

Supporting evidence

We know now what we did not know then – stopping antidepressants can be difficult:

Wallis KA, King A, Moncrieff J. Antidepressant prescribing in Australian primary care: time to reevaluate. *Med J Aust.* 2025;222(9):430-2.

Brief interventions can be effective:

Lynch T, Ryan C, Hughes CM, et al. Brief interventions targeting long-term benzodiazepine and Z-drug use in primary care: a systematic review and meta-analysis. *Addiction.* 2020;115(9):1618-39.

Mugunthan K, McGuire T, Glasziou P. Minimal interventions to decrease long-term use of benzodiazepines in primary care: a systematic review and meta-analysis. *Br J Gen Pract.* 2011;61(590):e573-e8.

Long-term antidepressant use is not recommended for most people:

Therapeutic Guidelines. Major Depression. 2021
<https://tgldcdp.tg.org.au/searchAction?appendedinputbuttons=major%20depression>.
(Accessed: 14 July 2025).

1 in 7 Australians are taking antidepressants, half of them for longer than 12-months. GPs prescribe 92% antidepressants:

Australian Institute of Health and Welfare. Mental health-related prescriptions 2021-22. 2023
<https://www.aihw.gov.au/mental-health/topic-areas/mental-health-prescriptions>

Kjosavik SR, Gillam MH, Roughead EE. Average duration of treatment with antidepressants among concession card holders in Australia. *ANZ J Psych.* 2016;50(12):1180-5.

Depression is not a long-term condition caused by a chemical imbalance in the brain. The ‘serotonin deficiency’ theory is not grounded in science.

Moncrieff J, et al. The serotonin theory of depression: a systematic umbrella review of the evidence. *Mol Psychiatry.* 2022 <https://doi.org/10.1038/s41380-022-01661-0>

Long-term antidepressant use is not harmless.

Coupland C, Dhiman P, Morriss R, et al. Antidepressant use and risk of adverse outcomes in older people: population-based cohort study. *BMJ.* 2011;343:d4551.

Cartwright C, Gibson K, Read J, et al. Long-term antidepressant use: patient perspectives of benefits and adverse effects. *Patient Prefer Adherence.* 2016;10:1401-7.

Bansal N, Hudda M, Payne RA, et al. Antidepressant use and risk of adverse outcomes: population-based cohort study. *BJPsych Open.* 2022;8(5):e164.

Harrison SL, Sluggett JK, Lang C, et al. The dispensing of psychotropic medicines to older people before and after they enter residential aged care. *Med J Aust.* 2020;212(7):309-13.

Therapeutic Guidelines. Updated warnings about persistent sexual dysfunction for antidepressants. 2024 May 23 [[Click here to read more](#)]

Rothmore J. Antidepressant-induced sexual dysfunction. *Med J Aust.* 2020;212(7):329-34.

Antidepressant withdrawal symptoms are common and can be severe:

Zhang M-M, Tan X, Zheng Y-B, et al. Incidence and risk factors of antidepressant withdrawal symptoms: a meta-analysis and systematic review. *Mol Psychiatry*. 2024.

Davies J, Read J. A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence-based? *Addict Behav*. 2019;97:111-21

Horowitz MA, Buckman JEJ, Saunders R, et al. Antidepressants withdrawal effects and duration of use: a survey of patients enrolled in primary care psychotherapy services. *Psychiatry Res*. 2025;350:116497.

Hengartner MP, Davies J, Read J. Antidepressant withdrawal – the tide is finally turning. *Epidemiol Psychiatr Sci*. 2020;29:e52.

Antidepressant withdrawal symptoms are frequently misconstrued as relapse but can be distinguished from relapse.

Horowitz MA, Taylor D. Distinguishing relapse from antidepressant withdrawal: clinical practice and antidepressant discontinuation studies. *BJPsych Advances*. 2022;28(5):297-311

Moncrieff J, Read J, Horowitz M. The nature and impact of antidepressant withdrawal symptoms and proposal of the Discriminatory Antidepressant Withdrawal Symptoms Scale (DAWSS). *J Affect Disord*. 2024(16):100765.

Fava GA, Gatti A, Belaise C, et al. Withdrawal symptoms after selective serotonin reuptake inhibitor discontinuation: A systematic review. *Psychother Psychosom*. 2015;84(2):72-81.

Slow hyperbolic tapering of drug dose can help to minimise withdrawal symptoms:

Horowitz MA, Taylor D. Tapering of SSRI treatment to mitigate withdrawal symptoms. *Lancet Psychiatry*. 2019;6(6):538-46.