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Michigan Depression Outreach and Collaborative Care (MDOCC)

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How long do I need to take my Antidepressant Medication?

One of the most common questions patients ask their clinician is how long they need to take their antidepressant medication.

The Answer: It really depends on the likelihood your depression will return should you stop taking the medication.

You are more likely to have a return of depression if...

- You have had more than one previous episode of depression that was severe and/or difficult to treat
- There is a history of depression in your family
- You have other medical or psychiatric illnesses
- You have a history of abuse and/or trauma
- Your first episode of depression was before the age of 20
- Have significant life stressors
- Have 1 or 2 symptoms of depression that still persist while on medication.

(These are called residual symptoms. Residual symptoms may include; difficulties in concentrating sleep problems, decreases in energy or minor anxiety symptoms.)

What is the definition of maintenance medication therapy?

Treatment designed to prevent recurrence or the development of a new episode of depression once the patient has achieved remission. (Remission is the complete or near complete absence of symptoms and a return to normal functioning.)

Patients who should be considered for long-term maintenance antidepressants:

- Have 1 or more of the risk factors listed above.
- Had 3 or more episodes of depression in their past
- Had 2 or more episodes of depression, plus...
 - Family history of depression
 - More than 120 days with depression in lifetime
- Had 1 or more episodes of depression, plus...
 - Depression not responding well to treatment
 - Moderate or Severe Depression
 - Depression that came back after discontinuing medication
 - History of a suicide attempt. (Greden, 2002, 2005)

Patients who may NOT be considered for long-term maintenance antidepressants:

- Someone who has reached remission from first episode of depression
- Depression was precipitated by a clear stressor
- No known family history of Major Depression
- A woman who has had 1 depressive episode, plans on having children, and does not want to be on medication while pregnant.

How long should stay on this medication?

Once remission has been achieved it is recommended that you continue the medication 6-12 months before deciding to discontinue the medication. Keep in mind anyone going off their medication should do this with the guidance of their clinician, be closely monitored and be prepared to re-enter treatment if any depression symptoms return.

*50% of those who have had a single episode of depression will go on to have another episode.

*70% of those who have had 2 episodes will have a third.

*With each additional episode of depression, evidence suggests that these episodes tend to get more severe, occur closer together and become harder to treat, which makes it **critical** to prevent future episodes.

*Antidepressant medication reduces the odds of relapse by **70%** compared to those who stop their medication. (Geddes JR, et al. *Lancet*. 2003; 361:653-661.)

This is why long term antidepressants (maintenance medications) are recommended for patients who have a high risk of recurring depression.

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Antidepressant Discontinuation Syndrome

Suddenly stopping your antidepressant medicine may make you may feel like you have the flu, have trouble sleeping, have an upset stomach, have shock-like sensations in the arms and hands, feel dizzy, or feel nervous. This is called antidepressant discontinuation syndrome. It is not dangerous or life threatening and often goes away within one week.

What causes antidepressant discontinuation syndrome?

There are several hypotheses and the definitive explanation remains unknown. Early reports of antidepressant discontinuation syndrome made heavy use of the term “withdrawal” to describe discontinuation symptoms; however, antidepressant medications are not believed to be habit forming and not associated with drug-seeking behavior.

Which antidepressants can cause this problem?

Patients are more likely to have a problem if they stop taking paroxetine (Paxil), venlafaxine (Effexor), or sertraline (Zoloft). They are least likely to experience this problem with fluoxetine (Prozac)

What can I do if I have antidepressant discontinuation syndrome?

If you stopped your medicine without talking to your doctor or if you missed a dose, then you can just start taking your medicine again. If you stopped your medicine on purpose, talk to your doctor about why you stopped. If you and your doctor have decided you should slowly take less medicine until you stop, or if you are out of medicine, talk to your doctor right away about increasing your dose or restarting your medicine.

How do I keep this from happening again?

Take your medicine exactly like your doctor tells you to. If you want to stop taking your medicine, talk to your doctor first. Not being able to stop all at once does not mean that you are addicted to your medicine.

Information regarding medication maintenance was obtained from the *Academic Highlights* section of [The Journal of Clinical Psychiatry](#) 68:4, April 2007

Information regarding antidepressant discontinuation syndrome was obtained online from the “American Family Physician”. The article is titled “Antidepressant Discontinuation Syndrome: What You Should Know”. Vol. 74 No. 3 August 1, 2006. It can be found online at www.aafp.org.

Educational materials on this topic as well as other topics regarding depression and depression treatment are available through the care managers in the MDOCC Program

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