In the majority of cases, the prescribing clinicians have cooperated with me and agreed to the proposed tapering strategy. However, if the prescribing clinician does not agree to any plan of psychotropic drug tapering, despite the patient's wishes and noted stability, it is entirely appropriate for the patient and the nonprescribing clinician to proceed with a tapering plan. In such a circumstance, it might be suitable to draft a waiver (i.e., a release) outlining all potential risks and benefits of psychotropic drug tapering and review this with the patient. This waiver would clearly delineate that this is what the patient wants, and that the patient is willing to assume all risks (e.g., destabilization and hospitalization) associated with the tapering process.

Since there is a scarcity of clinical research pertaining to tapering patients off psychotropic drugs, there are no clearly defined standards informing clinicians about the most appropriate method of tapering. Patients are just as likely to succeed in coming off their psychotropic drugs when they have support and endorsement from their prescribing clinicians as when they do not.[9] The published data from one organization found that 53% of patients were successful in coming off their psychotropic drugs – even though this was either against their doctors' advice or occurred without their doctors' knowledge – compared with 44% who had their doctors' approval.[5]

Overall, the tapering plan needs to be very slow and gradual to reduce the potential for relapse.[1] The patient should never be made to feel like a failure during this process, since coming off psychotropic drugs is very difficult due to the "physiological and psychological manifestations of the biological effects caused by the withdrawal of a regularly-administered drug."[1] For patients to successfully come off psychotropic drugs they need to: (1) be well prepared and informed about the process; (2) have a positive attitude; (3) keep in mind that they will experience strong emotions throughout tapering and possibly for months after; and (4) receive some type of regular psychological support (e.g., psychotherapy, art therapy, support groups, etc.) during the tapering and perhaps beyond.[9,10]

A good rule of thumb is for the tapering duration to be for the same length of time of previous psychotropic use.[10] For example, if a patient was taking a psychotropic drug for 6 months, the tapering process should last for 6 months.

Tapering Strategies

The only exception involves patients who have been on psychotropic drugs for 5 or more years. The tapering process for these patients should be approximately 18 to 24 months.[10] However, each patient situation is different, so the time allotment for tapering needs to be individualized to the patient's needs and to what is possible.

The tapering plan should involve one drug at a time and reduce the drug with the longest elimination half-life first. Psychotropic drugs with longer elimination half-lives (i.e., more than 24 hours) are easier to taper, since their withdrawal reactions tend to be less severe than drugs with shorter elimination half-lives (i.e., less than 24 hours). Psychotropic drugs with short elimination half-lives can produce significant and quick withdrawal reactions. Considerations should be made to switching patients from psychotropic drugs with short elimination half-lives to drugs with longer elimination half-lives prior to tapering, as this will increase the chances of a positive experience and successful outcome. A psychotropic drug such as venlafaxine (which has an elimination half-life of around 5 hours) can cause significant withdrawal and possible destabilization. A psychotropic drug such as fluoxetine, on the other hand, can be used as a substitute for venlafaxine, allowing for a more successful tapering plan, since the elimination half-life of this drug is 4 to 6 days.[9]

One report suggests that for each unspecified tapering period, there should be a 10% reduction in dose, meaning that the psychotropic drug gets reduced by subsequent 10% reductions until the patient is comfortably off his/her medication.[9] Another report suggests that the psychotropic drug is tapered down every 2 weeks, so that after each 2-week tapering period, the dose is further reduced by 10%.[10] If a patient, for example, begins the tapering process on a drug that is 400 mg once daily, then the dose to take for 2 weeks would be 360 mg. After two weeks, the dose would be further reduced by another 10% to 320 mg and so on. This process would continue until the psychotropic drug is fully discontinued. If the patient feels that the reduction is too marked or there are troublesome withdrawal reactions such as anxiety and sleep disturbances at any time during the tapering, the patient can remain on the previous tapered dose until he/she feels well enough to proceed.

Improving the Odds of a Successful Outcome

It is common for patients to experience problems even after small reductions in their psychotropic drugs. This is usually misattributed to a reemergence of their underlying psychiatric disorder as opposed to problems related to psychotropic drug withdrawal.[1] When this happens, it is common for such patients to be shamed by family members, psychiatrists, and support workers into the notion that they cannot maintain their psychological health without depending on psychotropic drugs for the rest of their lives, thus forcing patients to continue long-term treatment.[1] Darton reported that patients with mental health issues are too often denied the chance to come off their medications, take risks, and potentially make their own mistakes.[9] If family members are supportive and encouraging, this will reduce risks associated with tapering psychotropic drugs.[9]

Diet and lifestyle modifications can also significantly improve a patient's chances of successfully tapering off psychotropic drugs. Factors that have been identified as helpful include: (1) eating regularly; (2) avoiding sugary foods and drinks; (3) abstaining from all recreational drugs, alcohol, and possibly even caffeine; (4) establishing good sleep habits; and (5) drinking plenty of fresh water throughout the day.[9,10]

Supporting the Tapering Process with Specific Natural Health Products

I have found specific natural health products helpful when used during and after the tapering process to mitigate withdrawal, prevent potential relapses, and improve a patient's chances of not requiring his/her psychotropic medication any longer.

Melatonin works well for insomnia, which is common during the tapering process. The hormone is being formally studied among schizophrenic patients withdrawing from long-term benzodiazepine use.[11] Previous reports have shown some efficacy in reducing benzodiazepine-withdrawal-associated sleep disruption.[12,13] Ideally, controlled- or prolonged-release preparations should be used, with doses varying from 1 to 5 mg at bedtime. If taken 1 or 2 hours before bedtime, these forms of melatonin enable a more sustained blood level of the

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