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Introduction:

Abrupt discontinuation of antidepressants, especially Selective Serotonin Reuptake Inhibitors (SSRI) and Dual-Action Antidepressants such as Venlafaxine, can lead to several psychological and somatic symptoms, which includes restlessness, psychomotor agitation, nervousness, anxiety, crying spells, irritability, depersonalization, decreased mood, memory disturbances, decreased concentration, and/or slowed thinking, nausea, dizziness and headache. Additionally, it has been demonstrated that sudden discontinuation of antiepileptic drugs in free-seizure patients, can increase the risk of suffering a seizure episode.

Objective:

The aim of this study was to review the discontinuation syndrome associated with antidepressants and antiepileptic drugs, its pharmacological management and strategies to prevent it.

Methods:

We searched in MEDLINE selecting all the studies from 1990 until the present, related with the discontinuation of antidepressants and anticonvulsants. All kind of studies and reported cases are included. We also describe the case of a 47 year old patient, diagnosed with Obsessive Compulsive Disorder (OCD), who developed delirium and two seizure episodes after sudden cessation of his treatment with Venlafaxine 225 mg/ day and Pregabalin 225 mg/ day.

Results:

Withdrawal symptoms are common during discontinuation of antidepressants, especially in the case of SSRI and Venlafaxine. They are more frequently associated with their prolonged use and with agents with a short half-life. These symptoms are usually mild and transient. However, there are several cases reported in the literature describing the occurrence of delirium as a result of abrupt discontinuation of antidepressants. Additionally, it has also been reported that stopping antiepileptic drugs in seizure-free patients can increase the risk of developing a seizure episode.

Conclusion:

Withdrawal Syndrome associated to the discontinuation of antidepressants and antiepileptic drugs is well established. Psychiatrists and General Practitioners should be aware of possible withdrawal symptoms when interrupting these treatments. Management strategies include gradual tapering of doses, clinical monitoring and patient education.