World Psychiatric Association, October 8-12, 2017—Berlin, Germany

Peter Lehmann / Andreas Heinz

Withdrawal from Psychotropics

3 Topics:

1. Mental disorders due to psychotropic substances, behavioural addictions (No. 2)
2. Pharmacotherapy (No. 18)
3. Quality assurance in psychiatry (No. 29)

Submitter / Author: Peter Lehmann, Dr. phil. h.c., Berlin, Germany, Tel. 030-85963706, mail@peter-lehmann.de

Co-Chair: Andreas Heinz, Prof. Dr. med. Dr. phil., Berlin, Germany, andreas.heinz@charite.de

Peter Lehmann. Certified pedagogue. Living in Berlin. Author and editor since 1986, then foundation of Peter Lehmann Publishing. 1989 co-founder of the Association for Protection against Psychiatric Violence (running the Runaway-House Berlin). In 1991, co-founder of the European Network of (ex-) Users and Survivors of Psychiatry, from 1997 to 1999 Chair, then board member until 2010. From 1997 to 2000, member of the Executive Committee of Mental Health Europe, the European section of the World Federation for Mental Health. In 2010, awarded with an Honorary Doctorate in acknowledgment of "exceptional scientific and humanitarian contribution to the rights of the people with psychiatric experience" by the Aristotle University of Thessaloniki. In 2011, awarded the Order of Merit of the Federal Republic of Germany by the President of Germany. Since 2013, Patron for the Berlin Organisation of Users and Survivors of Psychiatry.

English Publications include, *Coming off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers* (ed. 2004) and *Alternatives beyond Psychiatry* (ed. 2007 in collaboration with Peter Stastny). Both books are available also in German and Greek, the latter one as ebook in Spanish. Latest book in German: *Neue Antidepressiva, atypische Neuroleptika – Risiken, Placebo-Effekte, Niedrigdosierung und Alternativen* (2017, in collaboration with Volkmar Aderhold, Marc Rufer and Josef Zehentbauer). More at peter-lehmann.de

Abstract: Medications in psychiatry, as in general medicine, should target a specific syndrome for a defined treatment period, and should be reduced or terminated after some time. Patients may prefer non-pharmacological support to alleviate mental problems. However, there is a lack of guidelines about how to reduce medication, and a growing concern that pharmaceutical drugs can cause withdrawal symptoms with varying degrees of harmfulness. We see an increasing gap between knowledge about withdrawal problems associated with antidepressants and neuroleptics and existing support for withdrawal.

What conclusions can be drawn? Which forms of support, Internet support included, already exist? Who is educating about risk-lowering strategies for withdrawal? Should best practice guidelines require practitioners to routinely attempt to withdraw patients from psychiatric drugs? Would it be appropriate to speak about physical dependence on antidepressants and neuroleptics even when there is no addiction (craving)? Should patients who are not offered opportunities to reduce or withdraw from psychiatric drugs be eligible to claim damages?

Speakers (in the order of presentation): Peter C. Gøtzsche, Tom Bschor, Volkmar Aderhold, Laura Delano

Peter C. Gøtzsche: **International Institute for Psychiatric Drug Withdrawal**

In October 2016, eleven people from seven countries that included former patients, psychiatrists, psychologists, therapists and scientists decided to open an *International Institute for Psychiatric Drug Withdrawal* acknowledging that many millions of patients have become dependent on psychiatric drugs and have difficulty coming off them, which leads to poor long-term outcomes with increasing rates of disability pensions. It is one of the biggest health problems we have but very little is done to help these patients taper off their drugs safely. Unfortunately, some health professionals believe that dependence is only a problem with benzodiazepines although it has been amply documented that this is also a huge problem for other classes of psychiatric drugs, e.g., also for antidepressants and antipsychotics. Research, education, and establishment of withdrawal clinics and helplines are some of the initiatives we will undertake and support worldwide.

Peter C. Gøtzsche, Prof. Dr. Med. Sci., Copenhagen, Denmark

Tom Bschor: **Do antidepressants cause dependence? A comparison to benzodiazepines with special regard to withdrawal reactions**

Only about 20 years after being introduced into the market, it was widely accepted that benzodiazepines can cause dependence. Besides other symptoms, marked withdrawal reactions, often forcing the individual to re-use the drug, illustrated the addictive power of benzodiazepines. Within the last 20 years, a steep rise in the prescriptions of antidepressants happened. Severe withdrawal reactions occur after cessation of antidepressants as well, frequently, but not only, after the termination of SSRIs. These reactions also hinder attempts to stop the medication. Being of a distinct characteristic, withdrawal symptoms are not simply the return of the pre-treatment depression. One characteristic is their immediate disappearance after re-administration of the antidepressant.

Some experts argue that these withdrawal reactions are indicative of antidepressant dependence. However, dependence is a disease characterized by a set of physical and psychological changes. The following can typically be observed in benzodiazepine-dependent patients, but not in patients on antidepressants: intake to experience an immediate effect; dose-increase, tolerance and intake several times a day; progressive neglect of alternative pleasures or interests because of psychoactive substance use; increased amount of time necessary to obtain or to stockpile the drug; illegal ways of obtaining the drug (hardly any black market for antidepressants exists).

Diagnosing dependence by the occurrence of a withdrawal reaction only would ignore the psychological dimensions of dependence. Hence, antidepressants often cause withdrawal symptoms, but typically not dependence as benzodiazepines do. Antidepressants have a latency of onset of the desired effect, which is usually supposed to be a disadvantage of this class of drug. However, the lack of an immediate effect of antidepressants is probably the most important factor preventing dependency.

Tom Bschor, Prof. Dr. med., Berlin, Germany

Volkmar Aderhold: **The withdrawal of neuroleptics – When to do so? How? When not to do so? What then?**

Long-term studies of people experiencing their first or multiple episodes of psychosis suggest that between 20% and 35% can successfully withdraw from neuroleptics in the short and long term. Under optimal conditions of social support and professional guidance a higher proportion can be expected. Long-term studies from the pre-neuroleptic era also support this conclusion. Early guided withdrawal attempts are beneficial because of the adverse brain changes caused by neuroleptics, and they also serve to achieve the lowest possible dose.

Non-compliance to neuroleptics is consistently high (between 50% and 75%). This is often a reaction to strong side-effects and low efficacy, and tends to result in professionally unguided and often hazardous withdrawal attempts. What is needed, therefore, is the development of a cooperative practice of reduction and withdrawal, so as not to leave affected persons and relatives on their own, exposed to high risk as well as physical and psychological strain. We need multi-professional outpatient teams, including experts by experience/peer professionals, who have the skill to help people to reduce/withdraw, in addition to other effective psychotherapeutic practices.

Positive predictors of successful withdrawal from the few existing studies can help us to judge the feasibility of withdrawal/reduction. Social support is one of the central predictors. In addition, negative predictors, as well as contraindications for withdrawal, can be identified.

Questions that need clarification, as well as advisable steps in preparing a withdrawal attempt, will be presented. Then a procedure for reduction will be outlined, as well as phenomena that may occur when reducing/withdrawing from neuroleptics. Through such a practice we can learn more about the different pharmacological strategies needed for the treatment of the very heterogeneous (in cause and course) syndrome called “schizophrenia,” and develop the best possible cooperation with all those affected.

Volkmar Aderhold, born in 1954, is an M.D. and doctor of psychiatry, psychotherapy and psychotherapeutic medicine. He has worked since 1982 in psychiatry, from 1996-2006 as a senior physician in the area of psychosis at the Clinic for Psychiatry and Psychotherapy in the University Clinic of Hamburg-Eppendorf. Since 2006, he has been a member of the Institute for Social Psychiatry at the University of Greifswald. And free-lancing with advanced training and implementation of the Open Dialogue within stationary and ambulant structures. Publications include Psychotherapie der Psychosen – Integrative Behandlungsansätze aus Skandinavien (Psychotherapy of Psychosis: Integrative Treatment Approaches from Scandinavia), in collaboration with Yrjö Alanen, et al., 2003; Neue Antidepressiva, atypische Neuroleptika – Risiken, Placebo-Effekte, Niedrigdosierung und Alternativen (New Antidepressants, Atypical Neuroleptics: Risks, placebo effects, low doses and alternatives (2017, in collaboration with Peter Lehmann, Marc Rufer and Josef Zehentbauer).

Laura Delano: **Start Low, Go Slow. Bridging the divide between the lack of clinical research on safe psychiatric drug withdrawal protocols and the growing evidence base of successful tapering methodologies by users of psychiatric drugs**

Users of psychiatric drugs are developing sophisticated tapering protocols that are yielding positive outcomes—including among those who’ve been on multiple drugs for many years. This presentation will elucidate this growing, rich but largely unrecognized “underground” anecdotal evidence base of

tapering methodologies to spark a conversation about how we might bridge the divide between those who have come off psychiatric drugs and helped others do so safely and successfully, and the psychiatric profession.

Laura Delano, B.A., Medford, MA, USA