Tapering Strategies

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- **Weeks 13–15**: 18.75 mg of Seroquel, 200 mg of L-theanine twice daily, 1500 mg of niacinamide at breakfast, and 1000 mg at dinner. Continued with 1.5 mg of PRM 60 minutes before bed.
- **Weeks 16–18**: 12.5 mg of Seroquel, 200 mg of L-theanine twice daily, 1500 mg of niacinamide breakfast, and 1000 mg dinner. Increase to 3.0 mg of PRM 60 minutes before bed.
- **Weeks 19–21**: 6.25 mg of Seroquel, 200 mg of L-theanine twice daily, 1500 mg of niacinamide breakfast, and 1000 mg dinner. Continue with 3.0 mg of PRM 60 minutes before bed.
- **Week 22+**: Discontinue the Seroquel, continue with 200 mg of L-theanine twice daily, and 1500 mg of niacinamide breakfast, and 1000 mg dinner. Continue with 3.0 mg of PRM 60 minutes before bed.

Example 3

This stable schizophrenic patient had been on SGA drugs for 5 years prior to seeing me. She had been on olanzapine for about 1 year and then, due to objectionable side effects, was switched to 5 mg of loxapine daily. Since she had a mild form of schizophrenia, her daily dose of loxapine was well below doses typically used for more severe forms of the disorder (e.g., 30–50 mg twice daily or more). She attributed chronic stomach pain, fatigue, and dizziness to the medication and wanted to stop it. I corresponded with her psychiatrist and we agreed that the patient was stable enough to pursue my tapering plan. In addition to tapering, I further supported her mental health by adding an orthomolecular program providing daily dosages of niacin (3000 mg), vitamin C (3000 mg), omega-3 essential fatty acids (1500 mg of eicosapentaenoic acid and 500 mg of docosahexaenoic acid), and N-acetylcysteine (1000 mg). The patient is now completely off the loxapine and has not had a return of previous psychotic symptoms, which were auditory hallucinations and paranoid ideation. She has agreed to remain on the orthomolecular program for life. All of the physical symptoms that she ascribed to the loxapine ameliorated as well.

- **Weeks 1–3**: 5 mg loxapine every other day and 1 pill daily of Neurapas Balance.
- **Weeks 4–6**: 5 mg loxapine every 2 days and 1 pill daily of Neurapas Balance.
- **Weeks 7–9**: 5 mg loxapine every 3 days and 1 pill twice daily of Neurapas Balance.
- **Weeks 10–12**: 5 mg loxapine every 4 days and 1 pill twice daily of Neurapas Balance.
- **Weeks 13–15**: 5 mg loxapine every 5 days and 2 pills of Neurapas Balance in the a.m. each day and 1 pill in the p.m. each day.
- **Weeks 16–18**: 5 mg loxapine every 6 days and 2 pills of Neurapas Balance in the a.m. each day and 2 pills in the p.m. each day.
- **Weeks 19–21**: 5 mg loxapine every 7 days and 3 pills of Neurapas Balance in the a.m. each day and 2 pills in the p.m. each day.
- **Weeks 22+**: No more loxapine and 3 pills of Neurapas Balance a.m. each day and 3 pills p.m. each day for a minimum of 3 months.

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Clinical Considerations

Some patients may wish to taper; that is, reduce their doses to reduce side effects but retain benefits of particular medications, while other patients may wish to go off their medications altogether. Sometimes a patient needs a very low dose of a particular medication to remain stable. Thus, the tapering strategy should always consider this possibility. Patient expectations must be managed with clinical vigilance and education; otherwise, the stabilizing benefit of a very low-dose medication might be undermined by the patient's unrealistic wish to be completely free of his medication. The tapering process can teach such patients the value of continuing to take very low doses, and respect the reality that some patients will need low doses of one or more medications for the duration of their lives.

Bipolar patients who successfully go off their medications altogether are potentially at risk for cycling again into hypomania or outright mania. Schizophrenia patients who successfully go off their medications altogether are potentially at risk for a return of psychosis; therefore, in my experience, it is important for patients to understand and accept their diagnosis and know that they will need to continue taking specific combinations of natural medicines (i.e., a supervised plan of botanical medicines, nutrients such as vitamins, minerals, amino acids, and/or hormones) for life to sustain their mental stability.

Given life's uncertainties and the fact that all patients will experience periods wherein their emotional regulation and mental stability are challenged, clinicians should secure regular reassessments with their patients during the first 1 or 2 years after being off psychotropic medication. Clinicians should inform patients that they can temporarily benefit from resuming medication as needed should their circumstances warrant the immediate relief and stability afforded by medication. Clinicians should routinely check for thyroid, blood sugar, and hormone imbalances; that is, underlying medical or metabolic conditions which may have been root cause(s) or contributed to some of their patients' anxious, intense moods in the first place. This continuity between clinician and patient affords the best long-term outcome, since these particularly vulnerable patients need to have a trusting ally in their quest for improved physical and mental health.