Transitioning Off / Discontinuing Medications

As a patient, you may decide at some point in time to take yourself, your child, or help a loved one transition down or discontinue taking medications. Below is some information about the key drug groups that you might find helpful. If you decide to transition off or discontinue medication, you must first check with your doctor and your doctor must be agreeable to working with you during the transition period.

Depending on the drug, potency, dosage and length of time one the drug, withdrawal symptoms can be severe and, if a person withdraws rapidly or incorrectly, they can have long term symptoms.

ADD/ADHD Medications (used to treat attentional and hyperactivity problems)

Examples: Adderall, Concerta, Focalin, Focalin XR, Intuniv (guanfacine ER), Metadate CD, Ritalin, Vyvanse and related amphetamines.

Side effects: The short term and long-term side effects from these drugs may include physical, emotional and psychiatric adverse effects.

Physical: abdominal pain, appetite loss, constipation, dizziness, drowsiness, dry mouth, facial and vocal tics, fatigue, growth suppression, headaches, hypertension, insomnia, jaw clenching, lethargy, low blood pressure, liver disorders, motor abnormalities, nausea, skin problems, vomiting, weight loss, (in some cases weight gain) and (in rare cases) sudden cardiac death.

Emotional: anxiety, apathy, crying jags, depression, general dullness, irritability, mood swings, and a sense of hostility toward the world.

ADD/ADHD Medications continued

Psychiatric problems: hallucinations (both visual and tactile), mania, paranoia, psychotic episodes, and obsessive compulsive symptoms.

Behavioral: aggressiveness, hostility, social withdrawal, and as some parents describe it, (a daily “crash”).

Withdrawal symptoms: Stimulants are associated with withdrawal symptoms that are distinctly different from those seen with opioid, alcohol, and sedative dependence. And during any detox process, you can develop complications as you withdraw from a drug. However, common symptoms of withdrawal from stimulants may include: anxiety, changes in the heart rhythm, depression, drug craving, fatigue (tiredness), hypersomnia (or insomnia), increased appetite, irritability, paranoia, poor concentration and slow reflexes.

Benzodiazopines (used to treat anxiety, insomnia, and panic attacks and are also prescribed for OCD and PTSD). Note: These medications can be highly addictive and form a dependence on them. Withdrawal symptoms can be severe and, if a person withdraws rapidly or incorrectly they can have long term symptoms.

Examples: Short-acting benzodiazepines are generally used for patients with sleep-onset insomnia (difficulty falling asleep) without daytime anxiety. Shorter-acting benzodiazepines used to manage insomnia include estazolam (ProSom®), flurazepam (Dalmane®), temazepam (Restoril®), and triazolam (Halcion®). Benzodiazepines with a longer duration of action are utilized to treat insomnia in patients with daytime anxiety. These benzodiazepines include alprazolam (Xanax®), chlordiazepoxide (librium®), clorazepate (Tranxene®), diazepam (Valium®, halazepam (Paxipam®), lorzepam (Ativan®), oxazepam (Serax®), prazepam (Centrax®), and quazepam (Doral®). Clonazepam (Klonopin®), diazepam, and clorazepate are also used as anticonvulsants.

Zolpidem (Ambien®) and zaleplon (Sonata®) are two relatively new, benzodiazepine-like CNS depressants that have been approved for the short-term treatment of
**Benzodiazepines continued**

insomnia. Both of these drugs share many of the same properties as the benzodiazepines and are in Schedule IV of the CSA.

**Side Effects**

**Physical:** dizziness, drowsiness, fatigue, lightheadedness, loss of coordination, sedation, slurred speech and unsteady gate.

**Emotional:** depression.

**Cognitive:** amnesia, dreaming or nightmares, memory loss, mental confusion and poor concentration.

**Physical:** blurred vision, change in heart rate, dizziness, hangover effect (grogginess), headache, muscle weakness, poor coordination, poor coping skills, poor coordination, slurred speech, stomach upset, trembling, and weakness. Symptoms of an allergic reaction include: rash, itching, swelling, dizziness, trouble breathing.

**Withdrawal symptoms** (depending on dosage and length of time taking them, potency, and the speed of tapering off of the drug), may include: blurred vision, extreme depression, extreme sensitivity to noise, feeling like insects are crawling all over the body, hallucinations, insomnia, nightmares, rebound / severe anxiety, ringing in ears, and seizures.

Physical withdrawal symptoms that may include agitation, headaches, loss of appetite, nervousness, muscle aches, and tremors.

**SSRIs** (antidepressants and sometimes used for anxiety)

**Examples:** Citalopram (Celexa), Escitalopram (Lexapro), Fluoxetine (Prozac, Prozac Weekly, Sarafem), Paroxetine (Paxil, Paxil CR, Pexeva), Sertraline (Zoloft), Luvox, Venlafaxine. Atypical antipsychotic olanzapine (Symbyax), Fluoxetine, Paroxetine.

**SNRIs** duloxetine (Cymbalta), venlafaxine (Effexor and Effexor XR), desvenlafaxine (Pristique)

**Dopamine Reuptake Inhibitors** (Bupropion (Wellbutrin, Wellbutrin SR and Wellbutrin XL)
**SSRIs continued**

**Symbyax** is a combination of an atypical neuroleptic (olanzapine) and an SSRI fluoxetine.

**Side Effects**

**Physical:** agitation or restlessness, appetite loss, cardiovascular problems, diabetes, diarrhea, dizziness, dry mouth, drowsiness, gastrointestinal problems, headache, inability to maintain an erection (erectile dysfunction), increased urination, insomnia, increased sweating, increased heart rate, lethargy, nausea, nervousness, muscle cramps, muscle weakness, obesity, skin rash, reduced sexual desire or difficulty reaching orgasm (sexual dysfunction), ringing in the ears, seizures, sore throat, thyroid dysfunction, tremors, weight gain, (and in some cases weight loss), and akathisia (inner agitation).

**Emotional:** anxiety, chronic depression, “flatness”, mania, panic attacks

**Behavioral:** hostility, suicidal risk.

**Cognitive:** cognitive decline, hallucinations, loss of motivation, passivity, memory loss.

**Abrupt** Discontinuation symptoms usually begin within 1 to 3 days after abrupt cessation of SSRI use and can be relieved within 24 hours by restarting anti-depressant therapy. Untreated, however, these symptoms can last from 1 to 3 weeks (2). Although most discontinuation reactions are mild and short-lived, the symptoms can be mistaken for physical illness or relapse into the treated illness, thereby promoting unnecessary long-term treatment (7). Symptoms caused by an abrupt discontinuation of SSRI therapy during hospitalization may confound the ongoing assessment of mental status changes or physical findings of a comorbid acute illness (eg, meningitis, stroke, myocardial infarction) (8) and may result in unneeded and costly diagnostic evaluations:

**Psychiatric:** anxiety, crying spells, insomnia, irritability, mood lability, vivid dreams.

**Gastrointestinal:** nausea and vomiting.

**Neurologic:** dizziness, headache, paresthesia.

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2 [http://psychrights.org/articles/SSRIDiscontinuationSyndrome.htm](http://psychrights.org/articles/SSRIDiscontinuationSyndrome.htm) - Retrieved 12/14/2011
SSRIs continued

Motor: dystonia, tremor

Somatic: chills, fatigue, lethargy, myalgias, and rhinorrhea.

Other possible withdrawal symptoms can include, but are not limited to: irritability, agitation, burning or tingling sensation, confusion and tiredness.

Preventing Discontinuation Syndrome

There are ways that you can prevent or reduce discontinuation symptoms. Some of them include:

Don’t stop a psychotropic medicine abruptly. People may stop their medicine abruptly for various reasons, including feeling better or experiencing unpleasant side effects, as well as simply forgetting to refill a prescription. But stopping some medicines abruptly or “cold turkey” can cause discontinuation or withdrawal symptoms.

Talk to your doctor. If you’d like to stop your antidepressant, first talk it over with your prescribing clinician. Voice any concerns you have, and do not attempt to stop on your own. It’s a collaborative venture between the patient and her/his doctor. Don’t be afraid to ask your doctor tough questions.

Consider if you’ve received a thorough clinical assessment. Before stopping an antidepressant — or any medicine — your doctor should assess whether this is an appropriate time to do so. He or she should consider various factors, including your past clinical history and current stress level, and supportive treatment(s) to assist with discontinuing a medication.

Discontinue slowly. One of the best ways to minimize discontinuation syndrome is by reducing doses of medicines, including SSRIs, slowly. Together, you and your doctor should decide how to reduce, then stop, the dose. Based on clinical research; reducing the dose of an SSRI to zero gradually over two weeks or longer is prudent. *Even slower discontinuation may be required if you’ve taken high doses for a long time.*

Practice healthy habits. If you’re under a lot of stress, not sleeping well, not eating nourishing foods, or not sticking to a consistent schedule, stopping medicine

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successfully may be unrealistic. It can increase anxiety and depression, which can make stopping harder.

Is It Discontinuation Or Depression?
Discontinuation reactions are not dangerous, the bigger concern when stopping your antidepressant is making sure your depression does not return. Typically, this risk follows SSRI discontinuation reactions by considerable time (weeks to a few months), but when depression re-emerges quickly, it can be tough to tell whether you’re experiencing discontinuation symptoms or a recurrence of depression.

If you’re experiencing these symptoms soon after stopping an antidepressant, then the reaction likely is discontinuation syndrome. However, symptoms such as mood swings, anxiety and depression can make it tricky to distinguish between discontinuation reactions and depression. Consider the symptoms that led to starting the treatment. If anxiety was initially part of your symptoms, that’s a clue that new symptoms of anxiety during discontinuation of treatment may represent depression, especially if they arise after several weeks after stopping the medicine.

Risk of discontinuation or withdrawal reactions appears to be greater after stopping prolonged treatment, especially with high doses of an antidepressant. Although the duration of treatment is less clearly a predictor of relapse of depression or anxiety, symptoms arising many weeks after discontinuing most likely represent relapse.

In addition to slowly reducing the dose of an antidepressant, it is important to use “thoughtful monitoring by yourself and your doctor, and communicating” with your doctor to limit risks of relapse after stopping an antidepressant.

Additional Resources

http://robertwhitaker.org/robertwhitaker.org/Solutions.html

http://www.ashtonbenzomanual.com/
### Drug Effects on EEG

<table>
<thead>
<tr>
<th>Family</th>
<th>Drugs</th>
<th>Purpose</th>
<th>EEG Impact</th>
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</thead>
<tbody>
<tr>
<td>Neuroleptics</td>
<td>Haldol, Prolixin, Thorazine, Mellaril</td>
<td>sedative</td>
<td>increase delta, theta and beta above 20 Hz and decrease alpha and beta below 20 Hz.</td>
</tr>
<tr>
<td>Neuroleptics</td>
<td>Seroquel, Risperdal, Geodone</td>
<td>non-sedative and antipsychotic medications</td>
<td>decrease alpha and increase beta in general.</td>
</tr>
<tr>
<td>Anxiolytics</td>
<td>Valium, Halcion, Librium, Dalmare</td>
<td>anxiety relief</td>
<td>decrease alpha and increase beta, especially 13-20 Hz beta.</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Valium, Xanax, and Ativan</td>
<td>anxiety, panic relief</td>
<td>decrease alpha and increase 20-30 Hz beta.</td>
</tr>
<tr>
<td>SSRIs</td>
<td>Prozac, Paxil, and Zoloft</td>
<td>a class of antidepressants used in the treatment of depression, anxiety disorders, and some personality disorders.</td>
<td>decrease in frontal alpha and a mild increase in 18-25 Hz beta.</td>
</tr>
<tr>
<td>MAO Inhibitors</td>
<td>Marplan, Parnate, Eldepryl</td>
<td>antidepressant</td>
<td>tendency to increase 20-30 Hz beta while decreasing all other frequencies</td>
</tr>
<tr>
<td>Tricyclic antidepressants</td>
<td>Imipramine and Amitriptyline</td>
<td>useful in depressed patients with insomnia, restlessness, and nervousness</td>
<td>increase delta and theta while decreasing alpha; increase beta 25 Hz and up band</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>Lithium</td>
<td>used for the treatment of manic/depressive (bipolar) and depressive disorders</td>
<td>increases theta, mildly decreases alpha and increases beta</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>Ritalin, Adderall, Vyvanse, and Dextedrine.</td>
<td>a group of drugs that act by increasing levels of norepinephrine, serotonin, and dopamine in the brain</td>
<td>decrease slow-wave activity and increase beta in the 12-26 Hz range</td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td>recreational</td>
<td>increases frontal low frequency alpha; affects EEG for three days</td>
</tr>
<tr>
<td>Opiates</td>
<td>opium, hydromorphone, oxymorphone, heroin, morphine, oxycodone, Talwin, codeine, methadone, meperidine, hydrocodone, Vicodin</td>
<td>pain relief</td>
<td>generate high amplitude slow alpha in the 8 Hz range</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Brevital, thiamylal (Surital), thiopental (Pentothal), amobarbital, Amytal, pentobarbital, Nembutal, secobarbital, Seconal, Tuinal, Phenobarbital, Luminal, mepobarbital, Mobaral</td>
<td>produce a wide spectrum of central nervous system depression, from mild sedation to coma, and have been used as sedatives, hypnotics, anesthetics, and anticonvulsants</td>
<td>increase beta at 25-35 Hz amplitude</td>
</tr>
<tr>
<td>Caffeine</td>
<td></td>
<td>increases alertness</td>
<td>increases beta and decreases slower waves</td>
</tr>
<tr>
<td>Alcohol</td>
<td>All alcoholic beverages</td>
<td>Pleasure, entertainment</td>
<td>Increased Alpha, then Theta increases.</td>
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<tr>
<td>Nicotine</td>
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