haddad PM, Anderson IM. Recognising and managing antidepressant discontinuation symptoms. *Advances in Psychiatric Treatment* 2007;13: 447-57.
<http://apt.rcpsych.org/content/13/6/447.full>

Howland RH. Potential adverse effects of discontinuing psychotropic drugs: part 2. antidepressant drugs. *J Psychosoc Nurs Ment Health Serv* 2010;48: 9-12.
<http://www.ncbi.nlm.nih.gov/pubmed/?term=20608581>

<http://medicationinfoshare.com>



What you should know about

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Clinic/Pharmacy Information: