

Withdrawing From Antidepressants

[nytimes.com/2018/04/09/opinion/antidepressants.html](https://www.nytimes.com/2018/04/09/opinion/antidepressants.html)

April 9, 2018



To the Editor:

Re "[The Murky Perils of Quitting Antidepressants After Years of Use](#)" (front page, April 8):

We write as clinicians and researchers with experience treating antidepressant withdrawal. To practicing psychiatrists and the vast majority of patients, withdrawal is low on the list of priorities.

By amplifying the social media echo chamber, the article creates the unfortunate impression that most patients are forced to continue antidepressants out of fear of withdrawal rather than out of prevention of recurrence. This is simply not the case.

First, although withdrawal has not been well studied, the clinical consensus is that it is real, rare and always treatable. Certainly more research into this phenomenon is warranted.

Second, mood and anxiety disorders are common, debilitating and often undertreated. That a greater proportion of afflicted Americans are now receiving treatment should be applauded rather than implicitly derided.

Finally, the uncomfortable truth about these psychiatric disorders (particularly major depressive disorder, generalized anxiety disorder and panic disorder) is that they are chronic and relapsing in the vast majority of cases — like migraines and seizures. The more episodes one has, the greater risk of future episodes, which medications can forestall.

People generally choose to continue effective antidepressant medications after having had multiple episodes, understanding that the standard of care is both to treat the current episode and to prevent further recurrences.

STUART SEIDMAN, JACK DRESCHER
JEFFREY KAHN, JOHN MARKOWITZ
NEW YORK

The writers are psychiatrists affiliated with Columbia University College of Physicians and Surgeons or Weill-Cornell Medical College. The letter was signed by 35 other psychiatrists affiliated with Columbia.

To the Editor:

Depression is a brain dysfunction that antidepressants alleviate, much as diabetes is a pancreatic dysfunction that insulin alleviates. So why should one taper off antidepressants?

I've been taking them on and off for more than 50 years. When I don't take them, the depression returns. I am 80, happy and taking four antidepressants.

ANNE PRAGER, BROOKLINE, MASS.

The writer is a retired psychiatric nurse.

To the Editor:

The article rightly observes that some patients taking antidepressants for long periods will experience serious problems when the medication is discontinued. But based on my experience over 25 years of treating depressed patients, fewer than 10 percent will experience severe withdrawal symptoms when the antidepressant dose is tapered over three to six months.

All patients should be counseled as to the risk of discontinuation effects and monitored closely during the tapering process. Withdrawal symptoms per se do not mean that a drug is "addictive." As the National Institute on Drug Abuse notes, addiction entails that "a person cannot control the impulse to use drugs even when there are negative consequences," as well as the development of tolerance — the need for ever-increasing drug dosage to obtain the same effect.

These are not intrinsic characteristics of antidepressant use. Finally, some of the apparent "withdrawal" symptoms discussed in the article — like low energy and diminished creativity — may represent a recurrence of the depression.

RONALD W. PIES, LEXINGTON, MASS.

The writer is a psychiatrist affiliated with Tufts University School of Medicine and SUNY Upstate Medical University.

To the Editor:

The article overlooks some significant facts about the use of long-term maintenance antidepressant treatments and the potential for serious withdrawal. In fact, there is strong scientific evidence for prolonged use of these medications in patients who have a history of recurrent episodes and/or in elderly patients.

Both groups have significantly higher rates of recurrence of depression, and there are well-designed studies of at least five years' duration demonstrating meaningful prophylaxis. Withdrawal symptoms are readily avoided or minimized by careful tapering over a number of weeks.

When there was a scare about the alleged potential for antidepressants to cause suicide, the number of prescriptions for these medications dropped, and the suicide rate rose correspondingly. The proper use of antidepressants must remain a cornerstone of mental health treatment.

MICHAEL J. SERBY, NEW YORK

The writer is a professor of psychiatry at the Icahn School of Medicine at Mount Sinai.