Metro Jen Mills 23 march 2021

New paper on how to stop antipsychotic drugs deemed 'historic breakthrough'

Researchers have published the first scientific paper looking at how patients can safely come off antipsychotic medication while minimising the risk of withdrawal effects.

The paper, described as a 'historic breakthrough', suggests that extremely slow tapering with small reductions over months or even years could make it less likely for patients to relapse.

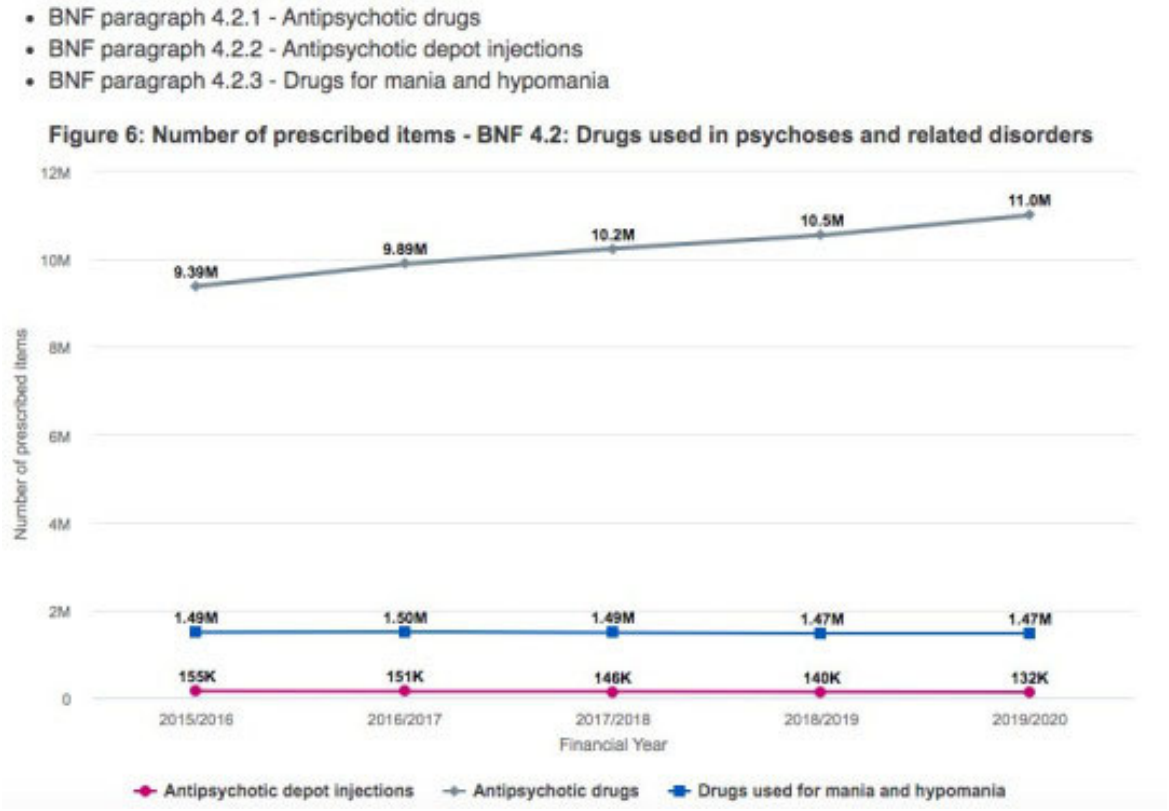
Antipsychotic drugs, such as clozapine, olanzapine, and aripiprazole, are one of the fastest growing classes of drugs being prescribed in England, increasing from 9.4 million prescriptions (for around 660,000 people) in 2015/2016 to 11 million prescriptions (for 750,000 people) in 2019/2020.

They are used to treat illnesses with psychotic features such as schizophrenia and bipolar disorder, and are increasingly prescribed 'off label' for conditions such as insomnia and anxiety.

However, their use long term is associated with side effects ranging from diabetes and weight gain to shrinkage of the brain and tardive dyskinesia, which is a disorder where patents suffer shaking which cannot be controlled.

The drugs can induce changes in the brain which make it difficult to stop taking them. People who try to reduce their dose may suffer from withdrawal symptoms like insomnia or nausea, or may even have a recurrence of psychotic symptoms which could be mistaken for a return of their illness.

Some people who had never had psychosis have experienced auditory hallucinations or delusions for the first time on trying to stop the medication, indicating that in some cases it is likely to be withdrawal from the medication itself that caused the issue.



Examples where this was the case are detailed in the new paper, published in the journal Schizophrenia Bulletin, which looks at how people are more likely to succeed in coming off the medication if they taper off it very slowly – slower than is often recommended currently.

Titled 'A method for tapering antipsychotic treatment which may minimise risk of relapse', it has been released by the same group who recently developed guidelines with the Royal College of Psychiatrists on how to stop antidepressants safely.

The principles are similar for both classes of drug: doing so cautiously by small amounts and waiting for any withdrawal symptoms to settle before making further reductions.

To do this, people may reduce the most recent dose by a quarter or a half sequentially every three to six months, so that the reductions become smaller and smaller as the total dose decreases.

Some may find it easier to taper at at 10% or less of their most recent dose each month.

People may need to use liquid versions of the drug or small dose formulations (like tapering strips) to be able to do this, which will have to be prescribed specially.

The paper says: 'At a minimum, it should be recognised that tapering periods of weeks down to minimum or half-minimum therapeutic doses of medication are likely to be inadequate to avoid withdrawal symptoms, including early relapse.'

Authors said that 'standard guidelines do not mention antipsychotic deprescribing, or tapering, although some current guidelines encourage reduction to minimum effective doses without specifying how to do so'.

Dr Mark Horowitz, clinical research fellow in psychiatry at University College London and lead author of the study, told Metro.co.uk: 'I was surprised to learn that there were no published guidelines on how to stop antipsychotics.

'Stopping medications is an important part of the job of a psychiatrist, yet it has received relatively little attention.

'In clinical practice, I often see patients perking up when they reduce their antipsychotic medication, and they tell me that they feel more themselves.

'It's also true that some people get worse when their drugs are reduced. What we need is more research to work out who benefits and who doesn't – and we also need to take patients seriously, when they tell us that the medications are doing them more harm than good. This is entirely possible.'

He added: 'Using any psychiatric drug long term causes the brain to adapt to the presence of that drug – just as the brain gets used to nicotine or caffeine, or benzodiazepines, or antidepressants.

'If you taper and reduce the drugs slowly enough, it gives time for the brain to go back to its 'factory settings', or its pre drugs state, and that minimises the risk of withdrawal symptoms.'

He said that although some doctors are receptive to this new research, there are others who are reluctant for their patients to stop or reduce their medication, as the received wisdom has been that many patients need to be on the drugs lifelong.

In addition, he said 'the existence of withdrawal effects from these medications has been minimised in part by drug companies'.

Over the last couple of decades, he believes there has been some overmedication of psychiatric drugs with not enough focus on deprescribing – that is, how to help patients safely stop taking the drugs.

He said that in his practice, clozapine seemed to be one of the antipsychotic drugs most likely to cause withdrawal symptoms.

'I think antipsychotics should be considered for stopping as soon as symptoms settle down for somebody,' he said. 'Certainly going down to as low a dose as possible, which for some may be zero.'

The experts said that more research is needed in controlled trials to test how helpful this very slow method of tapering is, and who will benefit.

Many people with serious mental illnesses such as schizophrenia are prescribed the drugs for their whole lives, as this is seen to reduce the risk of relapse.

However, in recent years there has been more of a focus on whether a proportion of these patients can remain stable without medication or on a much lower dose.

Sandra Jayacodi, who has been prescribed antipsychotic drugs, said the side effects 'are extremely unpleasant' and had reduced the quality of her life.

She said: 'Sometimes it feels like a life sentence. If I was given a choice with proper support and guidance, I would stop taking them. Yes, it is therefore about time psychiatrists are provided with guidelines to help people to reduce or stop their antipsychotic drugs. Knowing there are such guidelines will also give people the confidence to start a conversation with their psychiatrist about reducing or discontinuing the antipsychotic drugs.'

Professor David Taylor, senior author of the study and Professor of Psychopharmacology at King's College London, said: 'Antipsychotics are so familiar to prescribers that it is tempting to assume that they are both effective and innocuous.

'While they are perhaps the most useful treatment for serious mental illness such as schizophrenia, their toxic nature makes them unsuitable for less severe conditions. Antipsychotics induce long-lasting changes to nerve cells in the brain and they need to be withdrawn very slowly (and in a particular way) to allow time for the brain to re-set.'

Another paper in the same journal this week discussed the issue of whether some schizophrenia patients on longterm antipsychotic medication could benefit from reducing their dose.

Authors acknowledged the recent movement to discontinue the drugs in some cases, but said: 'Unfortunately, this strategy is also associated with higher risks of relapse and symptom exacerbation.

'Although some patients with schizophrenia can maintain clinical stabilisation without antipsychotic treatment, there are presently no established factors that accurately predict successful antipsychotic discontinuation.'

They said that 'maintenance antipsychotic treatment represents the safest strategy in terms of clinical outcome'.

Despite this, they recognised that many schizophrenia patients do not take their medication regularly, with adherence to oral tablets as low as approximately 70%.

They said that if someone's condition appears to be worsening after they reduce their dose, 'an increase back to the previous dose can alleviate the exacerbation'.

Professor Sir Robin Murray, professor of psychiatric research at the Institute of Psychiatry, Psychology and Neuroscience, said: 'Some psychiatrists are reluctant to discuss reducing antipsychotics with their patients. Unfortunately the consequence is that patients suddenly stop the medication by themselves with the result that they relapse. Much better that psychiatrists become expert in when and how to advise their patients to slowly reduce their antipsychotic.'

Stephen Buckley, Head of Information at Mind said that antipsychotic medication can 'help lots of people who experience psychosis to manage their mental health'.

However, he said side effects can be difficult, and added that many doctors feel they don't have the 'guidance or experience' to help people come off their medication if they feel it is right for them.

Mr Buckley raised the issue that in England people living with severe mental illnesses are 4.5 times more likely than average to die before they reach the age of 75.

He said: 'It's crucial we try to understand the reasons behind these poor health outcomes – problems associated with side effects of psychiatric medication, underlying health conditions which are often overlooked, or other co-morbidity factors such as obesity – as well as wider social factors such as inequalities with housing, employment and finances – which have a huge impact on our mental health.'

If someone does come off their medication, he said they should be able to access alternative treatments such as talking or creative therapies, social prescribing (e.g. referrals to community centres or charities), and peer support (when people with shared experiences help one another).

Professor John Read, of the University of East London, and Chair of the International Institute for Psychiatric Drug Withdrawal, said of the research on how to withdraw from antipsychotics: 'This paper is a historic breakthrough that will provide long overdue guidance for thousands of people who have been muddling through this difficult process with little support or information for decades. The psychiatrists involved are genuine trailblazers in the journey towards a more evidence-based approach to psychiatric medications'

https://metro.co.uk/2021/03/23/new-paper-on-how-to-stop-antipsychotic-drugs-deemed-historic-breakthrough-14287804/

Articles discussd:

Horowitz, M. A., Jauhar, S., Natesan, S., Murray, R. M., & Taylor, D. (2021). A Method for Tapering Antipsychotic Treatment That May Minimize the Risk of Relapse. Schizophrenia Bulletin. doi:10.1093/schbul/sbab017

Barnett, A. G., & Glasziou, P. (2021). Target and actual sample sizes for studies from two trial registries from 1999 to 2020. Preprint for PLOS on preprintserver, 14 March, https://osf.io/k47ay/