

# 50 - References

## References

376 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 3 difficult to stop.<sup>13</sup> At-risk patients (see above) may need a slower taper. Agomelatine can probably be stopped abruptly without provoking withdrawal symptoms but should be slowly withdrawn as a matter of principle – all psychotropic drugs should be slowly withdrawn where possible. Many people suffer symptoms despite slow withdrawal and even if they have received adequate education regarding withdrawal symptoms.<sup>7,17</sup> This may be because hyperbolic tapering is not employed (see section on stopping antidepressants in this chapter). How to treat<sup>14–16,23</sup> There are few systematic studies in this area. Treatment is pragmatic. If symptoms are mild, reassure the patient that these symptoms are common after discontinuing an antidepressant and will pass in a few days or weeks. If symptoms are severe, reintroduce the original antidepressant (or another with a longer half-life from the same class) and taper gradually while monitoring for symptoms.<sup>6</sup> Some evidence supports the use of anticholinergic agents in tricyclic withdrawal<sup>24</sup> and fluoxetine for symptoms associated with stopping paroxetine,<sup>25</sup> sertraline,<sup>25</sup> clomipramine<sup>26</sup> or venlafaxine<sup>27</sup> – fluoxetine, with active metabolites, having a much longer plasma half-life, seems to be associated with a lower incidence of discontinuation symptoms than other similar drugs.<sup>7</sup> The use of alternative classes of medications (e.g. short-term symptomatic use of a benzodiazepine) has been suggested for the treatment of anxiety and insomnia.<sup>28</sup> References

1. Henssler J, et al. Antidepressant withdrawal and rebound phenomena. *Dtsch Arztebl Int* 2019; 116:355–361.
2. Horowitz MA, et al. Tapering of SSRI treatment to mitigate withdrawal symptoms. *Lancet Psychiatry* 2019; 6:538–546.
3. Davies J, et al. A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: are guidelines evidence-based? *Addict Behav* 2019; 97:111–121.
4. Henssler J, et al. Incidence of antidepressant discontinuation symptoms: a systematic review and meta-analysis. *Lancet Psychiatry* 2024; 11:526–535.
5. Zhang MM, et al. Incidence and risk factors of antidepressant withdrawal symptoms: a meta-analysis and systematic review. *Mol Psychiatry* 2024; doi: 10.1038/s41380-024--02782-4.
6. National Institute for Health and Care Excellence. Depression in adults: treatment and management. NICE guideline [NG222]. 2022 (last reviewed September 2024, last checked November 2024); <https://www.nice.org.uk/guidance/ng222>.
7. Fava GA, et al. Withdrawal symptoms after selective serotonin reuptake inhibitor discontinuation: a systematic review. *Psychother Psychosom* 2015; 84:72–81.

8. Berigan TR. Bupropion-associated withdrawal symptoms revisited: a case report. *Prim Care Companion J Clin Psychiatry* 2002; 4:78.
9. Berigan TR, et al. Bupropion-associated withdrawal symptoms: a case report. *Prim Care Companion J Clin Psychiatry* 1999; 1:50–51.
10. Cosci F, et al. Acute and persistent withdrawal syndromes following discontinuation of psychotropic medications. *Psychother Psychosom* 2020; 89:283–306.
11. Curtin F, et al. Moclobemide discontinuation syndrome predominantly presenting with influenza-like symptoms. *J Psychopharmacol* 2002; 16:271–272.
12. Ricken R, et al. Tranylcypromine in mind (part II): review of clinical pharmacology and meta-analysis of controlled studies in depression. *Eur Neuropsychopharmacol* 2017; 27:714–731.
13. Gahr M, et al. Withdrawal and discontinuation phenomena associated with tranylcypromine: a systematic review. *Pharmacopsychiatry* 2013; 46:123–129.
14. Lejoyeux M, et al. Antidepressant withdrawal syndrome: recognition, prevention and management. *CNS Drugs* 1996; 5:278–292.
15. Haddad PM, et al. Recognising and managing antidepressant discontinuation symptoms. *Adv Psychiatr Treat* 2007; 13:447–457.
16. Haddad PM. Antidepressant discontinuation syndromes. *Drug Saf* 2001; 24:183–197.
17. Tint A, et al. The effect of rate of antidepressant tapering on the incidence of discontinuation symptoms: a randomised study. *J Psychopharmacol* 2008; 22:330–332.
18. Ogle NR, et al. Guidance for the discontinuation or switching of antidepressant therapies in adults. *J Pharm Pract* 2013; 26:389–396.

Depression and anxiety disorders CHAPTER 3 19. Meijer WE, et al. Spontaneous lapses in dosing during chronic treatment with selective serotonin reuptake inhibitors. *Br J Psychiatry* 2001; 179:519–522. 20. van Geffen EC, et al. Discontinuation symptoms in users of selective serotonin reuptake inhibitors in clinical practice: tapering versus abrupt discontinuation. *Eur J Clin Pharmacol* 2005; 61:303–307. 21. Kramer JC, et al. Withdrawal symptoms following discontinuation of imipramine therapy. *Am J Psychiatry* 1961; 118:549–550. 22. Read J. How common and severe are six withdrawal effects from, and addiction to, antidepressants? The experiences of a large international sample of patients. *Addict Behav* 2020; 102:106157. 23. Wilson E, et al. A review of the management of antidepressant discontinuation symptoms. *Ther Adv Psychopharmacol* 2015; 5:357–368. 24. Dilsaver SC, et al. Antidepressant withdrawal symptoms treated with anticholinergic agents. *Am J Psychiatry* 1983; 140:249–251. 25. Benazzi F. Re: Selective serotonin reuptake inhibitor discontinuation syndrome: putative mechanisms and prevention strategies. *Can J Psychiatry* 1999; 44:95–96. 26. Benazzi F. Fluoxetine for clomipramine withdrawal symptoms. *Am J Psychiatry* 1999; 156:661–662. 27. Giakas WJ, et al. Intractable withdrawal from venlafaxine treated with fluoxetine. *Psychiatr Ann* 1997; 27:85–93. 28. Fava GA, et al. Understanding and managing withdrawal syndromes after discontinuation of antidepressant drugs. *J Clin Psychiatry* 2019; 80:19com12794.

---

Revision #1

Created 2026-01-04 20:15:31 UTC by Omar Ayman

Updated 2026-01-04 20:15:31 UTC by Omar Ayman