RELEASE
Redressing long-term antidepressant use

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3As brief intervention: Ask, Advise, Assist

We know now what we did not know then – stopping antidepressants can be difficult.[1]

1. Ask:

Even brief interventions can be effective.[2, 3]

- How long have you been taking antidepressants?
- Have you ever thought about stopping or tried to stop?

2. Advise:

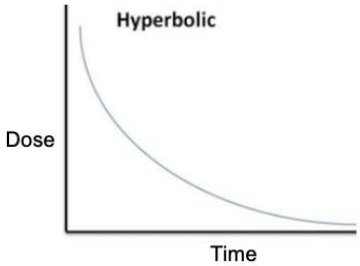
- Long-term antidepressant use is not recommended for most people.
  - The Australian Therapeutic Guidelines recommend if there is an acceptable response to "continue at the same dose for 6 to 12 months, then consider deprescribing".[4]
  - 1 in 7 Australians is taking an antidepressant,[5] half of them for longer than 12-months.[6]
- Depression is not a long-term condition caused by a chemical imbalance in the brain.
  - The 'serotonin deficiency' theory is not grounded in science.[7]
- Long-term antidepressant use is not harmless.
  - Adverse effects include lethargy; weight gain; sexual dysfunction including low libido and difficulty reaching orgasm in both women and men,[8] which may be permanent;[9] emotional numbing, feeling a lack of connection and care for others;[10] and in older age, increased risk of falls and fracture, GI bleeds, hyponatraemia, seizures, admission to residential care and all-cause mortality.[11-13]
- Withdrawal symptoms are common and can be severe, especially with long-term use.[14-18]
  - Some people report being unable to stop antidepressants, despite wanting to, because of withdrawal symptoms.[15]
- Withdrawal symptoms have often been mistaken for relapse, leading to reinstating or switching and continuing antidepressants.[15, 19]
  - Withdrawal symptoms include both emotional symptoms (anxiety, nervousness, irritability, worsened mood, tearfulness),[14, 15, 20] and physical symptoms (dizziness/light headedness, brain fog, increased sensitivity to light and sound, depersonalisation or feeling spaced out, brain zaps or electric shock sensations, agitation, vivid dreams, palpitations, nausea, muscle aches and cramps, akathisia) which can be useful in distinguishing withdrawal from relapse.
- Slow hyperbolic tapering of drug dose can help to minimise withdrawal symptoms.
  - Hyperbolic tapering of drug dose involves making smaller reductions at lower drug doses. Hyperbolic tapering of dose gives steady decrease in serotonin transporter receptor (SERT) occupancy.[21]

3. Assist:

- Provide a RELEASE Tapering plan and/or Decision aid.
  - Tapering plans provide step by step instructions for reducing dose. See: www.releasetoolkit.com.au
- Provide advice and/or a prescription antidepressant for mini doses.

Hyperbolic tapering of drug dose

Step	Sertraline (mg)	SERT occupancy (%)
1	100	85
2	50	80
3	25	70
4	15	60
5	10	50
6	6	40
7	4	30
8	2	20
9	1	10
10	0	0



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