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References

84 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 1 ■ ■ Discontinuation of medication should not be seen as the ultimate aim of the above process although it sometimes results. ■ ■ Because of their longer half-lives, relapse following discontinuation of LAI antipsychotic formulations may be delayed compared with their oral equivalents and shorter-acting LAIs, probably because of longer exposure and prolonged dopamine receptor blockade following discontinuation.¹⁸ ■ ■ While an intermittent, targeted (i.e. symptom-triggered) treatment approach with antipsychotic medication is not as effective as continuous treatment, it may be preferable to no treatment.^{2,19,20} ■ ■ If a patient becomes symptomatic following antipsychotic dose reduction, this should be seen as information relevant to the determination of the minimum effective dose for that patient. ■ ■ Complex hyperbolic tapering regimens have been proposed²¹ and these may offer protection against relapse. For more discussion, see the section on antipsychotic prophylaxis in this chapter. References

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Revision #1

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