

Clinician Resources – Medication Discontinuation

How long does a patient need to take their 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 that the patient's depression will return should you suggest they stop taking their medication.

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

- They have had more than one previous episode of depression that was severe and/or difficult to treat
- There is a history of depression in their family
- They have other medical or psychiatric illnesses
- They have a history of abuse and/or trauma
- Their 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.
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(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 a patient stay on this medication?

Once remission has been achieved it is recommended that the patient 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 you, their clinician. The patient needs to be closely monitored and be prepared to re-enter treatment if any depression symptoms return.

- 50% of patients who have had a single episode of depression will go on to have another episode.
- 70% of patients 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

Antidepressant Discontinuation Syndrome

The sudden stoppage of antidepressant medicine may make the patients feel like they 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 if a patient has antidepressant discontinuation syndrome?

If the patient stopped taking their medicine without consulting their physician or if they missed a dose, then they can just start taking their medicine again. If you and your patient have decided they should slowly take less medicine until they stop, or if they are out of medicine, talk to your patient right away about increasing their dose or restarting their medicine.

How to prevent this from happening again?

Explain to your patient to take their medication exactly as prescribed. If they want to stop taking their medicine, they need to consult their physician first. Not being able to stop all at once does not mean that the patient is addicted to their 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.