NHS
Midlands and Lancashire
Commissioning Support Unit

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Deprescribing: Antidepressants for depressive disorders

Prescribing tip for information

Part of a series of prescribing tips to support clinicians conducting Structured Medication Reviews (SMRs)

Before deprescribing antidepressants the following should be considered

1. Assess patients for **risk factors for relapse** . The most important are ***presence of residual symptoms, number of previous episodes, severity, duration, and degree of treatment resistance of the most recent episode***. There is a high risk of relapse after a depressive episode, especially in the first 6 months.[1]

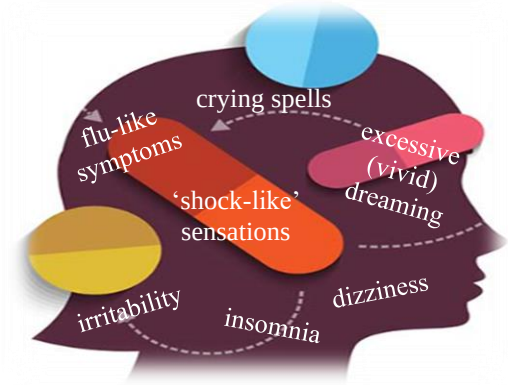
2. Medication-responsive **patients should have their medication continued** at the acute treatment dose **after remission** with the duration tailored to the individual relapse risk[1]:

Low Risk	Increased Risk	High Risk
(e.g. first-episode patients without other risk factors) Continue for at least 6-9 months **after full remission**	continue for at least 1 year **after full remission**	*(e.g. more than five lifetime episodes and/or two episodes in the last few years)* continue for at least 2 years **after full remission** (for most long-term treatment should be considered).

Once the above has been considered and an agreement has been reached with the patient to deprescribe;

- Reduce the dose of the antidepressant gradually over **at least** 4 weeks (this is not necessary with *fluoxetine (20mg)* due to its long half-life). Reduce the dose over longer periods for drugs with a shorter half-life (e.g. *paroxetine* and *venlafaxine*).[2]
- After long-term prophylaxis, the British Association of Psychopharmacology guideline on depression advises a longer taper (of some months) may be required.[1]

Be aware of the characteristic **discontinuation symptoms**[3] and their possibility in any patient who stops antidepressant drug treatment.



- The **perception of symptoms may be made worse for the patient if the practitioner gives them no warning.**
- Explain that whilst discontinuation symptoms which arise when stopping or reducing antidepressants are normally mild and self-limiting, there is substantial variation in people's experience, with symptoms lasting much longer (sometimes months or more) and being more severe for some patients.[2]
- If the patient experiences discontinuation symptoms:
  - monitor them and reassure the patient if symptoms are **mild**
  - consider reintroducing the original antidepressant at the dose that was effective if symptoms are **severe** and taper gradually while monitoring symptoms.[1,3]

Advice on tapering and stopping specific antidepressants can be found in The Maudsley Prescribing Guidelines in Psychiatry, or by contacting the North West Medicines Information Centre or from the Medicines Optimisation Team

References

1. Cleare A, Pariante CM, Young AH, et al. Evidence-based guidelines for treating depressive disorders with antidepressants: A revision of the 2008 British Association for Psychopharmacology guidelines. *J Psychopharmacol*. May 2015;29(5):459-525. doi:10.1177/0269881115581093
2. National Institute for Health and Care Excellence. Depression in adults: recognition and management [Internet]. [London]: NICE; 2009 [cited 2021 Mar 10]. (Clinical guideline [CG90]). Available from: https://www.nice.org.uk/guidance/cg90
3. Barnes TRE, Taylor DM, Young AH. The Maudsley Prescribing Guidelines in Psychiatry. John Wiley & Sons, Incorporated; 2018.

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