

## **BEYOND PILLS BRIEFING:**

### **CURRENT ISSUES WITH ANTIDEPRESSANT PRESCRIBING, DEPRESCRIBING & SAFE WITHDRAWAL**

#### **What the current issues are with antidepressants**

##### *Unnecessary long-term use of antidepressants*

- Patients are being left on antidepressants for long periods (years and decades) without regular review<sup>1</sup>
- Long-term use of antidepressants for longer than guidelines recommend leads to unnecessary exposure to side effects for patients and unnecessary costs for the health system<sup>2</sup>
- The longer people are on antidepressants the harder it is for them to stop because of more severe withdrawal effects.<sup>3</sup>

##### *Lack of clinician awareness of withdrawal problems from antidepressants*

- Doctors and other clinicians are poorly informed about withdrawal effects from antidepressants because of a lack of medical education and a lack of research interest and studies in this area.<sup>4-6</sup>
- This means that patients are rarely informed of the possibility of difficulty withdrawing as part of the informed consent process in deciding to take or stop taking such drugs<sup>7,8</sup>
- We know about 56% of patients who stop antidepressants will experience withdrawal symptoms, with up to half of them reporting that these symptoms are severe, and that these symptoms can last for several months or even years for some people<sup>9</sup>
- This means that patients are having their withdrawal symptoms mis-diagnosed as a return of their underlying condition (for example, anxiety and depression) or other mental or physical health conditions<sup>10,11</sup>
- This mis-diagnosis leads either to drugs being reinstated, with patients being told they need to be on them 'for life', or unnecessary tests and treatments which means wasted resources for the NHS, neither of which addresses the real problem.<sup>10</sup>
- This lack of recognition has huge costs to people, the NHS and the wider economy
- Withdrawal symptoms can be so severe that people lose their jobs, their relationships break down and they may feel suicidal or even die by suicide<sup>10,12</sup>

##### *Lack of clinician awareness of how to safely stop antidepressants*

- Due to a lack of education, doctors and other clinicians are poorly informed about how to safely taper (ie stop in small steps) antidepressants<sup>4</sup>
- This leads to poor advice being given to patients, which causes sometimes severe and debilitating withdrawal effects<sup>5</sup>

- In a survey of 1400 people who have attempted to come off antidepressants - 1 in 6 from England - 5 participants reported that their doctor's advice was mostly unhelpful, for the following reasons:
  - 85% reported that 'the doctor recommended a reduction rate that was too quick for me',
  - 80% reported that their doctors were 'not familiar enough with withdrawal symptoms to advise me'
  - almost 60% said that their prescriber had 'suggested stopping antidepressants would not cause withdrawal symptoms'.

Patients are normally advised by their prescribers to stop their antidepressants over 2 or 4 weeks,<sup>5</sup> which is what the NICE guidelines have advised over the last 15 years, until recently (see below).

### **What has changed recently**

- The NICE depression guidelines<sup>33</sup> and NICE guidelines on safe withdrawal of dependence-forming medications<sup>16</sup> were updated in 2022 to highlight the following issues:
  - People on long-term antidepressants should be reviewed more frequently to assess the balance of risk and harms, and support should be provided to help them stop
  - Withdrawal effects from antidepressants can be severe and long-lasting
  - Doctors should reduce antidepressants more carefully and at a pace agreed on with the patient.
  - The NICE guidelines recommend hyperbolic (or proportionate tapering). Tapering is the process of reducing dose step by step rather than all at once. Hyperbolic (or proportionate) tapering is the process of reducing antidepressants by smaller and smaller-sized steps as the patient gets to lower doses. This is because withdrawal symptoms can become increasingly severe at small doses because of the way antidepressants effect the brain.<sup>15</sup>
  - Liquid versions of drugs should be prescribed for careful tapering at lower doses ("if, once very small doses have been reached, slow tapering cannot be achieved using tablets or capsules, consider using liquid preparations if available" (p.19)).

### **Barriers to improvement in this area**

However, these updated NICE guidelines have not solved the issues because:

- *Lack of incorporation into medical education*

- most doctors are unaware of the new guidelines and this teaching has not been incorporated into medical education and ongoing professional development for clinicians (including doctors, nurses, pharmacists)
- *Lack of detail in guidance*
  - the NICE guidelines espouse broad principles for how to safely stop antidepressants but they lack detailed step-by-step guidance on how doctors can undertake careful tapers.<sup>17</sup>
  - A busy clinician looking at this guidance will not have enough information to implement a safe approach to tapering in clinical practice from NICE guidance
- *Lack of systemic support for prescribing liquids*
  - When doctors do undertake the task of carefully reducing antidepressants they need to have access to smaller dose formulations of medication (as recommended by the most recent NICE guidance)<sup>13</sup> in order to implement hyperbolic tapering
  - However, doctors have been told for many years that they should not prescribe liquids because of the extra cost involved and many local formulary committees discourage doctors from doing so.
- *Lack of systemic support for prescribing compounded medication*
  - Another means of making up smaller doses is using smaller dose compounded tablets. This is where a compounding pharmacy makes up smaller doses of tablets that are generally available commercially.
  - One example of such medication is 'tapering strips' from Holland, which provide smaller and smaller amounts of different antidepressants so allowing doctors to implement hyperbolic tapering.<sup>15</sup>
  - Most NHS doctors will not order compounded medication (including 'tapering strips') because local medication committees do not support the prescribing of unlicensed medication
  - If a doctor does agree to prescribe them, they will often ask the patient to pay for them privately, which can make them too costly for many people.

**What further action is needed now**

- The most important intervention is widespread education of doctors - through medical school curricula and continuing medical education - about the concerns with long-term unnecessary use of antidepressants, the risks of and how to recognise withdrawal effects and how to safely taper these drugs.
- The [Maudsley Deprescribing Guidelines](#) is a practical handbook for doctors which outlines how to safely stop antidepressants to be released in early February.<sup>18</sup> There is currently a lack of step-by-step guidance for how to stop individual antidepressants to help clinicians implement the broad principles of the new NICE guidance. We hope that NHS England will make such this handbook freely available to NHS staff, as they have for other key texts.
- Patients need to be informed about the potential for severe and/or long-lasting withdrawal symptoms when they are considering starting an antidepressant and they need to be provided with adequate, knowledgeable support when seeking to stop these medications, including access to formulations of medication that allow smaller doses to be easily made.
- Advisors to the Beyond Pills APPG representing both patient groups and leading academics are working with the National Clinical Director for Prescribing and the NHS Specialist Pharmacy Service (SPS) to make this information more widely available to health care professionals working across all sectors. The SPS will upload material on safe deprescribing to their website, starting with antidepressants: <https://www.sps.nhs.uk/home/guidance/deprescribing/>
- This collaboration will make specific consideration as to how to improve the availability of the small tapering doses needed to safely deprescribe antidepressants. This may lead to a requirement for changes in both local and national policy.

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