The epidemic of psychiatric drug usage – taper off the pills

22 October 2019

By

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We have written this article for those of you who feel you have been prescribed psychiatric drugs on a dubious basis for a shorter or longer period of time and fear that you are stuck and risk lifelong treatment; perhaps even with many drugs at the same time and with the feeling that none of them really works. Maybe you have tried to stop the medicine, but got worse, and maybe you think the withdrawal symptoms reflect the disorder you sought medical attention for and got psychoactive drugs against. However, the abstinence symptoms have their own, completely natural explanation, and we shall provide a way to handle them.

All psychoactive drugs have innumerable effects in the brain and affect many different kinds of nerve cells. The overall result of this is unpredictable. Psychiatric drugs are therefore very nonspecific in their effects, just like alcohol, morphine and cannabis are. Most people will experience many different abstinence symptoms, but anxiety, decreased mood, restlessness, nausea, insomnia, dizziness, physical and mental weakness, irritation and mood swings are frequent.

Abstinence symptoms are our friend and not our enemy. They are signs that the brain is on its way to recovering and getting back to normal, and they are almost never signs that we have become mentally ill again.

When you are on psychiatric drugs, the nervous system gets used to the medicine, and an underlying addiction arises, which is felt as physical or mental discomfort when the body no longer receives the amount of medicine to which it has become accustomed. Therefore, your well-being or absence of discomfort depends on continuous medicine intake. Discontinuation or reduction of the drug dose gives most people noticeable abstinence symptoms.

Everyone wants a good life without psychoactive drugs, but many of us get them anyway, as a last resort. They are psychological crutches that diminish our faith that we can get along by ourselves. If I taper off the medicine, who am I then? When people have doubts about their own strengths, it is important that they are met by professionals who believe that they can handle life without pills, and so can by far most people.

Many mental disorders are caused by stress or trauma, and the emotional pain tells us there is something wrong that we must deal with. We need to find out what it is that triggers and maintains anxiety, stress, depression or psychosis. There is no quick fix in the form of a pill. The medicine only dampens the pain; it does not disappear, and we cannot numb our emotions selectively. The joy, the interest in other people and the sex life may also disappear.

Psychoactive drugs constitute a "false control" of the emotional life and swarm of thoughts, which can be attractive in an acute situation, but as a long-term strategy it is the recipe for persistent suffering, inter alia because you are constantly under influence of the medicine and do not learn self-control.

Several years ago, many patients were tapered off hypnotics and anti-anxiety medication in a region of Denmark. One of us took the initiative because they were greatly overused in general practice. Seminars

were held on addiction, withdrawal symptoms and tapering, and also on management and organisation of the practices. Pamphlets and instructions on prescription drug addiction were prepared, and each month the doctors received statistics and feedback on their prescriptions. The efforts targeted the most important areas: ignorance of addiction and tapering, telephone prescriptions without further consideration, and non-compliance with the guidelines issued by the National Board of Health. Back then, there was not much oversight of overmedication, but this was rectified after a couple of serious complaints about psychiatrists' overdosing. The good experiences were widened into a national program, with information material and withdrawal charts.

Unfortunately, we now have a depression pill epidemic quite similar to the "nerve pill epidemic" we had 30 years ago, and unfortunately, there are still much too few psychiatrists and other doctors who know how to taper off psychiatric drugs. Official guidelines usually recommend way too fast tapering, and when the tempo is too fast, the withdrawal symptoms can become so pronounced that the tapering stops and rarely gets started again because both the patient and the therapist have become frightened. Unfortunately, many people feel that their doctor rejects them when they point out that the tapering is going too fast.

You should preferably taper the medicine under professional guidance. It is also good to get support from a friend or family member who can observe what is happening and who has correct knowledge both about the medicine and the abstinence symptoms. A brain under chemical influence is not necessarily able to assess itself. People who taper off medicine may not notice that they have become irritable, hostile or very restless.

In addition, people respond differently to tapering, which must therefore be organised individually. Patience is important and one must try it out carefully. A tapering can last half a year or even several years. It is an exceedingly bad idea to quit suddenly - to go "cold turkey" - which can be very uncomfortable. It can also be dangerous, as it increases the risk of suicide and violence.

You may start by reducing the dose by 10-20% and see how it goes for a few weeks. If this works out well, you can reduce the dose you have just taken by approx. 10%, but otherwise you must wait a little longer. If the tapering becomes too difficult to endure, you may increase to the last dose taken and then taper more slowly from there. Most people do not realise that you must reduce slowly even at very low doses, but this is explained by the receptor binding studies that have been carried out.

It is important to remember that the withdrawal symptoms should be seen as something positive. They are not expressions of "me without medicine" but "me on the way out of medicine" and psychotherapy can be an important support. The many symptoms of discomfort come from both the body and the psyche, and they may resemble the condition you were in before receiving medication, or other mental disorders. The harms of psychiatric drugs, e.g. anxiety, panic, bodily unrest, decreased mood, apathy, euphoria, feelings of indifference and suicidal thoughts, are often the same conditions used by psychiatrists to make diagnoses. Therefore, great care should be exercised to avoid misinterpreting abstinence symptoms as a relapse of the disorder and considering instead that it might be the medicine that causes the suffering to continue for years.

There are some technical challenges to getting the right dose of medicine and you must be creative. A sharp knife or a tablet divider that you can buy at the pharmacy can be of great help. At very small doses, you can use a nail file and make some strokes which remove part of the tablet. The drug is evenly distributed in the tablets and they can therefore be divided into smaller pieces. In case of capsules with powder or granules, you can dissolve or slurry the contents in a 10 ml syringe and discard 1 ml if you wish to reduce by 10%.

Only very few tablets and capsules must not be divided because they are intended to release the drug slowly in the gut, which the pharmacy can tell you about. If you get such a "slow release" or "retarded" preparation, you can switch to a regular drug that allows you to start the tapering.

It would be desirable if the drug manufacturers and pharmacists prepared smaller doses for the tapering, as the standard doses are too large in the last part of the taper. The pharmacists could propose tapering in special dose packs, as all drugs outside the hospitals go through the pharmacies. In the Netherlands, volunteers have produced tapering kits, which are very useful as the very small doses are also included.

There is very little research on tapering. Therefore, our knowledge comes mainly from user groups, from our own experiences and from studies of receptor binding at different doses. Several of us do research in this area, and we have posted guides and practical tips on www.deadlymedicines.dk and are members of international networks about tapering. In the US, help is available at the Inner Compass Initiative, which is a grassroots community effort.

Unfortunately, the 60-year-old myth about a chemical imbalance in the brain being the cause of mental disorders is still alive and well, for example on most Internet sites where people seek information about depression, even though the truth is that the pills create a chemical imbalance. People in training to become doctors, psychologists, nurses, social workers and health assistants are still being told this myth and that a chemical imbalance is the cause of depression, ADHD and schizophrenia. There is no reliable basis for this claim.

When there are general elections, it is common that politicians ask for more money to psychiatry. It is likely true that there is a great lack of hospital beds and far too little money for psychotherapy and other interventions that can lead to cure. But it is also true that there is a vicious circle. More money leads to more diagnoses that lead to more patients and more use of medication, and a need for even more money. Psychiatry's strong belief that psychiatric drugs for mental disorders are the best way forward doesn't hold. They do not cure anyone, but attenuate the symptoms, retain people in the patient role, and increase the number of people receiving disability pensions. The loads of money that already goes to psychiatry for maladaptive emotion regulation with medication should, in our view, be spent on psychotherapy for appropriate emotion regulation.

It is a tenacious myth that one should continue with the medication, perhaps lifelong, because clinical trials of withdrawal have shown that patients are doing poorly without medication. However, the patients have been given a cold turkey, and the abstinence symptoms are interpreted as relapse, for which continued use of medicine is needed. The result is predictable and misleading. But we may distinguish between, for example, an abstinence depression and a real depression by increasing the dose again. Then the abstinence depression usually disappears in a matter of hours, which a real depression does not.

Most heavily medicated patients also benefit from stopping the medication. Patients with depression or schizophrenia often find that their lives have come to a halt. Successful tapering can involve simultaneously processing past trauma that many patients have experienced, and which caused them to end up in psychiatry. They need to join the community and leave psychiatry, which is a huge challenge for many people after having been medicated for many years. When a psychologist or psychotherapist help you "regain access to yourself," the underlying trauma can reappear. For many, this is the first time they experience that there is room to talk about what happened in their lives and to be sincerely heard so that they can go into depth with how the voices and paranoia arose and process them.

The transition from a medicated to a drug-free state is a challenge because all psychoactive drugs are addictive in the sense that reducing an accustomed dose can cause abstinence symptoms. They are also

addictive in a psychological sense, as the pill intake and patient role have become part of your identity. But handled properly, the challenge can almost always be managed if you are willing to accept the discomfort that usually goes with "coming out on the other side." You need to relax and should therefore not start a tapering just before an important exam or in the midst of divorce negotiations. There must be peace at mind and an outward focus on life, not inwardly, with all kinds of ruminations. Therefore, it may be good to do something active, e.g. exercising and getting out in nature to divert attention from everything that has kept you in the patient role.

It can be overwhelming when the feelings come back, and at this stage, psychotherapy can be very important because it is about reconciling with your emotions and working on those that are unsuitable. There can be anxiety and bodily turmoil; scare scenarios of relapse, especially if you believe in the myth that you had a chemical imbalance to begin with as the cause of the disorder and have even been told that psychiatric drugs correct the imbalance, like insulin in diabetes; lack of confidence in your own abilities, especially if you for many years have left control of your life to psychiatric drugs and doctors; and crisis over discovering that you have wasted many years of your life.

It's no wonder, then, that some people refuse to try a tapering or do not dare drop the last little dose and become drug-free. It can be really difficult. Some people have very little experience of what it is like to live a non-psychiatric life. They may find that many of those they once knew have a life with careers and family, and perhaps it is too late for them to have children. Sometimes people wake up to the fact that the treatment has caused brain damage, and yet they must navigate in a world that has suddenly become full of colours, emotions and energy. The joy of returning to life is great and is also felt on the small scale. For example, by walking on the beach and feeling the sand between the toes, enjoying the singing of birds for the first time in years, and experiencing love, closeness and caring, which is essential for mental healing.

We will end with a patient quote: “Good morning Olga! I wake up with energy, enthusiasm and a surplus. Tapering off the pills is the best thing that has happened to me in 28 years.”

A similar version was first published in Danish, in the newspaper Politiken, on 8 Sept 2019: “Skru ned for psykofarmaka. Piller er ikke løsningen.”