Antidepressant Withdrawal Reactions
Psychological, Cognitive and Physical
Contents
Antidepressant Withdrawal Reactions ..........................................................3
Antidepressant ‘Half Life’ .............................................................................6
Examples of Antidepressants with a Short ‘Half Life’ ..................................7
Antidepressant Withdrawal ..........................................................................8
NICE Guidelines and Improving Access to Psychological Therapies ..........9
SSRI and SNRI
Psychological Withdrawal Reactions .........................................................10
Physical Withdrawal Reactions ..................................................................11
Tricyclics
Psychological Withdrawal Reactions .........................................................12
Physical Withdrawal Reactions ..................................................................13
MAOIs
Psychological Withdrawal Reactions .........................................................14
Physical Withdrawal Reactions ..................................................................15
Withdrawal Information Resources ..............................................................16
References ....................................................................................................19
Antidepressant Withdrawal Reactions

Antidepressant withdrawal reactions\(^1\) or discontinuation symptoms which are sometimes referred to as discontinuation syndrome, are similar to antidepressant adverse reactions; this is due to neurotransmitter disruption incurred in both situations.\(^2\)

Besides the many research papers depicting antidepressant withdrawal signs and symptoms there is also a wealth of personal accounts of the difficulties in withdrawal from antidepressants,\(^3\) which for some people takes great determination.\(^4\)
Antidepressant Withdrawal Reactions

It is important to be aware of the potential adverse reactions to antidepressant discontinuation\textsuperscript{5,6} as symptoms “can occur whenever antidepressants are used, i.e. they are not dependent on the presence of any underlying psychiatric disorder.”\textsuperscript{7}

Symptoms of antidepressant discontinuation include physical and psychological changes and may be mistaken for physical illness or psychological relapse into depression and suicidal ideation.\textsuperscript{5,6,8} By identifying these symptoms as discontinuation correctly, costly tests and treatment for potential mistaken diagnosis could be avoided.\textsuperscript{6}
Antidepressant Withdrawal Reactions

Discontinuation symptoms are determined by individual genetic characteristics as these affect the breakdown of antidepressants,\(^7\) with Poor Metabolisers experiencing greater difficulties in withdrawal.\(^4\)

Genetic characteristics i.e. to determine Poor Metaboliser status, can be determined by a genotyping test.

Discontinuation symptoms typically start when 90% or more of the drug has left the body system.\(^9\) and are more likely to occur at the start of a drug, change in dosage, tapering and on discontinuation or withdrawal.\(^1,2,4,10-13.\)

The physical and psychological withdrawal reactions\(^{10}\) indicate antidepressants do cause dependency. The habit forming potential of Seroxat was acknowledged in June 2003, 8 months after the BBC Panorama programme “Secrets of Seroxat”\(^{11}\) when wording was removed from the Patient Information Leaflet that previously denied the habit forming potential of Seroxat.
Antidepressant ‘Half-life’

Discontinuation Syndrome is more likely to occur following a long duration of antidepressant use and antidepressants with a short half-life\textsuperscript{13} of less than 24 hours are more hazardous compared to those with a long ‘half-life’.\textsuperscript{14}

This is due to the inability of the brain to adjust to the erratic biochemical imbalances caused by the fluctuating drug blood levels every day and results in impaired functioning,\textsuperscript{14} unstable moods, irritability and aggression.

Antidepressants with a longer $\frac{1}{2}$ life such as Prozac (4-6 days) and Citalopram (36 hours) may be easier to stop initially, as withdrawal reactions may not start until as much as 25 days later as in the case of Prozac or a week later with Citalopram.\textsuperscript{9}
Examples of Antidepressants with a Short Half-life

The half-life of a drug is the amount of time it takes for half of the drug dose to leave the body.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Half-life</th>
<th>Drug</th>
<th>Half-life</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SSRIs</strong></td>
<td></td>
<td><strong>Tricyclics</strong></td>
<td></td>
</tr>
<tr>
<td>Fluvoxamine/Luvox</td>
<td>13-15 hours</td>
<td>Amitryptilene</td>
<td>9-25 hours</td>
</tr>
<tr>
<td>Seroxat/Paroxetine/Paxil</td>
<td>15-21 hours</td>
<td>Amoxapine</td>
<td>8-30 hours</td>
</tr>
<tr>
<td><strong>SNRIs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duloxetine/Cymbalta</td>
<td>8-17 hours</td>
<td>Desipramine</td>
<td>14-25 hours</td>
</tr>
<tr>
<td>Venlafaxine/Effexor</td>
<td>3-13 hours</td>
<td>Doxipin</td>
<td>11-23</td>
</tr>
<tr>
<td>Mirtazapine</td>
<td>20-40 hours</td>
<td>Imipramine/Tofranil</td>
<td>10-16 hours</td>
</tr>
<tr>
<td>Pristique/desvenlafaxine</td>
<td>12 hours</td>
<td>Lofepramine</td>
<td>5 hours</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bupropion/Wellbutrin/Zyban</td>
<td>12-30 hours</td>
<td>Nortryptilene</td>
<td>16-38 hours</td>
</tr>
<tr>
<td>Trazodone</td>
<td>7.1 hours</td>
<td>Moclobemide</td>
<td>2-4 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nardil/Phenleazine</td>
<td>1.2 hours</td>
</tr>
</tbody>
</table>

Refs: 4, 9, 13.
Antidepressant Withdrawal

The pharmaceutical industry promoted the myth of chronic depressive disease in relation with the negative psychological and cognitive effects experienced following antidepressant discontinuation.\textsuperscript{15}

Antidepressant withdrawal/discontinuation effects are different from a relapse or recurrence\textsuperscript{10} and are not to be erroneously mistaken for the return of ‘depression’.

\textbf{NEVER} stop taking antidepressants suddenly.
Neither UK NICE Guidelines\textsuperscript{16} or IAPT\textsuperscript{17}:

- Provide information about withdrawal/discontinuation symptoms from antidepressants.
- Give information on \textit{how} to stop taking antidepressants.

It is as though these ‘professional’ sources disown responsibility in acknowledgement of antidepressant withdrawal difficulties.
SSRI and SNRI Antidepressant Psychological Withdrawal Reactions

Serotonin Selective Reuptake Inhibitors (SSRIs) and Serotonin & Norepinephrine Reuptake Inhibitors (SNRIs) have similar actions.

<table>
<thead>
<tr>
<th>SSRIs:</th>
<th>SNRIs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• citalopram/escitalopram</td>
<td>• venlafaxine/effexor</td>
</tr>
<tr>
<td>• prozac/fluoxetine</td>
<td>• agomelatine/valdoxan</td>
</tr>
<tr>
<td>• seroxat/paroxetine</td>
<td>• reboxetine/edronax</td>
</tr>
<tr>
<td>• sertraline/lustral</td>
<td>• duloxetine/cymbalta</td>
</tr>
<tr>
<td>• fluvoxamine/faverin</td>
<td></td>
</tr>
</tbody>
</table>

Affective
Mood swings/Unstable Moods
Hypomania
Hyperarousal
Anxiety/Agitation
Impulsive behaviour
Aggression/irritability
Crying spells
Lowered mood/Depression

Cognitive
Slowed thinking
Confusion/Memory problems
Decreased concentration
Suicidal thoughts and actions
Homicidal thoughts

Sleep
Disturbed sleep, Insomnia
Vivid dreams and nightmares

Psychosis
Change in personality
Uncharacteristic feelings of violence.
Disorientation
Mania, Hallucinations
Depersonalisation – feelings of unreality and detachment from surroundings

Refs: 3, 4, 12-14, 18-26.
SSRI & SNRI Antidepressant Physical Withdrawal Reactions

Serotonin Selective Reuptake Inhibitors (SSRIs) and Serotonin & Norepinephrine Reuptake Inhibitors (SNRIs) have similar actions.

<table>
<thead>
<tr>
<th>SSRIs:</th>
<th>SNRIs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• citalopram/escitalopram</td>
<td>• venlafaxine/effexor</td>
</tr>
<tr>
<td>• prozac/fluoxetine</td>
<td>• agomelatine/valdoxan</td>
</tr>
<tr>
<td>• seroxat/paroxetine</td>
<td>• reboxetine/edronax</td>
</tr>
<tr>
<td>• sertraline/lustral</td>
<td>• duloxetine/cymbalta</td>
</tr>
<tr>
<td>• fluvoxamine/faverin</td>
<td></td>
</tr>
</tbody>
</table>

General
- Flu like Symptoms – Chills
- Myalgia
- Sweating
- Headaches
- Fatigue, Lethargy, Drowsiness

Gastrointestinal
- Nausea and Vomiting
- Abdominal cramps and pain
- Diarrhoea, Flatulence
- Loss of appetite

Movement Disorders
- Extreme restlessness - Akathisia
- Muscle spasms
- Tremor
- Parkinsonism

Loss of Balance
- Dizziness, Vertigo
- Light Headedness
- Ataxia
- In-coordination

Sensory Disturbances
- Numbness
- Pins and needles, tingling
- Electric shock sensations
- ‘Head zaps’
- Disturbed Temperature
- Burning sensations
- Blurred vision
- Tinnitus
- Cardiac
- Tachycardia

Refs: 3, 4, 12-14, 18-20, 24-27.
# Tricyclic Antidepressant Psychological Withdrawal Reactions

**Tricyclic – (TCA):**
- imipramine
- cloimipramine/anafranil
- amitryptyline
- dosulipin/prothiaden
- doxepin/sinepin

<table>
<thead>
<tr>
<th>Affective</th>
<th>Affective</th>
<th>Psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypomania</td>
<td>Apathy</td>
<td>Mania</td>
</tr>
<tr>
<td>Mood changes</td>
<td>Social withdrawal</td>
<td>Psychosis/hallucinations</td>
</tr>
<tr>
<td>Hyperarousal/Hyperactivity</td>
<td>Depressed low mood</td>
<td>Depersonalisation</td>
</tr>
<tr>
<td>Restlessness/irritability</td>
<td>Memory problems</td>
<td>Disorientation</td>
</tr>
<tr>
<td>Agitation/Aggression/Hostility</td>
<td>Poor judgement</td>
<td>Delirium/Confusion</td>
</tr>
<tr>
<td>Excessive anxiety</td>
<td>Reckless behaviour</td>
<td>Sleep</td>
</tr>
<tr>
<td>Panic attacks</td>
<td></td>
<td>Insomnia, Nightmares</td>
</tr>
</tbody>
</table>

*Refs: 3, 4, 13, 18-22, 28.*
## Tricyclic Antidepressant Physical Withdrawal Reactions

<table>
<thead>
<tr>
<th>Tricyclic – (TCA):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• imipramine</td>
</tr>
<tr>
<td>• cloimipramine/anafranil</td>
</tr>
<tr>
<td>• amitryptyline</td>
</tr>
<tr>
<td>• dosulipin/prothiaden</td>
</tr>
<tr>
<td>• doxepin/sinepin</td>
</tr>
<tr>
<td>• lofepramine</td>
</tr>
<tr>
<td>• nortryptiline/allegron</td>
</tr>
<tr>
<td>• trazodone/molipaxin</td>
</tr>
<tr>
<td>• trimipramine/surmontil</td>
</tr>
<tr>
<td>• manserin</td>
</tr>
</tbody>
</table>

### General
- Flu like symptoms-
- Hot and cold sweats
- Increased libido
- Headaches
- Lethargy

### Cardiac Disorders
- Arrhythmias
- Fast or irregular heartbeat
- Low blood pressure

### Movement Disorders
- Dyskinesias
- Extreme Restlessness-Akathisia
- Muscle spasms - Dystonias
- Slow rigid movement
- Parkinsonism and Tremor

### Balance Problems
- Unsteadiness
- Ataxia

### Gastrointestinal
- Nausea, Vomiting
- Abdominal cramps, pain
- Stomach Ache
- Bowel discomfort
- Diarrhoea
- Loss of appetite
- Dry mouth/drooling

### Sensory Disturbances
- Goosebumps

Refs: 4, 13, 18-20, 28.
# MAOI Antidepressant Psychological Withdrawal Reactions

## Monoamine Oxidase Inhibitors (MAOI):
- moclobemide
- phenelzine/nardil
- tranylcypromine
- isocarboxazid

N.B. MAOIs can cause a dangerous reaction to certain foods & drinks

<table>
<thead>
<tr>
<th>Affective</th>
<th>Cognitive</th>
<th>Psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood changes</td>
<td>Confusion</td>
<td>Mania</td>
</tr>
<tr>
<td>Low Mood</td>
<td>Cognitive impairment</td>
<td>Catatonic states</td>
</tr>
<tr>
<td>Hyperarousal</td>
<td></td>
<td>Delirium</td>
</tr>
<tr>
<td>Anxiety/Agitation</td>
<td>Sleep</td>
<td>Delusions</td>
</tr>
<tr>
<td>Aggression /irritability</td>
<td>Insomnia</td>
<td>Hallucinations</td>
</tr>
<tr>
<td>Pressured speech –</td>
<td>Nightmares</td>
<td>Paranoia</td>
</tr>
<tr>
<td>Unusual talkativeness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refs: 4, 13, 18-22.
# MAOI Antidepressant Physical Withdrawal Symptoms

**Monoamine Oxidase Inhibitors (MAOI):**

- moclobemide
- phenelzine/nardil
- tranylcypromine
- isocarboxazid

**N.B. MAOIs can cause a dangerous reaction to certain foods & drinks**

<table>
<thead>
<tr>
<th>General</th>
<th>Movement Disorders</th>
<th>Sensory Disturbance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Myoclonic jerks</td>
<td>Tingling</td>
</tr>
<tr>
<td>Shivering</td>
<td>Muscle weakness</td>
<td>Burning sensations</td>
</tr>
<tr>
<td><strong>Loss of Balance</strong></td>
<td>Postural Hypotension – Low Blood Pressure on standing</td>
<td></td>
</tr>
</tbody>
</table>

Refs: 4, 13, 18-20.
Withdrawal Information Websites

“COMING OFF.COM”
http://www.comingoff.com/

“The ICARUS PROJECT. Harm Reduction Guide To Coming Off Psychiatric Drugs & Withdrawal”

MIND “Making sense of coming off psychiatric drugs”

The Road Back Programme
http://theroadback.org/
Books and DVD about Withdrawal

*Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Medications.* by Peter Breggin M.D. and David Cohen Ph.D.
The first book to expose the shortcomings of psychiatric drugs and to guide patients and doctors through the process of withdrawing from them.

*Psychiatric Drug Withdrawal. A Guide for Prescribers, Therapists, Patients and their Families.* by Peter Breggin, M.D.
Springer Publishing Co. 2013

*Coming off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers.* Prefaces by Judi Chamberlin, Pirkko Lahti, Loren R. Mosher and Peter Lehmann
Peter Lehmann Publishing 2004
http://www.antipsychiatrieverlag.de/foreign/books1/withdraw.htm
**Advice on Medication** by Thomas, P. and May, R., 2003, Hearing Voices Network, Manchester. [http://www.hearing-voices.org/resources/](http://www.hearing-voices.org/resources/)


“**Take These Broken Wings: Recovery from schizophrenia without medication.**” A documentary by Daniel Mackler with Joanne Greenberg, Peter Breggin, Robert Whitaker and Catherine Penney. PCCS Books [http://www.pccs-books.co.uk/authors/daniel-mackler](http://www.pccs-books.co.uk/authors/daniel-mackler)
References:


(3) Social Audit: Reports of Withdrawal Reactions http://www.socialaudit.org.uk/425ssritable.htm#REPORTS


(9) Glenmullen J., Harvard Health Publications, Going off antidepressants. Nov 2010
http://books.google.co.uk/books/about/The_antidepressant_solution.html?id=6tDzDD8S64YC&redir_esc=y


(11) BBC News Panorama “The Secrets of Seroxat” October 2002
http://news.bbc.co.uk/1/hi/programmes/panorama/2310197.stm

(12) MIND “Making Sense of Antidepressants”: written for Mind by Katherine Darton


(15) Allan M. Leventhal, PhD Christopher R Martell. The Myth of Depression As Disease: Limitations And Alternatives to Drug Treatment. Greenwood Publishing Group, 2006 http://books.google.co.uk/books/about/The_Myth_of_Depression_As_Disease.html?id=7Zim_CSAINcC
(16) The NICE Guideline on the Treatment and Management of Depression in Adults Updated Edition 2010

(17) IAPT Reach Out - National Programme Supervisor Materials to Support the Delivery of Training for Psychological Wellbeing Practitioners Delivering Low Intensity Interventions. By David Richards, Marie Chellingsworth, Roslyn Hope, Graham Turpin and Mark Whyte. First published in the UK by Rethink 2010 Page 38 Medication support


Contributors:

Catherine Clarke SRN, SCM, MSSCH, MBChA
Jan Evans MCSP. Grad Dip Phys

December 2012