A new review on withdrawing from psychiatric medication recommends that the UK’s National Institute of Health and Care Excellence (NICE) guidance on psychiatric medications urgently needs to be changed.

NICE’s current guidelines state that withdrawal symptoms from psychiatric medication “are usually mild and self-limiting over about one week”, but a review (1) commissioned by UK parliamentarians says there’s evidence that “more than half of all people taking antidepressants experience withdrawal problems when they try to give them up, and for many people in the UK, these problems are severe.”

According to a recent report in The Guardian, NICE is reviewing its psychiatric medicine guidance so that their final recommendations will be based on the most up-to-date evidence possible. In addition to updating the existing evidence reviews, the Director for the Centre for Guidelines at NICE, Paul Chrisp, was quoted in the report as saying that these would “include new work on patient choice and a focus on shared decision making.”

Adds Chrisp, “We hope the final guideline will allow people with depression to be offered the best treatments and reach joint decisions about their care that reflect their preferences and values.”

Review authors, Dr James Davies from the University of Roehampton and Professor John Read from the University of East London told The Guardian (2) that the high rate of withdrawal symptoms may be part of the reason people are staying on the pills for longer. They can’t cope, so carry on taking the drugs, or their doctors assume they have relapsed and write another prescription.

The Guardian cites anecdotal accounts of withdrawal symptoms, which include dizziness, vertigo, nausea, insomnia, headaches, tiredness and difficulties concentrating. But the NICE guidance said in 2004 that withdrawal symptoms were slight and short-lived and was re-adopted without further evidence in 2009. It is similar to US guidance, which says symptoms usually resolve within one to two weeks.

“This new review of the research reveals what many
patients have known for years – that withdrawal from antidepressants often causes severe, debilitating symptoms which can last for weeks, months or longer,” Davies said in the report. “Existing NICE guidelines fail to acknowledge how common withdrawal is and wrongly suggest that it usually resolves within one week. This leads many doctors to misdiagnose withdrawal symptoms, often as relapse, resulting in much unnecessary and harmful long-term prescribing.”

Davies and Read’s review focused on 14 studies of antidepressants that had relevant data on withdrawal symptoms. The studies, which were diverse, showed that between 27% and 86% of people suffered from them, with a weighted average of 56%.

Antidepressants are now some of the most commonly prescribed drugs in the UK and US, say the review authors. In their review they point out that use of psychiatric medication has risen in the UK by 170% since 2000, with over seven million adults (16% of the English adult population) being prescribed an antidepressant in England alone last year.

About half of antidepressant users have been taking the pills for longer than two years. In England, that is 3.5m people – 8% of the population. In the US, 13% of the population (37m adults) were on them by 2011-2014, official data shows. Half have been taking them for five years or more.

Sir Oliver Letwin MP, chair of the UK parliamentary group that commissioned the psychiatric medication review, said: “This systematic review provides important new data on antidepressant withdrawal which will be considered by Public Health England as part of their current review into prescribed drug dependence. The data suggests that existing medical guidelines in this area should be urgently updated to reflect the fact that antidepressant withdrawal is much more common, severe and long-lasting than previously stated. Furthermore, we hope that other medical bodies will take note of this new research, and update their own guidance accordingly.”

Davis and Read’s review will find support from the international Science Psychiatry and Social Justice network, Mad in America (MIA) (3). MIA is currently running its second continuing education course on Withdrawing from Psychiatric Medication, aimed mainly at psychiatrists. In this eight-part webinar series, leading experts like UK Critical Psychiatry Network founder and co-chair, Dr Joanna Moncrieff, and others, including people with lived experience, have been exploring ways in which psychiatrists and patients can together make careful, informed decisions about what is involved in using psychiatric medication. Joanna Moncrieff is the author of The Bitterest Pills: the troubling story of antipsychotic drugs (2013) and A Straight Talking Introduction to Psychiatric Drugs (2009).

Psychiatrists hosting these webinars are realistic about the need for psychiatric medications, but are circumspect about their ever-increasing use, and concerned about the fact that in many cases there are few if any studies about the long-term effects of psychiatric medications. Questions they raise when considering prescribing or using psychiatric medications include:

- Is this going to be worth the side-effects?
- What are the different effects of going on and coming off different classes of medication?
- What are withdrawal symptoms and are there antidotes?
- Can the medicines be iatrogenic?
- Is it necessary to give consent for medication and is the information about risks and expected outcomes, and the research on withdrawal syndromes, sufficient?

MIA experts encourage psychiatrists to raise these questions with patients. They also emphasise psychiatrists’ need to be informed about standards of care, and about how to cope with legal issues.

Some MIA experts have discussed how joining support groups for coming off medications can be helpful to patients.

References available upon request