

## 1-105 Antidepressant continuation – discontinue

### TIPS Question:

A resident is admitted taking antidepressants for 3 or more years. History of only one occurrence of depression. When would it be appropriate to take the resident off the drug? Or would it?

### Response:

A good question. In general, after one episode it is usually a good idea to leave them on for at least a year. However, each situation should be individualized, weighing the risk of treatment to the benefits.

Consider the following:

1. How severe was the depression when it did occur?
2. How dangerous was the presentation, both in terms of suicidal issues jeopardizing health and/or social connectedness
3. Given the above, what would be the potential severity and risk for relapse?
4. At present are there any mild symptoms of depression? Relapses have been shown to be much there are any residual symptoms of depression when one starts to reduce the dose.
5. Is the patient having any side effects attributable to the medication?
6. Is the medication assisting or adversely affecting any other disorder symptom? Is it helping sleep? Is it interacting with other drugs?

If you weigh these and then consider with your partner-in-care and the patient, (who needs to provide informed consent,) it is wise to GO SLOW AND MONITOR CLOSELY. If one is going to start to look at discontinuation of the medication, this should be decreased very slowly by the smallest increment and wait 4-6 weeks. At that time if no re-emergence of any depressive symptoms occur, further decreases can occur. If they do re-emerge, one should reinstate the maintenance dose.

Also remember to monitor closely for the 16 weeks after discontinuation of the medication as this has been shown to be the highest time for relapse.

Having said the above, we know, at least in those with recurrent depression, continued antidepressant use decreases relapses at least up to three years. In addition, more geriatric psychiatrists are recommending longer use of antidepressants if no side effects are present.

**Please note:** TIPS information should be used similar to the way you would use information from a textbook! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.