

Rennes november 2024

Bonjour Mesdames et Messieurs, chers docteurs,

Merci beaucoup pour l'invitation. Je suis heureux de pouvoir parler, en tant que représentant des patients, de leurs expériences en matière de réduction progressive de medication psychoactive.

Je m'appelle Pauline Dinkelberg, malheureusement mon prénom est le seul français qui me caractérise.

Excusez-moi, but I have to switch to English.

The first part of my story sounds depressed or depressing, but good news is ahead, so keep listening.

In 2017 I was depressed and after many doubts, I agreed to try an 'antidepressant'; mirtazapine or Remeron.

May be it helped a little bit, but after four months I decided to stop taking it, although still depressed.

I felt numbed, had no emotions any more and as a mother of four I preferred to be a depressed mother rather than a mother with no feelings.

When I previously tapered off an opioid I turned out to be very sensitive for reducing medication.

Again from my motherhood perspective; I chose to avoid withdrawal symptoms as much as possible.

My GP prescribed tapering strips and I came off the mirtazapine without any symptoms.

After that, I wanted to give something in return for others in the same situation and became a member of the Association Tapering Medication.

We aim to help patients who want to reduce and stop their psychoactive medication in a safe way.

This is the very simplified and not 100% accurate way of telling what keeps us busy all day, every day.

In real life it means we rarely see patients in our mailbox who want to inform themselves on forehand about the ideal way to stop their antidepressants, benzodiazepines, opioids etc, but an estimated percentage of 80% already tried to stop, did not succeed, have longlasting-if not permanent-withdrawal symptoms.

How could this made possible and still is common practice?

Patients complain about being told by their doctor he or she does not know how to stop medication like antidepressants.

It could not be an 'education gap' alone in my opinion.

I suspect that persistent unrealistic expectations of doctors that patients with perseverance and willpower will be able to stop medication is still flourishing.

This belief comes together with the patients who are so eager to show they are tough and willing to tolerate the discomfort of reducing their medication.

Doctors think, wishful think or hope that withdrawal symptoms will disappear on their own within a few weeks. Doctors who sometimes encourage to ignore withdrawal symptoms.

And indeed, symptoms can actually do go away, but there are a lot of patients who try to endure 'white knuckling' their more or less fixed tapering plan, go further with reducing their doses and sadly have to go back to their initial dose.

That feels like another failure, a setback of their fragile growing self esteem

And now the hopeful perspective; a lot of this sadness can be prevented by prescribing hyperbolic tapering and giving control to the patient.

By saying to him or her; 'You are in the lead. Monitor yourself very carefully and contact me when you get symptoms. In that case it could be better to stabilize on the dose on which you felt okay.

We take some weeks for that and wait for improvement and go from there.

May be you need to go slower after this'.

We realize this approach can feel like a revolution, but we think and see that this kind of support can be a part of the healing process.

Patients are no longer have to wait for an appointment and in the meantime feel help- and powerless with symptoms, but they play an active role.

We are aware of patients who will not feel comfortable with this; their illness and the medication may have reduced their ability to take initiative, but for many it is worth a try.

We hope you will support your patients on this journey.

Thank you!