

**Withdrawal from psychiatric drugs can be disabling and can cause a range of severe physical and psychological effects which often last for months and sometimes years; in some cases, withdrawal charities report, it may lead to suicide.**

Withdrawal from psychiatric drugs can result in many long-term disabling effects; the severe physical and psychological symptoms can impact negatively on many aspects of a person's life, threatening relationships, careers and financial stability. Withdrawal can also be very long-lasting despite the claims of some studies which suggest a recovery period of several weeks to a few months<sup>1, 2</sup>. Withdrawal charities report numerous examples of clients taking one or more years to recover. According to Ian Singleton of the Bristol Tranquilliser Project: 'Most people will have symptoms once they come off these drugs for at least a year... the majority will recover in their second year. But there are some who will take several years.'<sup>3</sup>

#### *Antidepressants*

Antidepressants are the most commonly prescribed psychiatric drug in the UK, with over fifty million prescriptions dispensed in England in 2012.<sup>4</sup> There are treatment side effects associated with their use and a withdrawal syndrome is commonly experienced upon discontinuation. Typical antidepressant withdrawal symptoms include flu-like symptoms, insomnia, nausea, imbalance, sensory disturbances, and hyperarousal. Dizziness, electric shock-like sensations, zaps, diarrhea, headaches, muscle spasms and tremors, agitation, hallucinations, confusion, malaise, sweating and irritability are also reported.<sup>5, 6</sup>

There is also evidence that antidepressant discontinuation can induce mania and hypomania. Naryan and Haddad (2010) concluded that antidepressant discontinuation hypomania/mania is a valid syndrome<sup>7</sup> while Goldstein *et al* (1999) conducted similar research into the development of manic symptoms on antidepressant discontinuation in patients with bipolar disorder; the results suggest a paradoxical effect whereby antidepressant discontinuation actually induces mania.<sup>8</sup>

An analysis of over two thousand emails sent following a BBC Panorama documentary investigating patients' problems with the SSRI paroxetine showed that reports of 'electric head, with linked whooshing sensations were the most common, distressing, disabling and distinctive feature of withdrawal'.<sup>9</sup> And in a recent study Holguin-Lew and Bell (2013) identified cases where, after treatment with an SSRI antidepressant, patients were left with an inability to cry.<sup>7</sup>

Sexual dysfunction is a common effect of SSRI and SNRI antidepressants. In a 2002 study, between 36% and 43% of subjects taking these drugs experienced this symptom, and the authors conclude that 'sexual dysfunction is considerably underestimated by physicians.'<sup>10</sup> More worrying are numerous reports of long-term or even permanent sexual dysfunction following withdrawal from antidepressants.<sup>11</sup>

Further research is clearly needed to establish the prevalence of such post-SSRI sexual dysfunction, and to investigate the incidence of other long-lasting symptoms, as reported by various withdrawal charities and patient groups. Dr. Stuart Shipko, a Californian psychiatrist who has published on SSRI withdrawal, no longer advises patients who have been on SSRIs for more than ten years to try to stop unless they are willing to risk disabling symptoms, including a state of agitation and inner restlessness which he calls 'tardive akathisia'. He states that his 'clinical observation is that long lasting symptoms occur even in patients who taper very slowly, not just those who stop quickly, and that there is no guarantee that these symptoms will go away no matter how long the patient waits'.<sup>12</sup>

A recent report by the OECD confirms a dramatic increase in the prescribing of antidepressants across the developed world, with estimates that as many as one in ten adults take these drugs regularly<sup>13</sup>. Part of this increase is due to increasing numbers of long-term users, many of whom will find themselves unable to withdraw from the drug because of intolerable symptoms, or a belief that such symptoms

represent the return of an underlying condition or even a new illness (see Negative Effects Lead to More Drugs on the CEP website).

Despite hundreds of millions of patients taking antidepressants worldwide there is no research supporting the safe long-term use of these drugs while ample evidence exists of the potential for serious harm.

#### *Benzodiazepines and z-drugs*

Approximately 17 million prescriptions for benzodiazepines and z-drugs were issued in England during 2011<sup>14</sup> and an estimated 1-1.5 million people in the UK take these drugs regularly, despite clear guidelines stating a maximum of 2-4 weeks use<sup>15</sup>. Withdrawal from these drugs can cause a host of disabling symptoms; these symptoms can also be experienced while taking the drug, as tolerance sets in and higher doses are required to stave off withdrawal.

Professor Heather Ashton became a leading authority on benzodiazepine withdrawal after managing a large withdrawal clinic in the 1980s. She describes a range of withdrawal symptoms, broken down into physical and psychological categories. Psychological symptoms include insomnia, nightmares, increased anxiety, panic attacks, agoraphobia, perceptual distortions, depersonalisation, derealisation, hallucinations, depression, obsessions, paranoid thoughts, rage, aggression, irritability, poor memory & concentration, intrusive memories. Physical symptoms include headache, pain/stiffness, tingling, numbness, altered sensation, fatigue, influenza-like symptoms, muscle twitches, jerks, tics, 'electric shocks', tremor, dizziness, light-headedness, poor balance, blurred/double vision, sore or dry eyes, tinnitus, hypersensitivity, gastrointestinal symptoms, constipation, pain, distension, difficulty swallowing, appetite/weight change, dry mouth, metallic taste, unusual smell, sweating, palpitations, over-breathing, urinary difficulties/menstrual difficulties, skin rashes and itching.<sup>16</sup>

In his analysis of adverse behavioural effects of benzodiazepines, Dr. Peter Breggin also states that benzodiazepines can produce a wide variety of abnormal responses and hazardous behavioural abnormalities, including rebound anxiety and insomnia, mania and other forms of psychosis, paranoia, violence, antisocial acts, depression, and suicide. He describes how the drugs can impair cognition, especially memory, and can result in confusion.<sup>17</sup>

It is now recognised that withdrawal symptoms for long-term users coming off benzodiazepine and z-drug can last 6 to 18 months after the last dose, and sometimes even longer<sup>18</sup>. Withdrawal charities report numerous cases of patients taking at least three or four years to recover, and some are left with residual symptoms such as tinnitus which can persist for years beyond this timeframe. Professor Ashton describes various patients who continue to experience symptoms long after withdrawal, which she defines as a 'protracted withdrawal syndrome'. She notes her own experience with patients who complained of symptoms such as tinnitus, anxiety, motor symptoms, gastrointestinal symptoms and paresthesia, which in some cases lasted at least four years. She concludes that: 'It remains possible that some protracted benzodiazepine withdrawal symptoms (including tinnitus and other neurological and psychological symptoms) could result from physicochemical neuronal damage'.<sup>19</sup>

It should be noted that there are many similarities between benzodiazepine/z-drug and antidepressant withdrawal symptoms. In a study reviewing the difference between SSRI and benzodiazepine withdrawal reactions Nielsen et al (2012) concluded that 'discontinuation symptoms were described with similar terms for benzodiazepines and SSRIs, and were very similar for 37 of 42 identified symptoms... referring to these reactions as part of a dependence syndrome in the case of benzodiazepines, but not selective serotonin re-uptake inhibitors, does not seem rational.'<sup>20</sup> Withdrawal charities also report similar experiences among individuals withdrawing from either an antidepressant or a benzodiazepine, or both. According to Baylissa Frederick of Recovery Road: 'There has not been a noticeable difference in symptoms experienced. Both can be as horrific... both can be as intense, as lengthy, and with similar repercussions'.<sup>21</sup>

Patient groups report several cases of individuals who have committed suicide as a result of intolerable withdrawal symptoms. In addition, two studies reviewing outcomes of benzodiazepine withdrawal included suicides among relatively small groups of subjects; in both cases withdrawal symptoms were considered as a factor.<sup>22, 23</sup>

#### *Antipsychotics*

Antipsychotics have a well-established withdrawal profile, which includes symptoms of anxiety, agitation, restlessness and insomnia.<sup>24</sup> In addition there is evidence showing that a psychotic episode can occur shortly after the discontinuation of these drugs, especially clozapine.<sup>25</sup> Other studies show a range of antipsychotic withdrawal symptoms, including nausea, emesis, anorexia, diarrhea, rhinorrhea, diaphoresis, myalgia, paresthesia, anxiety, agitation, restlessness, and insomnia.<sup>17</sup>

While some research suggests that antipsychotic withdrawal only lasts a few days<sup>26</sup>, other research points to withdrawal symptoms lasting 6 to 12 weeks<sup>27</sup> and it is known that some patients experience tardive dyskinesia, a long-term or even permanent drug-induced syndrome<sup>28</sup>.

#### *Other effects of withdrawal*

As with other serious chronic illnesses, withdrawal can have devastating effects on a person's life beyond the physical and psychological symptoms. Dr. Joanna Moncrieff describes the broader impact of withdrawal: 'If symptoms are troubling and go on for a long time... in some cases people find that they can't get back to work, lose their jobs, they might split up with their family because they continue to be impaired by these symptoms. They will lose their confidence, be depressed as a result of withdrawal and be anxious about the future'.<sup>29</sup>

The disabling effects of withdrawal also adversely affect family members who, with no understanding of how to manage the complex physical and psychological symptoms, are often overwhelmed and find it difficult to provide adequate and appropriate support.

Psychiatrist Dr. Ronald Gershman writes: 'I have treated ten thousand patients for alcohol and drug problems and have detoxed approximately 1,500 patients for benzodiazepines – the detox for the benzodiazepines is one of the hardest detoxes we do. It can take an extremely long time, about half the length of time they have been addicted – the ongoing relentless withdrawals can be so incapacitating it can cause total destruction to one's life – marriages break up, businesses are lost, bankruptcy, hospitalization, and of course suicide is probably the most single serious side effect'.<sup>30</sup>

Withdrawal from psychiatric drugs is often a devastating experience for patients and their families, and is under-recognised by doctors and the medical establishment. CEP calls for much greater recognition of this issue, and for additional research to establish its prevalence and to consider potential treatments. CEP also urges patients and doctors to use these drugs cautiously and for as short a period as possible. Withdrawal from psychiatric drugs should almost always follow a slow, structured taper, often over several months or more.

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