

# How to discontinue antidepressants

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There has been a lot of attention to problems patients face in discontinuing antidepressant drugs. However, there appear to be few indications, particularly in guidelines and reviews. In an article in the current issue of *Psychotherapy and Psychosomatics*, Giovanni Fava, MD and Carlotta Belaise, Ph.D., analyse data that can guide antidepressant discontinuation.

The damages of miseducation are difficult to overcome. Antidepressants are important and potentially life-saving drugs if the proper indications are endorsed. However, the prescribing physician is currently driven by an overestimated consideration of potential benefits, with little attention to the likelihood of responsiveness and neglect of potential vulnerability to the adverse effects of treatment.

A rational use of antidepressants that incorporates all potential benefits and harms consists in targeting their application only to the most persistent cases of depression, limiting their use to the shortest possible time, and reducing their utilization in [anxiety disorders](#) (unless a [major depressive disorder](#) is present or other treatments have been ineffective). Since behavioral [toxicity](#) appears to be related to the dosages of antidepressants, the lowest dose of these agents that seems to be both effective and well tolerated should be employed. Augmenting strategies (i.e., adding new psychotropic drugs to the regimen) need to be carefully weighed, if not avoided, because of their strong link with behavioral toxicity. One should be particularly concerned with young patients who are given antidepressants for anxiety [disorders](#) and prolong this treatment indefinitely without undergoing any form of psychotherapy.

What will be the long-term outcome of their disturbances? Will tolerance develop and trigger deterioration and refractoriness?

According to the authors, the time has come to initiate research on withdrawal phenomena related to antidepressants, and to redefine the use and indications of these medications, including their differential likelihood of inducing behavioral toxicity.

**More information:** Giovanni A. Fava et al. Discontinuing Antidepressant Drugs: Lesson from a Failed Trial and Extensive Clinical Experience, *Psychotherapy and Psychosomatics* (2018). [DOI: 10.1159/000492693](https://doi.org/10.1159/000492693)

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