



Appendix E: Discontinuation of Antidepressant Medications

- All classes of antidepressant have been linked to discontinuation syndrome. It is more frequently reported in patients discontinuing drugs with shorter half-lives, or who have been treated for longer periods.
- Antidepressant discontinuation symptoms typically appear shortly (hours to days) after stopping or reducing the doses of the drug, and last 1-2 weeks if untreated. A wide array of physiological and psychological signs and symptoms has been reported. To facilitate rapid recognition, the **FINISH** mnemonic can be used: ¹

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| F | Flu-like symptoms |
| I | Insomnia |
| N | Nausea |
| I | Imbalance |
| S | Sensory disturbances (headache, dizziness, "electric shock" sensations) |
| H | Hyperarousal |

- The antidepressant withdrawal syndrome is different from the classical withdrawal syndrome associated with central nervous system depressant drugs (craving, drug-seeking behaviors, or other prominent symptoms such as diaphoresis, tachycardia, etc).²
- To prevent symptoms, discontinuation of antidepressants should be done gradually.
 - Patients should be forewarned of the possibility of discontinuation syndrome;^{1,3}
 - Supervised dose reduction gradually over 3-4 weeks or longer may be required (gradual dose tapering for fluoxetine not usually required due to its long half-life).
- Physician should maintain a high index of suspicion for antidepressant withdrawal syndrome. Any symptoms reported by patients should prompt the physician to question for accidental/intentional missed doses, dose reductions, drug discontinuation.¹
- To distinguish antidepressant discontinuation syndrome from relapse of depression, the physician can focus on symptoms such as dizziness, "electric shock" sensations, headache, and nausea (uncommon in relapse). Discontinuation syndrome typically resolves in 1-2 weeks, and can be rapidly reversed after restarting the antidepressant (also uncommon in relapse).¹
- If antidepressant discontinuation syndrome occurs and other causes of symptoms have been ruled out, the physician should provide reassurance that the symptoms are reversible, transient, and not life-threatening. Available options are:
 - 1) restarting the antidepressant at the original dose and taper even more slowly;
 - 2) if slower tapering is poorly tolerated or not possible, switch to an agent with a longer half-life (e.g., fluoxetine).¹

References

1. Warner CH, Bobo W, Warner C, et al. Antidepressant discontinuation syndrome. *Am Fam Physician*. 2006;74:449-56.
2. Robinson DS. Antidepressant discontinuation syndrome. *Primary Psychiatry*. 2006;13:23-4.
3. Schatzberg AF, Blier P, Delgado PL, et al. Antidepressant discontinuation syndrome: consensus panel recommendations for clinical management and additional research. *J Clin Psychiatry*. 2006; 67(Suppl 4):27-30.