Above all, none of the strategies outlined in this article are meant to be adopted without consulting a clinician experienced in psychotropic drug tapering. Patients should not attempt to taper from their psychotropic drugs and experience withdrawal without proper guidance and regular clinical supervision; otherwise, it is very possible to deteriorate, destabilize, and in worst cases, commit suicide.

Conclusion

Helping patients taper their psychotropic drugs is complicated by many factors, including their stability, support system, and the length of time they have been on psychotropic drugs. This is also controversial, since family doctors and psychiatrists often oppose tapering due to concerns of ongoing stability, and their beliefs that psychotropic drugs are required over the long term. From my perspective, mentally competent patients have the right to choose what they think is best, even if such beliefs are not held by their prescribing clinicians. This article should assist and empower clinicians to develop effective tapering strategies on behalf of their willing and mentally competent patients.

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Competing Interests

Dr. Prousky is a consultant for Pascoe Canada, the distributor of Neurapas Balance. All of the tapering schedules described in this article were developed prior to Dr. Prousky's consultancy with Pascoe Canada.

Notes

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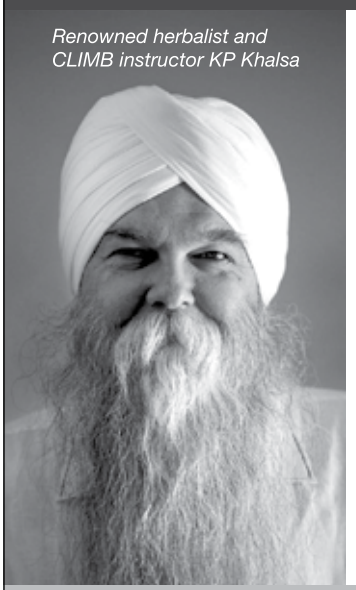
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