MIA SSRI Withdrawal Seminar Notes
11/5/22

50% of patients have w/d symptoms that last +1 wk to months or years (2019 Davies and Reed Antidepressant Review article)

W/D symptoms include:
-Symptoms throughout nervous system in body
- akathisia, "nervous system on fire," "uncomfortable in own skin," pacing, suicide because sensation is unbearable, increase in suicide attempts in weeks after stopping SSRI, or while changing dose., crying easily. Serotonin receptors are in gut so have GI symptoms.

During w/d brain experiences deficit of serotonin —> w/d symptoms
Doctors will say: "Drug is out of the body so shouldn't be symptoms." But the brain is not adjusting yet to lower levels of serotonin, which takes time.
PCPs always looking for "relapse," but do not look for w/d symptoms.
Anxiety, depression and poor sleep = most common w/d symptoms, so viewed as "relapse"
Consider: Even people prescribed SSRI for menopause, pain, migraine etc (not depression) will have anxiety and depression as w/d so that's proof it is NOT a relapse, but IS w/d symptoms.

How to distinguish between withdrawal and relapse;
1. W/d symptoms occur within hours or days of stopping vs relapse = weeks or months
2. Some w/d symptoms are delayed for weeks or months
3. Dizziness, nausea, electric shocks are NOT symptoms of depression, so does not mean relapse
4. New symptoms that are different from original symptoms, such as start having anxiety and panic when didn't have before
5. Restarting rx will reduce symptoms, so means is w/d not relapse
6. W/d can be severe and long lasting

Be careful when working with doctors to taper: They will invoke "Bipolar" diagnosis when w/d symptoms appear, then increase or add prescriptions. If you are working with a doctor, report symptoms with descriptions of physical symptoms (headache, upset stomach, nerve tingling) NOT "I feel depressed or anxious or manic or dissociated."

TAPERING HOW TOs
Slower w/d = fewer symptoms

Guidance from British Royal College of Psychiatrists: if on SSRIs more than a few weeks, taper over months or years, go down to less than 1mg before stopping, with rate titrated to pt tolerance.

EXAMPLE: Reduce dose by 10% of the most recent dose every 2-4 weeks:
40mg, 36mg, 32.4, 28.2, 26.2, 23.6, 21.3, 19.1, 17.2, 15.5, 13.9, 12.6, 11.3, etc.
- will take 2-3 years
- 10% per month of the last dose, NOT of the starting dose
BEST: Combine tablets and liquid from compounding pharmacy to produce accurate mg dosing

Most doctors think decreasing dosage in even amounts (20mg to 15mg to 10mg, etc) is best
- This is often driven only because these are the common available pill sizes
- BUT the math shows these decreases are uneven amounts:
  - going from 20mg to 15mg causes a 3% reduction in drug in the brain, then 15mg to 10mg causes a 6% change in the drug in the brain, then 10mg to 5mg causes a 15% change, and 5mg to 0mg causes a 58% change.
    = larger changes to equilibrium in brain

SO: reduce or taper so there is an even effect on brain, NOT even dose amounts
Because of this hyperbolic curve, each reduction in mg amount must be smaller than the previous amount leading to very low doses before stopping
It is counterintutive: Many have a belief that lower dose should be easy to get off, but this is false.
Lower doses may provoke more w/d symptoms, because of hyperbolic curve effect.
Doctors call small doses "placebo dose" but it still feels like big dose to your brain
People aways say "I'm only on a small dose" so w/d will be easier, but this is false reasoning

How Does Drug Half Life Affect W/D?

Half life of 24 hours means body gets rid of half of it every 24 hours. But this also means 1/2 of it stays in the body, with 1/4 remaining after the next 24 hours.

Longer half life drugs are easier to wean off because w/d symptoms are delayed, but this also makes them harder to spot.

- Shorter half life are easier to tell w/d symptoms because they start sooner.
- Search for your drug's half-life online.

Many doctors advocate changing doses by skipping a pill every other day, but this is worse for w/d symptoms.

- Therefore: with an every other day dose, dose is 1/4 of original dose, which is a large decrease.
- Better: Take smaller dose each day NOT every other day

Resources:

Start with the 1-hour video on www.iipdw.com

Let's Talk Withdrawal Website

www.taperingstrip.com

withdrawal.theinnercompass.org

exchange.theinnercompass.org

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International Institute for Psychiatric Drug Withdrawal info@iipdw.org
www.thisismindwick.com
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