

Reducing or stopping your medication

What happens when the medication is gradually reduced and eventually stopped?

- **Discuss with your doctor** if you want to reduce or stop your medicine. Do not stop the treatment suddenly. Your doctor will recommend how long to continue and how to reduce.
- **Symptoms when reducing**: Some people who suddenly stop taking their medicine experience symptoms such as anxiety, headache, flu-like symptoms, shock-like sensations down the arms or neck, and stomach distress. These symptoms may begin 24 hours after a medicine has been reduced or stopped and can last five to seven days. While these symptoms are uncomfortable, they are not harmful.
- **Reduce slowly**: These symptoms may occur less frequently if the medicine is reduced gradually. While these symptoms are uncomfortable, they are not harmful. Your doctor can recommend a schedule for reducing.
- Choose a low stress time: It is best to reduce when you are not under a lot of stress and when there are not a lot of changes in your life (including positive changes such as a new job or a new relationship). That way, if depression returns, it won't be as hard to manage.
- **Risk of depression**: When medicine is stopped, there is a risk of depression returning over the following months and years. Of those who improve with treatment, about half (5 out of 10) will see a return of their depression symptoms in the year after their medicine is stopped.





- Who stays well? People who have minimal or no symptoms of depression at the end of treatment are most likely to maintain this progress if they stop the treatment. Persons with fewer previous periods of depression are also more likely to stay well.
- **Counseling or therapy** when you are coming off the medicine, reduces the risk of a return of depression. This therapy focuses on preventing depression and dealing with any symptoms that return.
- If depression returns, it is important to see someone for help with this quickly. The person who helped you before may be the best. Starting a treatment again reduce the problems caused by depression.

For more fact sheets and information about depression and its treatment please visit: http://depression.informedchoices.ca

Disclaimer: Information in this pamphlet is provided for educational purposes only. Always consult a qualified health care professional for your specific care.

You are free to copy and distribute this material in its entirety as long as: 1) this material is not used in any way that suggests we endorse you or your use of the material, 2) this material is not used for commercial purposes (non-commercial), 3) this material is not altered in any way (no derivative works). View full license at http://creativecommons.org/licenses/by-nc-nd/2.5/ca/.

Source: This summary provides scientifically accurate information. It was prepared in a research review by researchers and young adults with the Mobilizing Minds Research Group. The researchers are based at six universities: Manitoba, York, McMaster, Brock, Brandon, and Université Laval. Our core community partner is mindyourmind.ca located in London, Ontario. Our young adult team members are located all across the country. Last revised: 12 March 2013.

Acknowledgement: Preparation of this material was supported by funding from the Canadian Institutes of Health Research and the Mental Health Commission of Canada. The views expressed here do not necessarily represent the views of these organizations.





References:

Bockting, C. L. H., Spinhoven, P., Wouters, L. F., Koeter, M. W. J., & Schene, A. H. (2009). Long-term effects of preventive cognitive therapy in recurrent depression: A 5.5-year follow-up study. Journal of Clinical Psychiatry, 70(12), 1621-1628.

Kaymaz, N., van Os, J., Loonen, A. J. M., & Nolen, W. A. (2008). Evidence that patients with single versus recurrent depressive episodes are differentially sensitive to treatment discontinuation: A meta-analysis of placebo-controlled randomized trials. *Journal of Clinical Psychiatry*, 69(9), 1423-1436.

Imel, Z. E., Malterer, M. B., McKay, K. M., & Wampold, B. E. (2008). A meta-analysis of psychotherapy and medication in unipolar depression and dysthymia. *Journal of Affective Disorders*, 110, 197-206.

