GABA is very useful to moderate mood instability while also decreasing anxiety if given during the tapering process. Since GABA can also promote sleep, it may be given several hours before bedtime to decrease sleep fragmentation and sleep-onset problems. For patients tapering from lithium, GABA works particularly well for mood regulation. It functions as an inhibitory neurotransmitter in the central nervous system. The mechanism of GABA's neuroinhibition is mediated through an increase in the permeability of postsynaptic membranes to chloride ions, leading to hyperpolarization. There continues to be uncertainty whether GABA can traverse the blood–brain barrier when administered orally; it appears to act on the central nervous system without crossing the blood–brain barrier.[25] There are 2 forms of GABA available: crystalline GABA and PharmaGABA (produced by a fermentation process that utilizes *Lactobacillus hilgardii*).[26] Both forms have the same molecular structure and mechanism of action, and therefore it is illogical to contend that one form somehow traverses the blood–brain barrier while another does not.[25] GABA might have a therapeutic effect comparable to benzodiazepine medications and might be useful for patients addicted to them as well.[27] In a case report, a 40-year-old female patient with a history of severe anxiety was able stop her diazepam and replace her lorazepam with 200 mg of GABA four times each day.[27] The optimal dose of GABA is normally 2 to 3 grams daily away from meals.[27] I do not use PharmaGABA due to its impracticality, for it only comes in 100 mg or 200 mg pills.

Even though side effects from GABA are rare, there is one report of neurologic tingling, flushing, and transient hypertension and tachycardia in a subject taking very high oral doses (10 grams on an empty stomach).[27] Smaller oral doses (1–3 grams daily) have been reported to cause neurologic tingling and flushing in several volunteer subjects.[27] PharmaGABA has been tested in rats that were administered doses of 5000 mg/kg.[26] There were no deaths and the lethal dose that would likely kill at least 50% of the rat population was determined to be greater than 5000 mg/kg of body weight.

I sometimes use the amino acid L-theanine, since it can decrease anxiety and also improve focus and concentration. It is not uncommon for patients to experience disturbances in cognition during the tapering process, making this intervention potentially valuable. L-theanine presumably increases both dopamine and serotonin, although a study in rats showed that it might decrease serotonin. It also increases alpha brain-wave activity, which is associated with relaxation.[28] In a study involving schizophrenic and schizoaffective disorder patients, the use of L-theanine as an augmentation strategy was associated with reductions in the following: anxiety ($p = 0.015$), positive symptoms ($p = 0.009$), and general psychopathology scores ($p < 0.001$).[29] In another study using the same 40 patients with schizophrenia and schizoaffective disorder, the beneficial effects of L-theanine were coupled with circulating levels of brain-derived neurotrophic factor and the cortisol-to-dehydroepiandrosterone ratio.[30] My clinical experience has shown L-theanine to mitigate destabilization while tapering from FGA and SGA drugs. The optimal dose appears to be 200 mg twice daily. There should be no side effects attributed to L-theanine, although caution might be warranted, since one of my patients is certain that it caused her to feel temporarily manic.

Numerous other natural health products could potentially be used alongside psychotropic drugs during the tapering process. Clinicians trained in clinical nutrition and botanical medicine must use discretion during psychotropic drug tapering, monitor patients' progress carefully, mitigate potential interactions, and use available pharmacokinetic information to guide appropriate dosing.

**Sample Tapering Schedules**

Here are several tapering schedules that I have used in clinical practice. Each schedule was individualized to suit each patient's needs and support mental stability. Periodic visits and regular communications (e.g., telephone calls and e-mails) are required during the tapering process so that each patient's mental stability can be regularly assessed and warning signs of destabilization can be clinically managed to avoid more serious setbacks and/or life-threatening consequences.

*Example 1*

This patient was taking 25 mg of controlled-release Paxil (paroxetine) for depression. After I corresponded with her family doctor, she was switched to a 20 mg dose of Prozac (fluoxetine). The patient tolerated this switch very well. After 4 weeks on the Prozac, she was switched to a liquid form of the drug. Liquid forms allow for a more successful and gradual tapering process. Even though the tapering schedule as outlined below is much quicker than my usual process, this is what the patient requested. She did well and did not destabilize. She was eventually taken off the Neurapas Balance due to pregnancy. She is currently expecting her first child.

- **Week 1**: 16 mg daily of liquid Prozac and 1 pill twice daily of Neurapas Balance.
- **Week 2**: 12 mg daily of liquid Prozac and 1 pill three times daily of Neurapas Balance.
- **Week 3**: 8 mg daily of liquid Prozac and 2 pills a.m. and 2 pills p.m. of Neurapas Balance.
- **Week 4**: 4 mg daily of liquid Prozac and 3 pills a.m. and 3 pills p.m. of Neurapas Balance.
- **Week 5+**: Discontinue the liquid Prozac and remain on 3 pills a.m. and 3 pills p.m. of the Neurapas Balance.

*Example 2*

This patient was taking 50 mg daily of Seroquel XR (quetiapine fumarate – extended-release for depression and severe anxiety. With the cooperation of her psychiatrist, she was first switched to the non-extended-release form of Seroquel, since the 25 mg tablets can be cut into quarters (6.25 mg per quarter), making it easier to taper. The tapering process was done very gradually to mitigate instability. She is currently doing very well, and has discontinued the Seroquel without any instability or a return of her previous depression and severe anxiety.

- **Week 1–3**: 43.75 mg of Seroquel, 200 mg of L-theanine, and 500 mg twice daily of niacinamide.
- **Weeks 4–6**: 37.5 mg of Seroquel, 200 mg of L-theanine, and 500 mg three times daily of niacinamide.
- **Weeks 7–9**: 31.25 mg of Seroquel, 200 mg of L-theanine a.m. and 100 mg of L-theanine p.m., and 500 mg three times daily of niacinamide.
- **Weeks 10–12**: 25 mg of Seroquel, 200 mg of L-theanine twice daily, and 1000 mg of niacinamide twice daily. Instructed to add 1.5 mg of prolonged-release melatonin (PRM) 60 minutes before bed.

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