

# Spunti per una riflessione sulla riduzione/dismissione dei farmaci

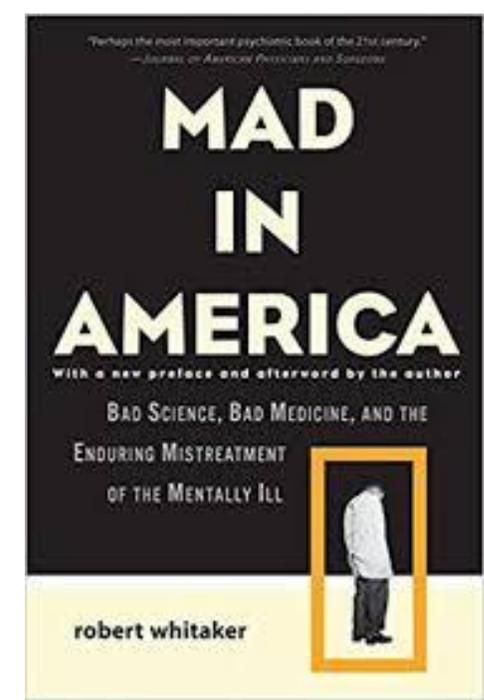
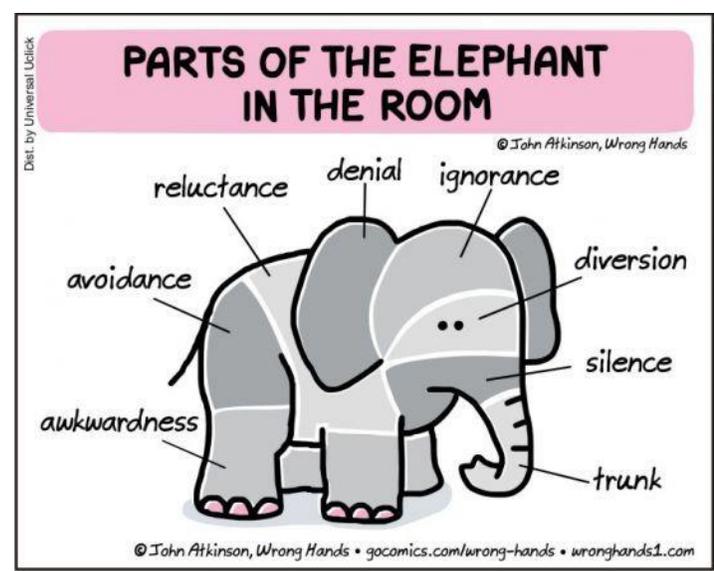
*Raffaella Pocobello, Ph.D.*

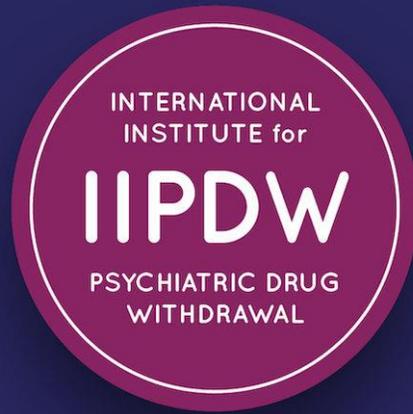


**Convegno IL MALE MENTALE: STRATEGIE DI FRONTEGGIAMENTO.  
16 ottobre 2019, TORINO**



... ma qualcosa sta cambiando!





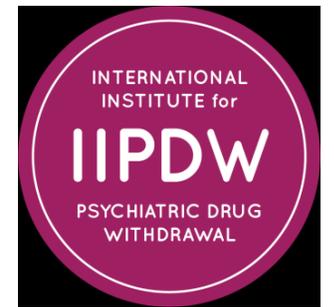
We support the process of reducing and withdrawing from psychiatric drugs through practice, research and training

**INTERNATIONAL  
EXPERTS CALL FOR  
SERVICES TO SUPPORT  
MILLIONS TRYING TO  
COME OFF  
PSYCHIATRIC DRUGS**



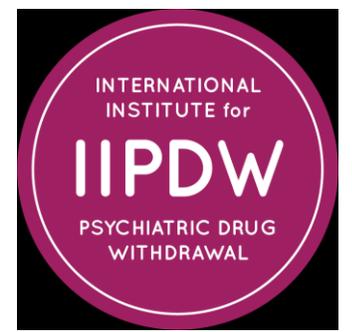
**Action meeting in Göteborg, Svezia – 28-30 Settembre 2019**

# MISSION



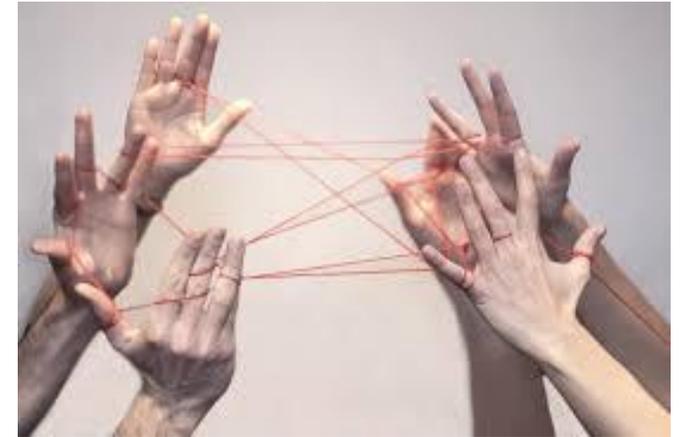
- ✓ L' International Institute for Psychiatric Drug Withdrawal (IIPDW) è stato creato per rispondere a un bisogno evidente nel campo della salute mentale: sviluppare percorsi per aiutare le persone a ridurre o sospendere l'uso degli psicofarmaci.
- ✓ I servizi di salute mentale non forniscono l'adeguato supporto alle persone che vogliono ridurre o smettere di assumere farmaci. Spesso alle persone viene detto soltanto che "è una cattiva idea", e le si lascia da sole nel loro tentativo di smettere, senza offrire alcun supporto.
- ✓ Anche se gli psicofarmaci vengono prescritti da 60 anni, c'è ancora pochissima ricerca sul come smettere di prenderli. La maggioranza degli studi sulla sospensione sono stati realizzati interrompendo i farmaci in modo brusco, e perfino negli studi in cui la sospensione è stata più graduale, non ci sono stati sforzi per identificare il bisogno di supporto necessario.
- ✓ La mission dell'IIPDW è di mettere insieme pratiche basate sulla conoscenza e dati di ricerca per colmare questa lacuna. Il nostro obiettivo è di raccogliere questa conoscenza e disseminarla tra gli utenti, i familiari, i professionisti e le loro organizzazioni, l'intera società .

# OBIETTIVI



- ✓ Sviluppare ricerca e pratiche basate sulla evidenza che facilitino la riduzione e la dismissione sicura dagli psicofarmaci
- ✓ Contribuire alla produrre evidenze basate sulla pratica e facilitare la loro inclusione nelle linee guida
- ✓ Supportare il diritto umano al consenso informato rispetto agli psicofarmaci
- ✓ Promuovere pratiche che aiutino le famiglie, gli amici, i professionisti nel supportare in modo sicuro la riduzione o sospensione degli psicofarmaci, e a considerare gli aspetti relazionali e sociali essenziali per questo processo.

# SHARING FIRST



- ✓ Condivisione di conoscenze e buone pratiche

C'è un sapere che è necessario documentare e valorizzare:

[- https://withdrawal.theinnercompass.org/](https://withdrawal.theinnercompass.org/)

*“Valuable “living library” of wisdom- As of 2017, there have been virtually no formal scientific studies into the safest methods for withdrawing from any psychiatric drugs. This is one of many reasons why collecting and reporting on the experiences of people who have personally tapered is vital*

- Reparto drug free in Norvegia

[- https://extendedroom.org/en/visiting-the-medication-free-psychiatric-ward-in-tromso/](https://extendedroom.org/en/visiting-the-medication-free-psychiatric-ward-in-tromso/)

Journal

Psychosis &gt;

Psychological, Social and Integrative Approaches

Volume 10, 2018 - Issue 2

Open Access

3,977 5

View | CrossRef | DOI | Altmetrics

Listen

Research Articles

## Antidepressant tapering strips to help people come off medication more safely

Peter C. Groot &amp; Jim van Os

Pages 142-148 | Received 30 Mar 2018, Accepted 22 Apr 2018, Published online: 24 May 2018

64 Download citation | <https://doi.org/10.1080/17522439.2018.1469163>
[Full Article](#) | [Figures & data](#) | [References](#) | [Citations](#) | [Metrics](#) | [Licensing](#) | [PDF](#)

### ABSTRACT

Antidepressants are commonly prescribed for many mental disorders, including psychosis. Withdrawal effects, resulting from inappropriately short duration of tapering or lack of flexibility in prescribing gradual reduction, are common. An observational study was conducted of the use of "tapering strips", which allow gradual dosage reduction and minimise the potential for withdrawal effects. A tapering strip consists of antidepressant medication, packaged in a roll of small daily pouches, each with the same or slightly lower dose than the one before it. Strips come in series covering 28 days. Of 1194 users of tapering strips, 895 (75%) wished to discontinue their antidepressant medication. In these 895, median length of antidepressant use was 2–5 years (IQR: 1–2 years–> 10 years). Nearly two-thirds (62%) had unsuccessfully attempted withdrawal before (median = 2 times before, IQR 1–3). Almost all of these (97%) had experienced some degree of withdrawal, with 49% experiencing severe withdrawal (7 on a scale of 1–7, IQR 6–7). The most common medications were paroxetine ( $n = 423$ , 47%) and venlafaxine ( $n = 386$ , 43%). Of the 895 wishing to discontinue, 636 (71%) succeeded in tapering their antidepressant medication completely, using a median of 2 tapering strips (IQR 1–3) over a median of 56 days (IQR = 28–84). Tapering strips represent a simple and effective method of achieving a gradual dosage reduction.

**KEYWORDS:** Antidepressants, antipsychotics, drug withdrawal symptoms, patient medication knowledge, harm reduction, tapering

### Introduction

Antidepressant medications are widely used not only in disorders of anxiety and depression, but also in up to 37% of patients with psychotic disorder (Himmelhoch et al., 2012) – despite limited evidence of effect (Galling et al., 2018).

McCormack and colleagues critically discuss recent meta-analytic evidence of effectiveness of antidepressants (McCormack & Korowmyk, 2018), whereas Adlington introduces the worrying possibility that they are prescribed to "treat" social misery (Adlington, 2018). Here, we suggest an important unresolved consequence of these two issues: the growing number of people with chronic use of antidepressant medication (Moore et al., 2009) and the unknown proportion of those that continue to take medication because they experience difficulties coming off antidepressants.

There is evidence that a significant proportion of antidepressant users experiences difficulties coming off their antidepressant medication (Fava, Gatti, Belaise, Guidi, & Offidani, 2015; Tint, Haddad, & Anderson, 2008). Clinicians are often untrained to anticipate withdrawal difficulties and often advise a too rapid rate of withdrawal. Significant withdrawal can cause considerable distress, which may precipitate a relapse of the mental syndrome, perhaps particularly in those with the most severe problems such as psychotic disorder. Also, there is growing evidence of the occurrence of supersensitivity and rebound, where the reappearance of the original condition – depression or psychosis – may not be just a relapse but a result of the biochemical changes in the brain resulting from taking the drug itself (Murray et al., 2016).

In this article



*“Of the 895 wishing to discontinue, 636 (71%) succeeded in tapering their antidepressant medication completely, using a median of 2 tapering strips over a median of 56 days. Tapering strips represent a simple and effective method of achieving a gradual dosage reduction. (...) This is the first study shedding light on the likelihood of being able to discontinue antidepressant medication in those who previously failed because of severe withdrawal symptoms. The results indicate that a very large proportion of these individuals can be successfully withdrawn from antidepressants using tapering strips”*

<https://www.taperingstrip.org/>

# ACTION PLAN

- ✓ Gli esperti dell'IIPDW hanno votato a supporto delle recenti raccomandazioni della [review di Public Health England](#) “Dependence and withdrawal associated with prescribed medicines”
- ✓ Impegno ad implementare queste raccomandazioni nei 15 Paesi dai quali provengono, e oltre.
- ✓ Iniziative di gruppi di lavoro e di ricerca
- ✓ Conferenza internazionale nel 2020 (Islanda- da confermare)

Più info su [www.iipdw.org](http://www.iipdw.org)

## Prescription Medicines Review: Recommendations

- Give NHS commissioners and doctors **better insight into prescribing data**
- Update **clinical guidance** on these five classes of medicines
- **Improving training** for clinicians to ensure their prescribing adheres to best practice
- New clinical guidance on **safe management** of dependence and withdrawal
- **Better information to patients** about the benefits and risks
- Doctors have **clear discussions with patients** including on social prescribing alternatives
- **Support made available locally** for patients with problems
- A **national helpline** for patients to be set up
- More **high-quality research** is undertaken



## Prescription Medicines Review: Prescribing demographics



Prescribing rates  
for **women** are at least:

**1.5 times  
higher**  
than those of men

Prescribing rates  
**increase with age**

Grazie dell'attenzione!  
Mettiamoci insieme al lavoro  
verso un comitato nazionale!