

DISCONTINUING ANTIDEPRESSANT MEDICATIONS

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One person out of 6 in United States is taking psychotropic drugs. In 80% of cases it is for long-term use and predominantly involves new generation antidepressants, such as SSRI (e.g., fluoxetine) and SNRI (e.g., venlafaxine). When patients want to take off these drugs and/or their physicians decide it is time to stop, substantial problems ensue. About one patient out of two experiences withdrawal symptoms, that do not necessarily subside after a few days or weeks and may be severe and threatening. Physicians often do not know what to do, because of massive denial of the problem by scientific societies and journals. Major financial interests (pushing prescriptions to the highest doses and most prolonged administrations) are behind this denial. As a result, patients experiencing the anguish and mental pain of withdrawal syndromes are unlikely to receive appropriate medical attention. They have been forced to refer themselves to websites, groups, associations, which had the recognized merit of providing support, but could not offer the medical competence that is required. Only recently attention has been called on the problem.

The aim of this **single-author book** is to provide updated information that may help professionals in determining whether discontinuation of antidepressant drugs is feasible (is it appropriate for the individual patient? what are the counter-indications of stopping? what are the counter-indications of continuing?) and how it can be performed (the different options that are available). Discontinuing antidepressants is a highly technical challenge (far more difficult than prescribing them), that requires specific strategies (in most of the cases, the joint use of pharmacological and **psychotherapeutic techniques, which include Well-Being Therapy**; in some cases, pharmacological steps accompanied by a close patient-physician interaction) and information that is not likely to be available to the prescribing physician (the problem is substantially ignored by guidelines). The author analyzes each clinical step with the help of the available literature and his clinical experience, based on hundreds of personal cases. The book provides case illustrations and clinical examples throughout, emphasizing the role of clinical judgment.

The primary audience is physicians (particularly psychiatrists, but most of the prescribers are primary care physicians), psychologists, and mental health workers. However, because of the focus of volume and the style of writing, the potential audience may be extensive (general public). As yet, no other book on the topic is available.

List of Contents:

1. **Gaining insight of the problem.** How the problem emerged in the literature and clinical practice and how it has been minimized in the literature.
2. **The clinical manifestations of withdrawal following antidepressants discontinuation.** A description of the various clinical manifestations that may ensue, with suggestions for differential diagnosis with other clinical phenomena (e.g. the return of symptoms because the medication is stopped).
3. **The concept of behavioral toxicity.** Description of the conceptual framework that may help connecting the withdrawal symptomatology with other clinical events, such as loss of effect or paradoxical reactions.

4. **Understanding the pathophysiology of withdrawal syndromes.** What happens at the level of receptors: the various hypotheses and a unifying framework based on the oppositional model of tolerance.
5. **The decision of discontinuing antidepressants.** What are the elements that should be weighed in deciding to discontinue antidepressant drugs?
6. **The setting of guided antidepressants discontinuation.** What type of medical and psychological team is ideal for performing discontinuation.
7. **The role of clinical assessment in planning antidepressant drugs discontinuation.** A specific assessment, that is not performed in routine practice, is necessary and needs to be described.
8. **Pharmacological strategies and options.** What are the options and which are the indications and counter-indications. The problem of multiple psychotropic drugs and of interactions with medications directed to other conditions.
9. **Psychotherapeutic management: first module.** The use of explanatory therapy for helping the patient through the withdrawal.
10. **Psychotherapeutic management: second module.** The use of cognitive behavior therapy for addressing symptoms that emerged after medication discontinuation.
11. **Psychotherapeutic management: third module.** The use of Well-Being Therapy for addressing the uncertainties of the patient.
12. **Prevention of dependence and withdrawal with antidepressant medications.** What is the rational use of antidepressant drugs that may prevent dependence with the ensuing problems of withdrawal?
13. **A different psychiatry is possible.** A different, revolutionary way of practicing psychiatry is presented.