

Clinical guidelines on antidepressant withdrawal urgently need updating

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In February 2018 the international debate on antidepressant withdrawal was reignited. In response to a letter published in *The Times* by Davies et al. on the benefits and harms of antidepressants, the Royal College of Psychiatrists publicly stated that '[for] the vast majority of patients any unpleasant symptoms experienced on

discontinuing antidepressants have resolved within two weeks of stopping treatment'.ⁱ

To support this claim, the College referred to the NICE guidelines, which state that '[withdrawal] symptoms are usually mild and self-limiting over about 1 week'.ⁱⁱ

When Davies et al. issued an FoI appeal to NICE requesting evidence for its one-week claim, NICE were only able to provide two short review articles, neither of which support NICE's one-week claim, while both cite numerous sources that contradict it.ⁱⁱⁱ

NICE's current position on antidepressant withdrawal (first established in 2004), was in our view not only advanced on insufficient evidence but is now widely countered by subsequent research. The following studies, using a range of methodologies, all show that many people experience withdrawal for longer than one week (e.g. for over 2 weeks in 55% of patients,^{iv} for at least 6 weeks in 40%,^v at least 12 weeks in 25%^{vi} and between 1 and 13 weeks in 58%,^{vii} with other studies finding mean durations of 11 days^{viii} and 43 days^{ix}).

Examples of longer durations, beyond a year, are reported by two recent, real life samples of people experiencing difficulties with withdrawal - i.e. for 38.6% (n=185)^x and for a mean duration of 90.5 weeks (N = 97).^{xi}

Systematic reviews of withdrawal also concur, with one of the largest concluding that withdrawal symptoms 'typically ensued within a few days from discontinuation and lasted a few weeks, also with gradual tapering. Late onset and/or a longer persistence of disturbances occurred as well',^{xii} and another stating that while withdrawal reactions 'typically occur within a few days from drug discontinuation and last a few weeks... many variations are possible, including late onset and/or longer persistence of disturbances'.^{xiii} The most recent systematic review, by Davies and Read, also concluded, on the basis of 14 studies of varied methodology, that around half of users experience withdrawal when trying to stop or reduce their antidepressants, that nearly half of these (46%) report their withdrawal as severe and that reports of symptoms lasting several months are common across many recent studies (see duration examples above).^{xiv}

That the evidence base contradicts NICE's official position on antidepressant withdrawal, raises concerns for the substantial number of antidepressant users who will experience withdrawal for a longer duration than current guidelines recognise. Assuming doctors abide by such guidelines, we believe many people may have their antidepressant withdrawal misdiagnosed – e.g. as relapse or as a failure to respond to treatment – with antidepressants either being reinstated, switched or doses increased as a consequence. These practices, if routinely enacted, would help partly explain why the average time a person spends on an antidepressant has doubled in the U.K. since the guidelines were introduced in 2004,^{xv} ^{xvi} why antidepressant prescriptions are rising overall and why patients regularly report their withdrawal not being properly acknowledged, understood and managed by doctors.^{xvii} ^{xviii} It is also concerning that when pooling the results of two recent surveys, fewer than 2% of approximately 3000

patients were able to recall being told anything about withdrawal effects, dependence, or potential difficulties discontinuing.^{xix xx}

It is of concern that antidepressants are causing withdrawal effects that can be long-lasting and severe, and that this is not being sufficiently recognised by current clinical guidelines and, by extension, many prescribers. As NICE is now in the process of updating its depression guidelines, we call upon NICE and the Royal Colleges to revise their practice guidelines and recommendations to bring them in line with the scientific evidence base.

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