

**Making sense of**  
coming off  
psychiatric drugs



# making sense



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## **Making sense of coming off psychiatric drugs**

Many people would like to stop their psychiatric medication, but coming off can be difficult. This booklet is for people who are thinking about coming off their medication, and for friends, family and others who want to support them.

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## Is coming off my medication right for me?

People take psychiatric drugs for a variety of conditions and for varying lengths of time. Some take them for relatively short periods, but, depending on the diagnosis, some may find they are expected to take medication for long periods – perhaps indefinitely.

If you are taking psychiatric drugs and feel that you no longer need them or do not wish to take them for a long period, you may want to see if you can manage just as well, or get on better, without them.

Some reasons why people have said they wanted to come off medication:

- I feel it has done its job, and I no longer need it.
- I have found other ways of coping with my mental health problem and want to try and manage without medication.
- The medication is not helpful.
- The medication has unwelcome side effects which make it hard to tolerate.
- I'm worried that the medication may affect my physical health.
- Medication makes me lose touch with my feelings.
- I would like to start a family and am afraid the drugs may affect my baby while I'm pregnant or breastfeeding.

Alternatively, you may find your medications helpful and feel that the advantages outweigh the disadvantages.

Some reasons why people have decided to stay on medication:

- Since I found a drug that suits me, I have been getting my life back together.
- I feel I benefit from taking the drug and so it's worth putting up with the side effects.

- My doctors think I should continue with it, and I value their advice.
- My family would be really worried if I stopped taking it.
- I need to stay well for my baby.
- I think I still need it at the moment, but might consider coming off at another time.

### Weighing up the advantages and disadvantages of coming off

It's very important to think about the decision to come off medication and whether it is right for you. You might find it helpful to use a decision chart, like this example:

Coming off medication	Staying on medication
<p><b>Advantages</b></p> <ul style="list-style-type: none"><li>• I can drive again.</li><li>• I will have more energy.</li><li>• I might lose some weight.</li></ul>	<p><b>Advantages</b></p> <ul style="list-style-type: none"><li>• I'm quite stable at the moment – why rock the boat?</li><li>• I don't want to risk the withdrawal effects.</li></ul>
<p><b>Disadvantages</b></p> <ul style="list-style-type: none"><li>• I might have another breakdown.</li><li>• My partner will have a go at me.</li></ul>	<p><b>Disadvantages</b></p> <ul style="list-style-type: none"><li>• I don't feel truly myself.</li><li>• My sex life is affected.</li></ul>

You could make a chart like this for yourself, and think about the advantages and disadvantages from your own point of view. Write down the things that are most important to you.

If you decide to try coming off your medication, you will need to approach the process carefully – find out what the possible risks of doing so may be, and get support. It is never a good idea to just stop taking medication you have been taking for more than two or three months, without thinking carefully about the decision, and discussing it with people you trust.

# Who can I talk to about my options?

## Your doctor

Ideally, the best person to talk to about stopping or continuing your medication will be your GP or psychiatrist. However, you may find that some doctors are reluctant to agree to withdrawal, and they may also not have much experience or knowledge about the best way to go about it. Guidance published for doctors tends to suggest that drug withdrawal is easier and can be done more quickly than is often the case. But if you want to change your prescription in order to help you come off, you will need to discuss this with your doctor or nurse prescriber and get their agreement.

●● *My psychiatrist explained the risks of coming off lithium, but after some discussion about the pros and cons, he agreed to support me. I gradually reduced the dose, as he had recommended, over a six-month period and when I had a wobble mid-way, he helped me to overcome my anxiety and encouraged me to complete the process. ●●*

## Local support groups

Other sources of help are local self-help, peer support or 'coming off' groups and programmes. They may be run by local Mind associations, or by the Hearing Voices Network (see 'Useful contacts on p.36), for example.

Coming off medication may form part of what's called the 'Recovery approach' to mental health problems. Support may be available from Recovery and Wellbeing centres if you have any in your area.

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## Can I refuse medication?

In normal circumstances, you can only receive treatment that you have specifically agreed to. You should be given enough information about the expected benefits and possible harms of medication or if there are any alternatives to it. This allows you to make an informed decision about whether to take it or not. This is called 'informed consent', and needs to include information about possible withdrawal problems. Some drug information leaflets (which should come with the medication) include this information when withdrawal problems are well known. But with other drugs, particularly antipsychotics, drug withdrawal may not be mentioned.

Even after you have given your consent, it doesn't have to be final and you can always change your mind. Your consent to treatment is vital, and treatment given without it is considered to be bad practice.

However, you can be given medication without your consent if you are detained in hospital under the Mental Health Act. But you should still be given the drug information and, if possible, you should have an opportunity to discuss it and to consent to it. It is also more difficult to decide for yourself about treatment if you are under a Community Treatment Order. (To find out more about consent to treatment under the Mental Health Act, see *Mind rights guide 3: consent to medical treatment*.)

If you have taken medication for some time and have decided that you do not need or wish to take it any more, you can make your own decision to stop. You do not have to tell your doctor; although you need to if you want them to help with the withdrawal process. It may be easier to come off with your doctor's help, but it is not essential, and you may prefer not to consult them.

### Why do I have to withdraw slowly?

Whatever the type of drug you are taking, the longer you have been taking it for, the more your body and brain will have adapted to it. This means that if you have been taking a drug for a long time (more than two or three months) and suddenly stop taking it, you may experience withdrawal effects which may make you very ill. You may also become unwell again with your original problem, and it may be hard to tell which of these is happening (see p.15 for more information on this).

However, if you reduce a drug slowly, you give the brain time to adjust gradually back to normal. So, if you have been taking a drug for six months, you may find it takes another six months to come off it completely. If you have been taking it for 20 years, then you can expect to have to reduce very slowly, perhaps over a period of years, before coming off completely.

Although it's possible to stop taking medication all at once, with no ill effects, many people would become very unwell if they did so. It's impossible to tell in advance, so everyone is advised to withdraw slowly.

●● *It took me five months to come off my medication. I have a friend who has taken two years so far, as she was on a lot of different drugs. It is better to do it slowly and succeed than rush it and then panic or get ill again.* ●●

### Choosing to stop suddenly

If you already have experience of coming off psychiatric medication suddenly, you may choose to do this. Some people are able to stop with no withdrawal effects (just as some people are able to stop smoking without any problems). Some people simply prefer to stop abruptly and put up with the withdrawal effects because they want to get it over with. This may be easier if your main withdrawal effects are physical. But if you find that your original mental health symptoms seem to be returning – as

may happen especially when stopping an antipsychotic – this can be very frightening, and it may be more advisable to withdraw more cautiously.

If you become agitated during withdrawal, your doctor may agree to prescribe a small amount of diazepam (Valium) for you to take if absolutely necessary. The simple fact that you have it and can perhaps keep it to take tomorrow may be all the reassurance you need while getting through the worst effects.

**There are some drugs which it is dangerous to stop suddenly if you have been taking them for more than two or three months. These include clozapine (an antipsychotic), lithium, and benzodiazepine tranquillisers.**

### Having to stop suddenly

In some circumstances, such as experiencing a rare life-threatening side effect, you may need to stop taking your medication immediately, with no chance for reducing slowly. This would normally happen under medical supervision, usually in hospital, because of the seriousness of a drug's adverse effect on you.

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## How much should I reduce the dose?

It is usually suggested that you should start withdrawal by reducing your dose by 10 per cent (one tenth). So if you are taking something at 20mg per day, you would reduce by 2mg and take 18mg for a few days.

If you get on all right with this and do not develop any withdrawal symptoms, you can reduce by a further 2mg, and take 16mg.

As you reduce the doses, you might need to reduce the dose by smaller amounts. Many people find that as they reach lower doses, they are more likely to get withdrawal effects.

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Each dose reduction may cause increased anxiety and sleep disturbance, which should stop after a couple of weeks. You may also be sick. These are signs that you are reducing too quickly, and you should put the dose back up to the last level at which you were feeling ok. Your symptoms should then stop. When you feel ready, you can try reducing again, by a smaller amount. At each stage, make sure you are ok on the dose you have reached before reducing further.

Making very small dose reductions accurately does depend on your drug being available at different doses, or in liquid form.

It also depends on your prescriber being willing to prescribe it to you in different doses or in liquid form.

Note: some people may suggest reducing by spacing the doses out more, but this may cause big fluctuations in the drug levels in your body and make the withdrawal problems worse.

### Tablets

If you are taking tablets, these are usually scored across, which means it should be fairly easy to cut them in half. But the smaller the dose you want to achieve, the harder it is to be accurate when cutting tablets.

Some drugs come as rapidly dissolving tablets, which are easier to swallow than standard tablets, or you can also take them in a drink. If you have these, you could make sure you always dissolve them in the same amount of water or juice each time, and then gradually reduce the amount you actually drink, perhaps using an oral dosing syringe (used for babies and pets – it doesn't have a needle).

### Capsules

If your medicine is in capsules, you may be able to open them and remove some of the contents, but you should be cautious doing this because some drugs are irritating to the skin, and it may be difficult to be accurate. A pharmacist may be able to advise you on the best way to do this; however some people think it is never a good idea.

### Liquid medicines

Many medicines come in the form of a liquid as well as tablets and capsules. The liquid may be a solution, a suspension, or a syrup.

If you can get the medication in the form of a liquid it is easier to make very small reductions, sometimes by gradually diluting the medicine. The Patient Information Leaflet, that comes with your medicine, will tell you if it already contains purified water, and it's a good idea to use bottled or filtered water rather than tap water if you want to dilute it. This prevents any chemicals in the tap water affecting the medicine.

As you get down to very low doses it may be easiest to use an oral dosing syringe (used for babies and pets – it doesn't have a needle). The smallest of these are calibrated to provide doses of less than 1ml.

But again, using this method may be inaccurate and you may want to get help from your pharmacist with this.

### Depot injections

If you are taking something as a depot injection (an injection into a large muscle every 2-4 weeks) there is no need for gradual withdrawal. This is because the drug is slowly excreted over a long period anyway and withdrawal problems do not seem to occur. But it may be difficult to persuade your doctor or other professional that you wish to stop the injections.

## What if I take more than one dose per day?

If you are coming off a drug that you take more than once a day, start by reducing just one dose. Which dose you reduce first, partly depends on the type of drug; for example, if it's a drug that makes you sleepy, you might want to start by reducing the dose you take in the morning.

Some people reduce by cutting out doses entirely. Depending on how long the drug stays in your body (see 'What is the half-life of a drug...?' on p.13), this may cause fluctuations in the level of drugs in your blood, which may increase withdrawal symptoms. In this case, it may be more manageable to gradually reduce each dose.

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## What if I take more than one drug and want to come off all of them?

It's usually best to come off your drugs one at a time.

Which drug to start reducing first depends on what they are prescribed for, and how long you have been taking them. But if you are taking one drug to help with the side effects of another, it's best to reduce the original drug first, before coming off the one for side effects. So if you are taking an anti-Parkinson's drug to control unwanted side effects from an antipsychotic, it's best to reduce the antipsychotic first, before coming off the anti-Parkinson's.

Drugs often affect how other drugs work. So if you take different types of drugs at the same time, you will probably have had the normal suggested doses adjusted to allow for these effects. This means that you need to be very careful when reducing one drug, as the levels of another may change. For example carbamazepine (a mood stabiliser) changes the rate at which your body deals with olanzapine (an antipsychotic), so, if you withdraw carbamazepine first, your dose of olanzapine will probably need adjusting.

It would be advisable to ask your doctor or a pharmacist about possible interactions between your medications.

●● *Choosing to come off most of my medication myself meant that I was in control. I came off one at a time. I could slow down if I was going to have a hard week, reduce the dose by less if I started getting symptoms. I wasn't on large doses but it took me about five months in all. I feel a real sense of achievement now.* ●●

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## What is the 'half-life' of a drug and how does it affect withdrawal?

The half-life of a drug is the time it takes for the amount currently in your body to be reduced by half. It doesn't matter what the current amount is – the time it takes for it to be reduced by half will always be the same for a particular drug.

For most drugs the half-life cannot be measured accurately, and can only be a rough estimate. It varies from person to person, because the way you metabolise drugs (break them down in the body, absorb them and excrete them) depends on a lot of individual physical characteristics, as well as other factors such as diet. Therefore, if you look at the half-lives for psychiatric drugs given in 'Appendix 1', you will see that they are mostly quoted as a range and not an exact figure.

But half-life is still a helpful idea, because if a drug has a short half-life (24 hours or less) it means that it is more likely to be difficult to come off. If a drug has a long half-life, withdrawal is naturally slower and usually easier to tolerate.

### Switching drugs to help withdrawal

If you are taking a drug with a short half-life and having problems with withdrawal symptoms, it may be possible for you to switch to a related

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drug with a long half-life, which should be easier to come off. You will need the help of a doctor to switch drugs, because of needing your prescription to be changed.

### Tranquillisers and sleeping pills

The benzodiazepine tranquilliser with the longest half-life is diazepam (Valium). If you are coming off one with a short half-life, such as temazepam, you could switch to diazepam. Some people also use diazepam to help come off the 'z' sleeping pills, such as zaleplon and zopiclone, which act in a very similar way to benzodiazepines. (See equivalent dose charts in 'Appendix 2'.)

🍷🍷 *Lorazepam helped at first, and the doctor kept prescribing it. I realised my body had got used to it and the swings in anxiety caused by the drug were actually making things worse. Switching to diazepam, which has a longer half life, improved things a lot and gave me the confidence to come off benzodiazepines entirely.* 🍷🍷

### Antidepressants

The SSRI antidepressant with the longest half-life is fluoxetine (Prozac). Those with short half-lives, such as paroxetine (Seroxat), often cause withdrawal problems, and so it may be helpful to switch to fluoxetine and slowly withdraw from that. As fluoxetine takes a little while to build up in your system, it is better to start taking it while you lower the dose of the other drug, taking both together for a week or two. (See equivalent dose charts in 'Appendix 2'.)

An alternative to fluoxetine when coming off antidepressants is to switch to clomipramine 100mg/day.

### Antipsychotics

Drug switching techniques may be used with antipsychotics, but you would need advice on which drug to switch to, as equivalent dose charts for this purpose are not available.

## How can I tell whether I have withdrawal symptoms or my mental health problem is coming back?

Symptoms caused by drug withdrawal	Symptoms caused by relapse
<ul style="list-style-type: none"><li>• usually happen very soon after you start to come off. But this is related to half-life – withdrawal effects will be delayed by as much as two weeks in a drug with a long half-life such as fluoxetine</li></ul>	<ul style="list-style-type: none"><li>• are delayed, and are not related to the half-life of the drug</li></ul>
<ul style="list-style-type: none"><li>• are often different from anything you have had before</li></ul>	<ul style="list-style-type: none"><li>• are the same as the symptoms you had before – when you started the drug</li></ul>
<ul style="list-style-type: none"><li>• go as soon as you re-start the drug</li></ul>	<ul style="list-style-type: none"><li>• get better slowly if you re-start the drug</li></ul>
<ul style="list-style-type: none"><li>• will eventually subside without treatment if you don't re-start the drug</li></ul>	<ul style="list-style-type: none"><li>• continue indefinitely without other treatment</li></ul>

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## What are the withdrawal effects of the different types of drugs?

All psychiatric drugs change brain and body chemistry, and so they may all cause withdrawal symptoms, especially if you have been taking them for a long time. You will not necessarily get any of these symptoms when coming off, but many people do. The symptoms differ to some extent between drug types.

### Drugs with 'anticholinergic' effects

These are withdrawal effects which can happen with any drugs that cause a set of adverse effects called 'anticholinergic' or 'antimuscarinic' effects. These drugs are mainly the older antipsychotics and tricyclic antidepressants.

The withdrawal effects associated with this are:

- feeling sick and being sick
- flu-like symptoms
- stomach cramps
- runny nose
- watery eyes
- too much saliva, so that you may dribble
- indigestion
- sweating
- vivid dreams
- insomnia.

### Antidepressants

The table opposite shows the withdrawal effects associated with the different types of antidepressants.

## What are the withdrawal effects of the different types of drugs?

MAOIs e.g. moclobemide	Tricyclics e.g. amitryptiline	SSRIs and SNRIs e.g. citalopram
<ul style="list-style-type: none"><li>• agitation</li><li>• irritability</li><li>• being unsteady on your feet</li><li>• movement problems</li><li>• difficulty sleeping</li><li>• extreme sleepiness</li><li>• vivid dreams</li><li>• difficulty thinking</li><li>• hallucinations</li><li>• paranoid delusions</li></ul>	<ul style="list-style-type: none"><li>• 'anticholinergic' effects, mentioned opposite</li><li>• headache</li><li>• restlessness</li><li>• diarrhoea</li><li>• lethargy</li><li>• movement problems</li><li>• mania</li><li>• disturbances of heart rhythm</li></ul>	<ul style="list-style-type: none"><li>• flu-like symptoms</li><li>• electric shock sensations in head</li><li>• stomach cramps</li><li>• dizziness; vertigo</li><li>• crying spells</li><li>• sleep disturbance</li><li>• weird dreams</li><li>• fatigue</li><li>• sensory disturbance</li><li>• tinnitus</li><li>• movement disorders</li><li>• concentration and memory problems</li><li>• mood swings</li><li>• suicidal thoughts</li></ul>

### SSRIs

The withdrawal symptoms of SSRIs divide into two groups:

- **Those that are unlike anything you have had before** – dizziness, 'electric head – like the brain is having a version of goose pimples', electric shock-like sensations, tingling or painful sensations, feeling sick, diarrhoea, wind, muscle spasms, tremor, agitated or other vivid dreams, agitation, hallucinations, tardive dyskinesia (see p.18).
- **Those which may lead your doctor to think that your original problem has come back** – depression and anxiety, mood swings, irritability, confusion, flu-like feelings, insomnia or drowsiness, sweating, feelings of unreality, feelings of hot or cold, personality changes.

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SSRIs are also associated with:

- **Mania** – they can cause a manic episode while you are taking them and also if you stop them suddenly. This can cause you – and your doctor – to think that you actually have bipolar disorder, rather than depression, and that you should be started on mood stabilisers. But if the manic episode was caused by the drug or its withdrawal, this should not be necessary.
- **Suicidal thoughts and violent behaviour** – especially with changes in dose. This may happen when reducing as well as increasing the dose, and may be associated with an intense physical and emotional restlessness and turmoil called 'akathisia', which is more commonly associated with antipsychotics.

See Mind's booklet *Making sense of antidepressants* for more information.

## Anti-Parkinson's drugs

These are taken for some of the adverse effects of antipsychotics.

Withdrawal effects include:

- feeling sick and being sick
- chills
- weakness
- headaches
- insomnia, restlessness.

## Antipsychotics

Antipsychotics are associated with:

- **Psychotic episodes** – if you have been taking antipsychotics for more than three months, your brain will probably have adjusted to them. This means you are at greater risk of having a psychotic episode if the drug levels drop rapidly. This may not happen for some weeks after you have stopped, and may be interpreted as your original symptoms returning, but is likely to be a withdrawal psychosis. This is the main reason for withdrawing antipsychotics very gradually.

- **Tardive dyskinesia** – a medical term for tics, twitches and other involuntary movements which are a side effect of antipsychotics, but may not appear until you try to come off them. For more information see Mind's online booklet *Understanding tardive dyskinesia*.
- **Neuroleptic malignant syndrome** – a rare adverse effect of antipsychotics which may occur while you are taking them, and may also occur on drug withdrawal. The symptoms include high fever, loss of consciousness and abnormal movements. It can be life-threatening and should be treated in hospital as an emergency.

Other withdrawal symptoms are:

- mood disturbances
- restlessness, agitation and irritability
- anxiety
- feeling withdrawn socially
- sleeplessness
- abnormal pain
- feeling sick and being sick
- diarrhoea
- loss of appetite
- headache
- aching muscles
- shaking
- abnormal skin sensations
- vertigo and dizziness
- disturbed temperature regulation so that you feel too hot or too cold.

See *Making sense of antipsychotics* for more information.

### **Benzodiazepines and Z sleeping pills**

Withdrawal effects of benzodiazepines and z sleeping pills (which work in a very similar way) include anxiety, insomnia and irritability; these are conditions which the drugs are prescribed to treat, and so you may assume your original symptoms have come back – but withdrawal effects will pass.

Other withdrawal symptoms are:

- muscle twitches and shaking
- seizures
- fast heart rate and palpitations
- confusion
- panic attacks
- difficulty sleeping
- nightmares
- dizziness
- headache
- depression
- hallucinations
- suicidal thoughts
- memory problems
- cold sweats
- breathing problems
- high blood pressure
- stomach ulcers
- feeling sick
- loss of appetite
- weight loss
- nose bleeds
- ringing in the ears
- light-headedness
- detachment
- feeling poisoned.

You are more likely to get them if:

- your drug has a short half-life (see pp.29-34)
- you have taken a high dose
- you have taken it for a long time
- you have anxiety
- you are very sensitive to light and sound
- you stop taking it suddenly.

See *Making sense of sleeping pills and minor tranquillisers* for more information on these drugs.

### **Lithium and anti-convulsant mood stabilisers**

When coming off mood stabilisers it is very helpful if you monitor your mood carefully, perhaps using a mood diary. See *Understanding bipolar disorder* and *Understanding hypomania and mania* for more information and support.

### Lithium

There do not appear to be physical withdrawal symptoms with lithium.

However, **if you come off lithium too quickly you are very likely to have a rebound manic or psychotic episode** and become quite ill, so you need to be cautious, reduce gradually – over at least one month, and much longer if you have been taking it for years.

If relapse occurs, it happens in the first few months after withdrawal and then tails off.

### Anticonvulsants

Withdrawal effects associated with anticonvulsants include:

- mood swings, anxiety and irritability which may be very like the symptoms you were taking the medication for
- headache
- dizziness
- stomach and gut problems
- coughs and colds
- liver problems
- anaemia
- pancreatitis
- difficulties with memory, learning and thinking
- eye and sight problems
- sensory disturbances
- abnormal menstrual periods
- difficulty sleeping and fatigue
- weight gain
- muscle spasms, twitches and shaking
- fits, even if you have never had one before.

Additional withdrawal symptoms of individual drugs:

- **Valproate** – weakness, feeling sick and being sick.
- **Carbamazepine** – aching muscles, unsteady gait, sleeping problems, loss of energy, loss of appetite, depression; low blood pressure and fast heart beat.
- **Lamotrigine** – fits which may be severe and difficult to control. Loss of pleasure, moodiness, hostility, fast heart beat, sweaty hands, tingling sensations.

### What support can I get while I am coming off?

If you have been taking medication for a long time you may be quite low in self-confidence. This may be partly due to your mental health problem, and also the effects of the drugs themselves. It may also be because you may have got used to thinking of yourself as someone who is ill and cannot manage without medication. This can make it difficult to make the decision to come off the drugs and to stick with it. The support of other people who have been through the same process and know just how it feels can be very helpful.

#### Support groups

You may find that the best source of support and information is the internet – particularly for withdrawal from SSRI antidepressants, but less so for those coming off antipsychotics or mood stabilisers. Some support websites are listed under 'Useful contacts' on p.36. However, it's important to use caution when you're online. Remember that there is also a lot of unreliable information on the internet. Try to use websites that are well written, from well-known sources; don't rely on opinions from personal posts.

There are very few organisations with expertise in coming off medication. If you are very lucky, you may have a local group near you – for example, in a local Mind.

You might also find help available from a local drug dependency team. Although you may not feel comfortable using a service that is primarily aimed at street drug users, the actual process of coming off is not very different.

## Talking treatments

You may want to try a talking treatment, such as counselling, psychotherapy or cognitive behaviour therapy. This may be very helpful in dealing with some of the emotional issues associated with coming off drugs. Your medication may have suppressed your emotions and creativity, and you may find that you are having to re-adjust to your feelings and learn to cope with them in other ways. You should be able to get a referral for a talking treatment from your GP, or they may be available locally, either privately or sometimes through local support groups. See *Making sense of talking treatments* for more information.

## Complementary and alternative therapies

Some GPs may prescribe exercise for depression, and some also have other complementary therapies available, such as acupuncture. However, in some areas you may have to find and pay a qualified practitioner for this kind of help. You may also find relaxation classes, meditation, yoga, massage and aromatherapy available locally (also see CNHC under 'Useful contacts' on p.36)

## Arts therapies

Art, music, dance, drama or writing can all be very helpful and supportive ways of expressing your feelings, as well as being very enjoyable. There may be groups in your area, or you may prefer to work alone. Groups may be quite informal or may be run by qualified arts therapists in mental health organisations, such as local Mind associations, or through a local adult education institute. For formal therapy, you may be able to get a referral to an arts therapist through your GP or mental health team. There is more information about arts therapies in Mind's online booklet, *Making sense of arts therapies*.

## **What can I do to help myself?**

It helps to know why you are coming off, what you hope to achieve by it and to have clear aims for the future. See 'Is coming off my medication right for me?' on p.4 to help you decide. Once you've got an aim, there are a number of strategies that may help you achieve it.

### **Choose a good time to come off**

Coming off medication may be difficult and, if it is, it may be hard to do other things at the same time. If you are having stressful things to cope with in your life, such as moving house, a new baby in the family, serious illness of a family member, job instability, it may be best not to try and come off medication as well, but to wait until things have settled down.

On the other hand, coming off may be just one part of a whole lifestyle change that you are undertaking. A lot of people have found that this approach helped them to come off, as they were consciously taking control and revising other aspects of their lives too. It is important to make the most of the changes it brings – finding new interests, perhaps meeting new people – and not to replace medication with alcohol or street drugs.

### **Plan your withdrawal**

Having a personal withdrawal plan for reducing your medication over a number of weeks, months or even years can help you to stick to your original aim. If you make a chart showing how much of the drug you will be taking each day it keeps the end goal in site and prevents you getting confused as to where you've got to with the reduction process. This may be something that a psychiatrist, doctor or pharmacist can help with, providing they are in agreement with your decision.

### **Tell people close to you**

Explain to your friends and family what you are planning to do and how this may impact on your mood and emotions. It might also be helpful for

them to understand that you may experience 'big feelings' and that it may take some time for you to get used to having such powerful emotions again. If they understand about withdrawal symptoms, then they are more likely to be sympathetic if you experience them.

### **Prepare an Advance Decision**

This is a legally binding document, also known as an 'advance directive' or 'living will'. It contains information for others about how you would like to be treated should you have a serious crisis during the withdrawal process. You need to make sure that you give a copy to someone you can trust and also to your doctor or psychiatrist, providing they are in agreement with your plan to come off medication.

### **Get to know your triggers for crisis**

Many people get to know what situations they find stressful, and either prepare themselves carefully so as to minimise the stress, or avoid them completely. You may find it helps to keep a diary so that you can spot patterns.

### **Monitor your mood**

Monitoring your mood during the withdrawal process can help you to spot subtle trends that might otherwise get overlooked. You can use your own methods, e.g. a diary, or an online tool such as Moodscope ([moodscope.com](http://moodscope.com)). Also, recording any side effects can help you to remain objective and recognise any less obvious patterns that occur.

### **Trust your own feelings**

If you feel that something you are experiencing is a side effect of medication or a withdrawal effect, take this seriously. Other people may think that your symptoms mean that your illness is coming back, but you may feel sure it is not. If you are following a programme of slow dose reduction, and you reach a difficult phase, don't be afraid to slow down, or to stop at the dose you are on for longer than you had planned; adapt your plans to fit your experience.

### Learn how to look after yourself

Don't be afraid to say 'no' if you feel something you've been asked to do will be too much for you. Be prepared to ask your friends or family for help, if that's what you need to keep well. For example, you may find it much easier to keep an appointment if you have someone to go with you. You may find it possible to do something you find stressful if you take a particular comforter with you (a scarf, a special stone to hold in your pocket, a teddy, or whatever works for you). Don't be afraid to use such things if they help you to get on with your life.

### Look after your diet

It's a good idea to eat regularly, starting with breakfast. You may want to avoid sugary foods and drinks as they cause big fluctuations in blood sugar which can cause mood swings and anxiety. Be aware of foods and drinks that trigger depression or other mood changes in you. Keeping a diary of what you've eaten may reveal reactions that you weren't aware of.

### Get enough sleep

Sleep is one of the most important factors in maintaining mental health. If you are coming off medication, and one of the withdrawal effects is sleep disturbance, you may have to be prepared to put up with this for a while and find ways to minimise the ill effects. (See *How to cope with sleep problems*).

### Exercise

Some people find exercise can help to reduce stress and anxiety, and it can be prescribed as a treatment for depression. Taking exercise out in the fresh air, in the country or the park is most effective. (See *Mind tips for better mental health: physical activity*.)

### Be prepared to change your plans

Coming off can sometimes be a big disappointment for people, if it doesn't bring the improvement they hoped for. But even if you don't manage to come off completely, you may succeed in reducing your dose, and this could make a significant difference to how you feel. In fact, trying to come off a particular medication can be a good way of finding your 'threshold dose'. This is the lowest amount of medication required to relieve your symptoms and keep you well.

You can also consider trying again at a later time. The fact that things did not go as you wished this time does not mean that they never will.

Some people find out that they are happier taking medication after all. This is also helpful to know. It may be easier to get on with the rest of your life once you have accepted that medication is part of it, and you feel that the decision was yours rather than your doctor's.

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## How can friends and family help?

*This section is for friends and family of someone who is thinking about coming off medication.*

As a concerned friend or family member, you may be quite anxious about your friend or relative becoming ill again if they tell you they want to come off their medication.

Your caution may be understandable if, for example, you were involved in difficult decisions to have them assessed and sectioned under the Mental Health Act 1983. You may have been very relieved to see them coming out of hospital more stable on medication, and do not want to see them distressed again.

## Making sense of coming off psychiatric drugs

You may need them to be very clear about how things have changed for them since then, why they want to stop the medication, and what other forms of support they are intending to use if they come off the drugs.

The following are some ways you may help them, and also gain a better understanding of how they are feeling and what they are trying to achieve.

- Talk to them about why they want to stop their medication – this will help them feel listened to and also help you to appreciate how important it is for them.
- Ask them how they are planning to do it.
- Be prepared to tell them if your shared past experience of withdrawal means that you think they are being unrealistic.
- Ask them how you can help.
- Help them to find support from other people who have done the same thing, or from their doctor or other health professional.
- Offer to go to appointments with them if they would like you there.
- Join them in a new activity, if they ask you, or ask them to join you in one.
- Help them with working out reduced doses.
- Be supportive if they find the withdrawal process difficult, and make allowances if they are struggling with physical or emotional withdrawal symptoms.
- Allow them to make their own decisions and learn from their mistakes – be prepared to take some risks with them.
- Be positive if they decide to change their plans.

## Appendix 1: Psychiatric drugs list – form, lowest available dose and half-life

This information is taken from the British National Formulary and the Electronic Medicines Compendium websites, November 2012, and some half-lives from Drug Information System (druginfosys.com). All drugs are referred to by their generic names.

<b>Antidepressants – tricyclics</b>		
<b>Drug</b>	<b>Form and lowest available dose</b>	<b>Half-life</b>
amitriptyline	tablets 10mg	9-25 hours
	liquid 25mg/5ml (5mg/ml)	
clomipramine	capsules 10mg	12-36 hours
dosulepin	capsules 25mg	
doxepin	capsules 25mg	33-80 hours
imipramine	tablets 10mg	19 hours
	liquid 25mg/5ml (5 mg/ml)	
lofepramine	tablets 70mg	5 hours
	liquid 70mg/5ml (14mg/ml)	
nortriptyline	tablets 10mg	36 hours
trimipramine	tablets 10mg	7-9 hours

### Antidepressants – MAOIs

Drug	Form and lowest available dose	Half-life
isocarboxazid	tablets 10mg	36 hours
moclobemide	tablets 150mg	2-4 hours
phenelzine	tablets 15mg	1 hour
tranylcypromine	tablets 10mg	2 hours

### Antidepressants – SSRIs

Drug	Form and lowest available dose	Half-life
citalopram	tablets 10 mg	36 hours
	drops 40mg/ml	
escitalopram	tablets 5mg	30 hours
	drops 20mg/ml	
fluoxetine	capsules 20mg	4-6 days
	liquid 20mg/5ml (4mg/ml)	
fluvoxamine	tablets 50mg	17-22 hours
paroxetine	tablets 20mg	24 hours
	liquid 10mg/5ml (2mg/ml)	
sertraline	tablets 50mg	22-36 hours

### Antidepressants – SNRIs

Drug	Form and lowest available dose	Half-life
duloxetine	capsules 30mg (20mg as Yentreve)	8-17 hours
venlafaxine	tablets 37.5mg	4-7 hours

<b>Antidepressants – other</b>		
<b>Drug</b>	<b>Form and lowest available dose</b>	<b>Half-life</b>
agomelatine	tablets 25mg	1-2 hours
flupentixol	tablets 0.5mg	35 hours
mirtazapine	tablets 15mg	20-40 hours
	dispersible tablets 15mg	
	liquid 15mg/ml	
reboxetine	tablets 4mg	13 hours
tryptophan	tablets 500mg	1-3 hours

<b>Antipsychotics</b>		
<b>Drug</b>	<b>Form and lowest available dose</b>	<b>Half-life</b>
amisulpride	tablets 50mg	12 hours
	liquid 100mg/ml	
aripiprazole	tablets 5mg	75-146 hours
	dispersible tablets 10mg	
	liquid 1mg/ml	
benperidol	tablets 0.25mg	6 hours
chlorpromazine	tablets 25mg	23-37 hours
	liquid 25mg/5ml (5mg/ml)	
clozapine	tablets 25mg	6-26 hours
	liquid (as Denzapine) 50mg/ml	
flupentixol	tablets 0.5mg	35 hours
haloperidol	tablets 0.5mg	20 hours
	liquid 2mg/ml	

## Making sense of coming off psychiatric drugs

levomepromazine	tablets 25mg	30 hours
<b>Antipsychotics conti.</b>		
<b>Drug</b>	<b>Form and lowest available dose</b>	<b>Half-life</b>
olanzapine	tablets 2.5mg	34-52 hours
	dispersible tablets 10mg	
paliperidone	tablets 1.5mg	23 hours
pericyazine	tablets 2.5mg	not available
	liquid 10mg/5ml (2mg/ml)	
perphenazine	tablets 2mg	9.5 hours
pimozide	tablets 4mg	55-150 hours
prochlorperazine	tablets 5mg	6-7 hours
	liquid 5mg/5ml (1mg/ml)	
promazine	tablets 25mg	20-40 hours
	liquid 25mg/5ml (5mg/ml)	
quetiapine	tablets 25mg	7 hours
risperidone	tablets 0.5mg	24 hours
	dispersible tablets 0.5mg	
	liquid 1mg/ml	
sulpiride	tablets 200mg	6-8 hours
	liquid 200mg/5ml (40mg/ml)	
trifluoperazine	tablets 1mg	7-18 hours
	liquid 5mg/5ml (1mg/ml)	
zuclopenthixol	tablets 2mg	24 hours

## Appendix 1: Psychiatric drugs list – form, lowest available dose and half-life

Mood stabilisers		
Drug	Form and lowest available dose	Half-life
lithium	tablets 250mg	24 hours
	liquid 520mg/5ml (104mg/ml)	
carbamazepine	tablets 100mg	16-24 hours
	liquid 100mg/5ml (20mg/ml)	
lamotrigine	tablets 25mg	33 hours
	dispersible tablets 5mg	
valproate	tablets 250mg	14 hours

Tranquillisers and sleeping pills – Benzodiazepines		
Drug	Form and lowest available dose	Half-life
alprazolam	tablets 0.25mg	12-15 hours
chlordiazepoxide	tablets 5mg	6-30 hours
	capsules 5mg	
diazepam	tablets 2mg	1-2 days
	liquid 2mg/5ml (0.4mg/ml)	
flurazepam	capsules 15mg	2.5 hours
loprazolam	tablets 1mg	8-12 hours
lorazepam	tablets 1mg	12 hours
lormetazepam	tablets 0.5mg	10-12 hours
nitrazepam	tablets 5mg	25 hours
	liquid 2.5mg/5ml (0.5mg/ml)	
oxazepam	tablets 10mg	6-20 hours
temazepam	tablets 10mg	5-12 hours
	liquid 10mg/5ml (2mg/ml)	

## Making sense of coming off psychiatric drugs

### Sleeping pills

Drug	Form and lowest available dose	Half-life
zaleplon	capsules 5mg	1 hours
zolpidem	tablets 5mg	2-4 hours
zopiclone	tablets 3.75 mg	5 hours

### Other anti-anxiety drugs

Drug	Form and lowest available dose	Half-life
buspirone	tablets 5mg	2-11 hours
meprobamate	tablets 400mg	10 hours

## Appendix 2: Equivalent doses for benzodiazepines and SSRIs

### Benzodiazepines

Change to **5mg of diazepam (Valium)** from:

- chlordiazepoxide 15mg
- loprazolam 0.5-1.0mg
- lorazepam 500mcg (0.5mg)
- lormetazepam 0.5-1.0mg
- nitrazepam 5mg
- oxazepam 15mg
- temazepam 10mg

### SSRI antidepressants

Change to **20mg fluoxetine liquid** from:

- paroxetine 20mg
- citalopram 20mg
- escitalopram 10mg
- sertraline 50mg
- venlafaxine 75mg

## Useful contacts

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### Mind

Mind Infoline: 0300 123 3393  
(Monday to Friday 9am to 6pm)  
email: [info@mind.org.uk](mailto:info@mind.org.uk)  
web: [mind.org.uk](http://mind.org.uk)  
Details of local Minds and other local services, and Mind's Legal Advice Line. Language Line is available for talking in a language other than English.

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### Battle Against Tranquillisers (BAT)

helpline: 0844 826 9317  
web: [bataid.org](http://bataid.org)  
Information and support for those coming off tranquillisers and sleeping pills.

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### [benzo.org.uk](http://benzo.org.uk)

Information on benzodiazepine and z-sleeping pill addiction and withdrawal with detailed dosing schedules.

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### Bipolar UK

tel: 020 7931 6480  
web: [bipolaruk.org.uk](http://bipolaruk.org.uk)  
Support for people with bipolar including network of self-help groups.

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### British Association for Counselling and Psychotherapy (BACP)

tel: 01455 88 33 00  
web: [itsgoodtotalk.org.uk](http://itsgoodtotalk.org.uk)  
Lists details of local practitioners.

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### Complementary and Natural Healthcare Council (CNHC)

tel: 020 3178 2199  
web: [cnhc.org.uk](http://cnhc.org.uk)  
Register of regulated complementary therapists.

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### Council for Information on Tranquillisers, Antidepressants, and Painkillers (CITAp)

helpline: 0151 932 0102  
web: [citawithdrawal.org.uk](http://citawithdrawal.org.uk)  
Help with withdrawal.

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### EMC

web: [medicines.org.uk](http://medicines.org.uk)  
Patient information leaflets and summaries of drug characteristics.

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### Hearing Voices Network

web: [hearing-voices.org](http://hearing-voices.org)  
Self-help groups for those who hear voices.

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### No Panic

helpline: 0800 138 8889  
web: [nopanic.org.uk](http://nopanic.org.uk)  
Support and information for people with anxiety problems.

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### Rethink Mental Illness

tel: 0300 5000 927  
web: [rethink.org](http://rethink.org)  
Advice, information and support groups for people with mental health problems.

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### [seroxatusergroup.org.uk](http://seroxatusergroup.org.uk)

For people who are taking or withdrawing from paroxetine (Seroxat).

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### The Icarus Project

web: [theicarusproject.net](http://theicarusproject.net)  
American project which publishes the *Harm reduction guide to coming off psychiatric drugs* on their website.

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### Turning Point

web: [turning-point.co.uk](http://turning-point.co.uk)  
Recovery services for people with substance misuse problems and mental health problems.



## Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

To read or print Mind's information booklets for free, visit [mind.org.uk](http://mind.org.uk) or contact Mind infoline on 0300 123 3393 or at [info@mind.org.uk](mailto:info@mind.org.uk)

To buy copies of Mind's information booklets, visit [mind.org.uk/shop](http://mind.org.uk/shop) or phone 0844 448 4448 or email [publications@mind.org.uk](mailto:publications@mind.org.uk)

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# Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you advice, support and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

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**mind.org.uk**

