What to Do When Patients Wish to Discontinue Their Psychotropic Medications?

Effective Tapering Strategies to Limit Drug Withdrawal and Destabilization: a Clinician's Perspective

by Jonathan E. Prousky, ND, MSc

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Abstract

The author's private clinical practice focuses on the evaluation and treatment of mental disorders. One of the most common requests from patients involves their desire to reduce or discontinue one or more psychotropic medications. It is entirely appropriate for patients to request this. Their psychotropic drugs might be doing more harm than good by creating objectionable side effects, which may limit rather than enhance their quality of life. Issues related to pharmacological dependence and discontinuation reactions are described. Since there is a scarcity of clinical research pertaining to tapering patients off psychotropic drugs, there are no clearly defined standards to inform clinicians about the most appropriate method of tapering. The author recommends an integrative approach (when possible) involving communication between the prescribing clinician (i.e., the patient's psychiatrist or family doctor) and the clinician proposing the tapering plan. The tapering plan should involve one drug at a time and reduce the drug with the longest elimination half-life first. Overall, the tapering plan needs to be very slow and gradual in order to reduce the potential for relapse. Diet, lifestyle modifications, and specific natural health products can significantly improve a patient's chances of successfully tapering psychotropic drugs. Several examples of tapering schedules are described. Each plan was individualized to suit the patient's needs, and support mental stability. This article should assist and empower clinicians to develop effective tapering strategies on behalf of willing and mentally competent patients.

Introduction

For over a decade I have focused the majority of my clinical practice on the evaluation and treatment of mental disorders. One of the most common requests that I receive from patients stems from their desire to reduce or discontinue psychotropic medications. It is entirely appropriate for patients to request this. Their psychotropic drugs might be doing more harm than good by creating many objectionable side effects, which may limit rather than enhance their quality of life.[1] Patients might want to see how they feel and function once their psychotropic drugs are reduced and/or discontinued. They might also wish to be drug free. When this request it made, I usually tell then something along the lines of: "I need to see that you are stable for at least 6 months before there is any consideration

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➤ ***Fatigue and Primary Hyperparathyroidism: A Case Report (continued)***

blood respectively. The patient was exhibiting one of the more nontraditional symptoms of PHPT: weakness, easy fatigability, depression, and intellectual weariness, all of which have been reported by surgeons as important indications for surgery. Several studies indicate a positive effect of surgery on patients with these particular symptoms.[4]

It is interesting to note that the patient's serum calcium dropped from 12.2 mg/dl to 10.7 mg/dl (normal range 8.5–10.5 mg/dl) in a short period of time. This may be due to her discontinuing calcium supplementation; she was self-prescribing 1000 mg of calcium daily for 10 years. This highlights the importance of knowing which patients are prescribing for themselves and addressing it sooner rather than later, as supplementation in this case was confounding her current condition.

Discussion

In the context of unexplained fatigue, it is always prudent to run basic screening blood work and appropriately work up elevated levels of calcium. It is also important to remember the less common multiglandular involvement with PHPT. There may be an associated multiple endocrine neoplasia syndrome such as MEN I (hyperparathyroidism, pituitary adenomas, and pancreatic neuroendocrine tumors) and MEN IIa (medullary thyroid cancer, hyperparathyroidism, and pheochromocytomas).[5]

Notes

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