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of reducing and/or discontinuing your psychotropic medication. By 'stability,' I mean getting along well with family and friends; maintaining some type of regular work or employment, such as school, a volunteer position, or a career; and having no more disabling symptoms of your psychiatric disorder."

This is usually well received, since most patients prefer to work in a slow, methodical fashion, rather than becoming destabilized should this process be rushed.

Difficulties in Overcoming Pharmacological Dependence

Pharmacological dependence is an expected and biological adaptation of the body becoming long habituated to the presence of psychotropic drugs.[2] Since psychotropic drugs can induce unpredictable global reactions when used properly, there are no reliable ways to predict how patients will overcome pharmacological dependence once their psychotropic drugs are tapered and eventually withdrawn.[3,4] Every patient's withdrawal process is unique, as is his or her susceptibility to develop withdrawal side effects.[5]

One helpful barometer of potential success is the length of time of psychotropic drug use. In one report, patients taking psychotropic drugs for less than 6 months were more successful at tapering off (81%), compared with patients on drugs for more than 5 years (44%), and patients on drugs between 6 months and 5 years (a little over 50%).[5]

Discontinuation Reactions Following Cessation of Psychotropic Drugs

Some patients do fine and experience little withdrawal, while others have become so habituated to and dependent on their psychotropic drugs that stopping them is paramount to disaster. While no ethical clinician would instruct a patient to abruptly stop taking his/her psychotropic drugs, it is important for clinicians to recognize discontinuation reactions connected with the common classes of psychotropic drugs.

Tapering Patients off their Psychotropic Drugs

When it is appropriate for this to happen, I usually communicate in writing to the patient's prescribing clinician (i.e., the general/family practitioner or psychiatrist) that our mutual patient is doing well and wants to try discontinuing one of his/her psychotropic drugs. I have made many requests to my patients' prescribing clinicians (e.g., psychiatrists), particularly about switching from a psychotropic drug with a short elimination half-life to a similar psychotropic drug with a longer elimination half-life prior to tapering.

Possible Discontinuation Reactions when Psychotropic Drugs are Stopped Abruptly[6–8]

Drug Type	Reactions from Abrupt Discontinuation
Antidepressant Drugs	
Tricyclic Antidepressant drugs	Anticholinergic discontinuation syndrome, characterized by nausea, vomiting, abdominal cramping, sweating, headache, and muscle spasms; other symptoms, such as rebound anxiety, restlessness, sweating, tremors, abdominal pain, heart palpitations, headache, hypertension, vivid dreams, and nightmares
Monoamine Oxidase (MAO) Inhibitor drugs	At risk for diet (i.e., tyramine-containing foods) and drug reactions for 2 weeks; symptoms include flu-like symptoms, dysphoria, restlessness, tachycardia, hypertension, and a delirium-like state characterized by excitation or psychosis. This does not happen with transdermal selegiline
Selective Serotonin Reuptake Inhibitor (SSRI) drugs	Dizziness, weakness, nausea, headache, lethargy, insomnia, anxiety, poor concentration, and, rarely, paresthesias
Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) drugs	Serotonergic discontinuation syndrome described previously, and norepinephrine adrenergic effects that result in urinary urgency and increased gastrointestinal motility
Antipsychotic Drugs	
First-generation antipsychotic/FGA drugs and second-generation (atypical) antipsychotic/SGA drugs	With FGA and SGA drugs, patients will have earlier and more severe illness episodes (i.e., dopamine supersensitivity psychosis); patients can also develop withdrawal dyskinesias (similar to tardive dyskinesia) and, less commonly, parkinsonism symptoms, dystonias, and neuroleptic malignant syndrome; other symptoms include anticholinergic discontinuation syndrome (described previously), rebound anxiety, restlessness, sweating, tremors, abdominal pain, heart palpitations, headache, and hypertension
Mood-Stabilizing Drugs	
Lithium and anticonvulsant drugs	With lithium, sudden discontinuation is associated with mood instability and increased risk of mood relapses; with anticonvulsant drugs, patients at risk for mood destabilization, increased anxiety, agitation, and sleep disturbances; with carbamazapine discontinuation, patients on other medications will be at increased risk of drug adverse effects and toxicity due to decreased liver metabolism and increased serum concentrations; with valproic acid and divalproex sodium discontinuation, patients on other medications will be at increased risk of less efficacy from their coprescribed medications due to increased liver metabolism and decreased serum concentrations; discontinuation of topiramate can lead to weight gain
Antianxiety Drugs	
SSRIs (previously described) and benzodiazepine drugs	Insomnia, gastric problems, tremors, agitation, fearfulness, muscle spasms, and, less frequently, irritability, sweating, depersonalization, hypersensitivity to stimuli, depression, suicidal behaviour, psychosis, seizures, and delirium tremens