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Psychiatric drug withdrawal: A psychotherapeutic affair

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Because of withdrawal symptoms, there is reason to believe that many patients continue psychiatric drugs long-term not because they are effective in treating their disorder, but because they cannot get off them. Numerous medicated patients report harms so debilitating that their quality of life is substantially impaired. Combined with the compelling research showing that psychiatric drugs can indeed cause iatrogenic "mental illness" (drug-induced conditions that mimic the symptoms of genuine mental illness), we hypothesized that the route to wellbeing for long-term patients may go through discontinuation of the drugs, thus qualifying withdrawal as a clinical intervention. We investigate this in a cohort of patients allegedly labeled "chronic patients in need of life-long drug treatment" by their doctor – primarily because withdrawal symptoms were misinterpreted as relapse. We prove them wrong by providing individualized psychotherapy-assisted gradual tapering for as long as needed, explaining the nature of withdrawal symptoms and helping to get through the emotional pain by teaching emotion regulation skills. In the process we measure quality of life, withdrawal symptoms and the patients' experiences of going through withdrawal. With this procedure, we (preliminarily) find that: reaching complete cessation is indeed possible, even for long-term and poly-pharmacy patients that this transition to a medicine-free life is accompanied by a substantial improvement in quality of life, and; that withdrawal can get so long-lasting and emotionally difficult that it qualifies as a genuine psychotherapeutic affair, thus making withdrawal of psychiatric drugs an intervention in itself. Therefore, patients cannot be expected to go through it alone, and we should make it a priority in mental health to comply with rather than oppose these patients' legitimate wishes for coming off psychiatric drugs, as this – when done in the right way – can improve quality of life.

Recent Publications:

1. Moncrieff J (2006) Why is it so difficult to stop psychiatric drug treatment? It may be nothing to do with the original problem. Medical Hypothesis 67(3):517-23.
2. Jakobsen J C, Katakam K K, Schou A, Hellmuth S G, Stallknecht S R and Leth-Møller K, et al (2017) Selective serotonin reuptake inhibitors versus placebo in patients with major depressive disorder. A systematic review with meta-analysis and trial sequential analysis. BMC Psychiatry 17(1):58.
3. Nielsen M, Hansen E H and Gøtzsche P C (2012) What is the difference between dependence and withdrawal reactions? A comparison of benzodiazepines and selective serotonin re-uptake inhibitors. Addiction 107(5):900–8.
4. Rosenbaum J F, Fava M, Hoog S L, Ascroft R C and Krebs W B (1998) Selective serotonin reuptake inhibitor discontinuation syndrome: a randomized clinical trial. Society of Biological Psychiatry 44(2):77-87.
5. Leo J R and Lacasse J (2005) Serotonin and depression: A disconnect between the advertisements and the scientific literature. PLoS Medicine 2(12):1211-16.

Biography

Anders Sorensen is a Clinical Psychologist and Researcher at Cochrane Collaboration, has recently (article underway) scrutinized the research literature on psychiatric drug withdrawal. He is working in close collaboration with the psychiatrists, doctors and pharmacists considered experts in the field, providing him with medical knowledge which, in combination with his background in clinical psychology, enables him to help long-term psychiatric patients withdraw and reach a medicine-free life. By his experience, this transition is without exception always beneficial when done in the right way, at the right pace and with the appropriate psychotherapeutic help, which primarily centers on teaching emotion regulation skills, the lack of which makes the sedated, drug-induced state emotionally attractive. He never uses the diagnostic system, but consistently evaluates his patients' wellbeing (or the lack thereof) by in-depth interviews on the goals and values that matter to the patient, formally measured as quality of life; which improves after withdrawal.

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