

# Researchers say extended antidepressant use creates physical dependence

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**Table.**  
**Symptoms of Antidepressant Discontinuation Syndrome and Recommendations for Taper Rates<sup>8,10</sup>**

Drug	Recommended Taper Rate	Discontinuation Symptoms
<b>MAOIs</b>		
Phenelzine	Reduction of 15 mg every 2 wk or 10% per wk	Headache, insomnia, myoclonic jerks, agitation, catatonia, delirium, delusions, hallucinations
<b>Tricyclics</b>		
<ul style="list-style-type: none"> <li>■ Amitriptyline</li> <li>■ Clomipramine</li> <li>■ Desipramine</li> <li>■ Doxepin</li> <li>■ Imipramine</li> <li>■ Nortriptyline</li> </ul>	Gradually taper over 3 mo	Influenzalike symptoms, headache, lethargy, insomnia, dizziness, nausea, akathisia, parkinsonism, tremor, agitation, anxiety, low mood
<b>SSRIs</b>		
Fluoxetine	Gradual taper generally unnecessary due to long half-life and active metabolite	Influenzalike symptoms, headache, lethargy, abdominal pain, diarrhea, insomnia, dizziness, nausea, imbalance, electric shock, irritability, anxiety, low mood
Paroxetine	Reduction of 10 mg every 5-7 d with a final dosage of 5-10 mg/d before discontinuation	
Sertraline	Reduction of 50 mg every 5-7 d with a final dose of 25-50 mg/d before discontinuation	
<b>SNRIs</b>		
Venlafaxine	Reduction of 25 mg every 5-7 d with a final dosage of 25-50 mg/d before discontinuation	Influenzalike symptoms, headache, lethargy, nausea, insomnia, dizziness, electric shock, anxiety, low mood

Abbreviations: MAOI, monoamine oxidase inhibitor; SNRI, serotonin-norepinephrine reuptake inhibitor; SSRI, selective serotonin reuptake inhibitor.

Researchers provide a schedule for gradually reducing dosage for each class and type of antidepressant, along with associated withdrawal symptoms for which patients and physicians should monitor. Credit: JAOA

Patients who have taken antidepressants for years should consider coming off the medication. However, researchers say they will likely face difficult and even dangerous withdrawal symptoms due to a physical dependence.

The best process is to follow a tapering schedule while consulting with a [physician](#), according to research in *The Journal of the American Osteopathic Association*. Stopping [medication](#) outright is almost never advisable.

"I understand that many people feel safe in that their depression or anxiety is continuously managed by medication. However, these are mind-altering drugs and were never intended as a permanent solution," says Mireille Rizkalla, Ph.D., Assistant Professor, Department of Clinical Integration at Midwestern University Chicago College of Osteopathic Medicine, and lead author on this research. "Once the patient's depression or anxiety has been resolved, the physician should guide them toward discontinuation, while providing non pharmacologic treatments to help them maintain their [mental health](#)."

## **Hard to quit**

Patients who stop taking their medication often experience Antidepressant Discontinuation Syndrome (ADS), which includes flu-like symptoms, insomnia, nausea, imbalance, sensory disturbances often described as [electric shocks](#) or "brain zaps", and hyperarousal.

Older, first-generation antidepressants often come with additional risks for more severe symptoms, including aggressiveness, catatonia, cognitive impairment, and psychosis. Discontinuing any antidepressant also carries a risk for gradual worsening or relapsing of depression and anxiety, as well as [suicidal thoughts](#).

## Indefinitely medicated

A recent report from the CDC said a quarter of people taking antidepressants had been using them for a decade or more. Rizkalla says this data makes the case that patients and physicians are overly reliant on medication without concern for long-term consequences.

"I think we have a real problem with patient care management, when it comes to prescribing antidepressants," says Rizkalla. "We tend to put patients on an SSRI and more or less forget about them."

She adds that, while relatively safe, antidepressants still carry side effects, including weight gain, sexual dysfunction and emotional numbing. She also urges caution as the evidence for antidepressant risk factors is based on short-term usage, and says there are no sufficient longitudinal studies on the neurologic impact of taking antidepressants for decades.

Rizkalla and her coauthors included the following tapering schedule for varying classes of [antidepressants](#). However, she insists patients consult their physician before and throughout the process to monitor their symptoms and progress.

**More information:** *The Journal of the American Osteopathic Association*, [DOI: 10.7556/jaoa.2020.030](https://doi.org/10.7556/jaoa.2020.030)

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