



A guide to reducing
or stopping mental
health medication

Special thanks go to Dr Fraser Todd for developing this resource, and to its peer reviewers, the Royal New Zealand College of General Practitioners and the Royal Australian and New Zealand College of Psychiatrists – and in particular Mental Health Advocacy Peer Support (MHAPS) and Support and Awareness Canterbury.



This booklet has been written for you if you are thinking about or wanting to reduce or stop taking mental health medication.

For some people, reducing or stopping mental health medication can be difficult. The purpose of this guide is to give you information that can help you to come off your medication. It does not deal with the decision to reduce or stop taking medication, which ideally should be made in collaboration with your health care workers and key support people.

It is important to discuss whether you should reduce or stop your medication with your doctor and/or pharmacist. They will be able to give you valuable information about the pros and cons, how to reduce or stop safely and how to reduce discontinuation symptoms. However, it is ultimately your choice whether or not to reduce or stop your medication, unless you are on a compulsory treatment order.

This guide has been produced by Matua Raki with the support of Te Pou o te Whakaaro Nui and the Equally Well Collaborative. Where possible, it is based on research evidence. However, as there isn't a lot of research available, much of it is based on the personal experience and clinical opinions of people with expertise in the area. Everyone's experience of reducing or stopping medication is different, and care must be taken not to assume one person's experiences and opinion are true for everyone.

Summary of main points

- *Getting discontinuation (or withdrawal) symptoms when you reduce or stop taking a medication does not mean you are addicted.*
- *It is best to plan ahead and make sure you have no important obligations for a few weeks after you stop.*
- *Your support people are essential – along with your doctor and other health workers. Make use of them.*
- *Symptoms differ from person to person.*
- *Most people do not get severe symptoms from reducing or stopping mental health medication.*
- *Gradually reducing or tapering your medication over a few weeks reduces the risk of significant symptoms.*
- *If gradually stopping your medication is too difficult for you, it may be possible to switch to a longer acting medication or add another medication to make things easier.*
- *There are several ways of coping with any symptoms you might get.*

Stopping and symptoms

What are medication discontinuation symptoms?

When medication is taken for a few months or more your body adapts to the effects of the medication. This means when you reduce or stop the medication, your body takes some time to return to its usual state and you may experience symptoms caused by the absence of the medication. These symptoms are known as medication discontinuation symptoms (MDS).

Most medications, if taken for long enough, can result in MDS. However the symptoms are often mild and go unnoticed.

In most cases you need to have taken medication for at least 6-8 weeks for MDS to happen when the medication is stopped or reduced.

Because we are all different, the experience of MDS may vary significantly from person to person. Research has identified that there are genetic differences in the ways different people process medication, with some people metabolising medication quickly and some people metabolising medication slowly, if at all. It is possible that differences in the way medications are processed has an impact on the intensity and duration of MDS for particular medications.

Sometimes when a medication is stopped there is a worsening of the symptoms it was meant to be helping. This can happen for several reasons:

- the original problem/issue for which the medication was originally taken returns
- symptoms like those for which the medication was originally taken can occur soon after the medication is stopped, though



they are usually short lived, but possibly more intense than the original symptoms.

Medication discontinuation is a similar process to substance (alcohol and other drug) withdrawal. This is a physical response by your body and it does not mean you have an addiction.

Planning to reduce or stop your medication

You may need to reduce or stop medication without much warning, especially if you have other health concerns, need surgery or are pregnant. However, in most cases it is possible and helpful to plan ahead of time. This can help minimise stress and distractions that can make reducing or stopping more difficult.

There are several things to think about when planning to stop medication:

- ❑ Be clear about your reasons for stopping or stopping medication and the goals you set for yourself. Maybe write these down. It can be very useful to review these if or when you have MDS.
- ❑ Choose, learn or update coping strategies you could use (see below).
- ❑ Discuss how to go about it with your main health worker.
- ❑ Make a plan for how you will go about reducing and then stopping your medication if you want to. Prepare to be flexible with the plan, and review how you are doing and what you need as you reduce the medication.
- ❑ Choose and plan for a period of time in which you don't have important things to do. For example, stock up your shelves, pay your bills and/or organise child care ahead of time.
- ❑ Identify key support people and your family, friends and employer. If you feel you can, tell them what you are planning. Let them know what might happen and what sort of support would be helpful if you do have significant MDS.
- ❑ Consider contacting peer support services if available.
- ❑ Set a date for starting the process.

Planning to reduce or stop multiple medications

If you are taking several mental health medications and have decided to reduce or come off more than one of them at a time, it is important to carefully plan how you are going to do this with the advice and support of your doctor.

There is no single recommended way to decide how, and in what order, to reduce or stop medications.

- In most cases, the recommendation is to plan to come completely off one medication at a time.
- If you need to come off medication due to other health concerns, severe side effects or pregnancy, seek advice from your doctor. It may be best to come off all your medication at the same time. Alternatively, it might be okay to stop one before another – but the most important one to come off first may not be the one you think.
- When choosing which to come off first, try to pick one that is less important for your mental health and wellbeing and that is less likely to cause severe MDS.
- If one of your medications is causing you significant side effects, make this one of the first to come off.
- Any medication that helps sleep could be one of the last to reduce or stop.

How to reduce or stop the medication

It is sensible to discuss how to reduce or stop your medication with your doctor and/or pharmacist. They will be able to give you valuable information about the pros and cons of reducing or stopping your medication and how to do this safely with the least amount of MDS.

Remember, it is your choice whether or not to reduce or stop your medication (unless you are on a compulsory treatment order). Your doctor has a responsibility to advise you based on their clinical judgement, but ultimately the decision is yours.

If you decide to reduce or stop without discussing it with your doctor, it is better to stop the medication gradually (tapering) rather than all at once. This reduces the risk of a return of the original issues the medication was for, and may lessen the risk of serious MDS.

How you can taper off medication yourself depends on the type, size and dose of the tablets or liquid you are currently prescribed.

If you can, it is especially important to taper medication in the following circumstances:

- when coming off benzodiazepines and zopiclone; stopping abruptly could cause seizures which may be life threatening
- when coming off paroxetine, venlafaxine, clozapine or lamotrigine
- if you are quite worried about getting MDS
- if you have important things coming up in the next few weeks and can't afford to have unpleasant MDS
- if you tried to reduce your medication a bit, maybe by a quarter, and got unpleasant MDS
- if you have had MDS with this medication in the past, especially if you were getting them before you took your next dose
- if the original issue for which you were prescribed the medication has not resolved.

If you do decide to stop your medication suddenly, make sure you have some left over so you can restart it if you do experience severe MDS. Restarting medication should improve the MDS within 24 hours at the most, and you can then consider a tapering approach.

How to taper your medication working with your doctor

It is a good idea to start off with a plan of how you will reduce and stop your medication. It is important you are prepared to be flexible about the plan depending on how the process of reducing or stopping your medication goes for you.

There are different opinions about exactly how to taper medication. The following approach is suggested in collaboration with your doctor:

1. Decide on an initial medication preparation (tablet, capsule or liquid; dose or size).
2. Initial dose reduction should be 10-25%.
3. Review one week later: If MDS persist make no change to dose and review again in 1-2 weeks.
4. Decide on subsequent dose reductions and timing of reviews.
5. The aim is to get mild MDS that are easy to put up with and to have them settle almost completely before the next dose reduction.
6. As the overall dose gets lower, the size and timing of the reduction may need to decrease.
7. When to stop taking the medication will depend on your comfort and having no or very mild MDS.



Key points:

- *Have a few doses of the medication spare so you can increase the dose a bit if you get very uncomfortable MDS.*
- *For long acting medications such as fluoxetine, MDS are less likely but when they happen they may be delayed for more than a week and dose reductions may need to be made every 2-4 weeks rather than weekly.*
- *The size of each dose reduction depends on the medication you are taking. Some can be diluted in water and small decreases are possible when they can be diluted or when smaller tablets are available. When this can't happen reducing the dose in small amounts can be difficult.*
- *In some cases, where the starting dose is close to the smallest available dose, the smallest possible dose reduction is half. For example, for someone taking paroxetine 20mg a day the only real dose reduction is to halve the tablet and take 10mg a day. In this situation talk with your doctor about changing to a similar but longer acting medication such as fluoxetine 20mg.*

What to expect when reducing or stopping medication

Most people reducing or stopping mental health medication will be able to do so without having significant MDS. About a quarter of people stopping will experience mild MDS and about a quarter will get more severe MDS, though this differs between medications.

It is difficult to predict who will get MDS and how severe they might be.

What are the risks of stopping mental health medication?

For most medications, the main risks are:

- MDS
- increased risk of relapse to the original condition/issue (re-emergence)
- seizures with discontinuation from benzodiazepines (such

as; Rivotril, Paxam, Ox-Pam, Arrow Diazepam and Nitrodos), zopiclone (Imovane) and some mood stabilisers (Tegretol and Epilim in those with a history of seizures) which in rare circumstances can be fatal

- increased thoughts of suicide/self harm.

How common are MDS when stopping a mental health medication?

Most people will be able to stop mental health medication without experiencing significant MDS.

As a rough guide, it seems MDS are felt by:

- around half of all people stopping SSRI antidepressant medication (see below)
- between a third and half of people taking other medications such as antipsychotics benzodiazepines, zopiclone or mood stabilisers.

Of those people who do get MDS, about half will get significant symptoms that affect their day-to-day functioning for a period of time.

What MDS could you experience?

The symptoms listed below are the ones most commonly reported for a medication or type of medication. However, there are many others, and what you experience may be different from these.

Antidepressant medications

About half of people stopping antidepressant medication are likely to experience at least some MDS. Of the people who do get symptoms about half are likely to have mild symptoms and the other half are likely to experience more severe symptoms.

The most severe discontinuation symptoms occur with venlafaxine and paroxetine.

MDS are less likely and less intense with fluoxetine.

Antidepressant MDS

SSRIs and SNRIs

- fluoxetine: Prozac/Fluox
- sertraline: Zoloft
- citalopram: Celapram/
Escitalopram/Lexapro/Loxalate
- paroxetine: Aropax/Loxamine
- fluvoxamine: Luvox
- venlafaxine: Effexor/Enlafax

- dizziness
- return of original symptoms
- trouble sleeping
- nausea
- tiredness
- headache
- suicidal thoughts and behaviours
- irritability
- unsteady on feet
- electric shock-like sensations
- diarrhoea
- visual disturbances
- aches and pains
- chills
- agitation
- poor concentration
- vivid dreams

Tricyclic antidepressants

- amitriptyline: Amirol/Amitrip
- nortriptyline: Norpress
- imipramine: Tofranil
- clomipramine:
- trimipramine: Surmontil

- poor sleep
- feeling depressed or anxious
- irritability
- return of symptoms
- headache
- nausea
- shakiness
- sweating

MAOIs

- phenelzine: Nardil
- tranylcypromine: Parnate
- moclobemide

- agitation and restlessness
- compulsive repetitive thoughts
- return of symptoms

Antipsychotic medications

There is much less information available about antipsychotic discontinuation than about antidepressant discontinuation.

Nearly half of people taking antipsychotics for more than a few months are likely to experience some MDS. These last less than a month in about half of the people who experience them.

Clozapine is thought to cause more severe MDS than most antipsychotics, and quetiapine less. There are reports of people experiencing severe discontinuation symptoms over many months.

Antipsychotic MDS	
Atypical antipsychotics <ul style="list-style-type: none">• olanzapine: Olanzine/Zypine/Zyprexa• quetiapine: Quetapel/Seroquel• risperidone: Ridal/Risperdal/Risperon• ziprasidone: Zeldox/Zusdone• aripiprazole: Abilify• clozapine: Clopine/Clozaril	<ul style="list-style-type: none">• sleep problems• mood changes and irritability• anxiety and agitation• return of or worsening symptoms• difficulty concentrating• headaches• memory loss• nightmares• tiredness• sweating• dizziness• unusual, jerky or stiff movements
First generation antipsychotics <ul style="list-style-type: none">• haloperidol: Haldol/Serenace,• chlorpromazine: Largactil• droperidol: Droleptan• fluphenazine: Modecate	<ul style="list-style-type: none">• return of symptoms• sleep problems• anxiety• muscle spasms• shaking• nausea• diarrhoea• unusual, jerky or stiff movements

Stopping antipsychotic medications suddenly can cause an increase in movement problems that are typical side effects of the medication. Most commonly these are jerky or stiff movements affecting the body or face.

Mood stabilisers

Carbamazepine and sodium valproate discontinuation could lead to an increased risk of seizures if you have a history of seizures.

Carbamazepine can lead to decreased blood levels of some other medications which may then increase when carbamazepine is stopped.

Sodium valproate can do the opposite and increase blood levels of some other medications and when stopped these may be less effective.

You should discuss it with your doctor before you stop carbamazepine or sodium valproate.

Mood stabiliser MDS

- | | |
|---|--|
| <ul style="list-style-type: none">• lithium: Lithicarb/Priadel,• carbamazepine: Tegretol• sodium valproate: Epilim• lamotrigine: Lamictil/Logem/
Mogine/Motrig | <ul style="list-style-type: none">• return of symptoms• nausea• headaches• poor sleep• agitation and restlessness• nightmares• poor coordination and falls |
|---|--|



Benzodiazepines and zopiclone

Benzodiazepines and zopiclone can be associated with severe MDS including seizures which can be life threatening. Benzodiazepines should not be stopped suddenly.

While zopiclone is not a benzodiazepine it works in a similar way and should be treated as one.

Benzodiazepine and Zopiclone MDS	
<ul style="list-style-type: none">• alprazolam: Arrow/Alparzolam/Xanax• clonazepam: Paxam/Rivotril• diazepam: Arrow Diazepam/Stesolid• lorazepam: Ativan• lormetazepam: Noctamid• midazolam: Hypnovel• nitrazepam: Nitrados• oxazepam: Ox-pam• temazepam: Normison• triazolam: Hypam• zopiclone: Apo-zopiclone/Imovane	<ul style="list-style-type: none">• sleep problems• irritability• anxiety and tension• panic attacks• shakiness• sweating• difficulty concentrating• nausea• headache• muscle pain and stiffness• seizures

For some people benzodiazepines and zopiclone may be addictive and can be used in doses and ways which are not prescribed. Severe withdrawal symptoms are possible. These are more likely with higher doses and when used recreationally or in an addictive pattern. Where the medication has been used at doses or in ways not prescribed, self-referral to a specialist alcohol and drug service should be considered.

Stimulants

Methylphenidate and dexamphetamine are the main stimulants used as medication. Both are used to treat attention deficit with hyperactivity disorder (ADHD) and narcolepsy, but both are also used recreationally and can be addictive.

MDS, ranging from mild to severe, are common and can last from a

few weeks to several months, especially if the longer acting types have been used. It is advised to taper the dose slowly over a few weeks.

Severe MDS are more likely with higher doses and when the medications have been used recreationally or in an addictive pattern. Where the medication has been used at doses or in ways not prescribed, self-referral to a specialist alcohol and drug service should be considered.

Stimulant MDS	
<ul style="list-style-type: none">• dexamphetamine: Dexamphetamine• methylphenidate: Concerta/ Ritalin/Ritalin SR/Ritalin LA/ Rubifen/Rubifen SR/Concerta	<ul style="list-style-type: none">• restlessness• lack of energy• irritability and agitation• sleep problems• low mood• poor concentration and memory• anxiety• anger and aggression• diarrhoea• aches and pains• hunger• insomnia• cravings for the medication• depression and psychotic symptoms

Atomoxetine (Strattera) is also used to treat ADHD. While it does not appear to be addictive MDS are common. These may last a week or two and include anxiety, irritability, poor concentration, confusion, depressed mood, dizziness, fatigue, headaches, poor sleep and memory problems. It is advised to taper the dose slowly over a few weeks.

Modafanil (Modavigil) can be prescribed for narcolepsy and problems of excessive sleepiness. It has the potential to be addictive for a very small number of people. It can be associated with MDS especially if used for a long time. MDS include poor concentration, low mood, low energy and fatigue and sleepiness and usually last a week or two. It is advised to taper the dose slowly over a few weeks.

Rivastigmine (Exelon), donepezil (Aricept/Donezipil-rex) and galantamine (Reminyl) are medications used to treat dementia. While addiction has been associated with rivastigmine it seems to be extremely rare. MDS have been reported including confusion irritability, hallucinations, shaking, twitching and jerking.

How to tell MDS from re-emergence of the original problem

It can be very hard to tell whether symptoms are due to the discontinuation of your medication or the reappearance of your original condition. It is easy to think MDS are a relapse, especially when many of the symptoms are so similar. This can become even more confusing as anxiety that is a symptom of discontinuation feeds into anxiety that the original issue is resurfacing.

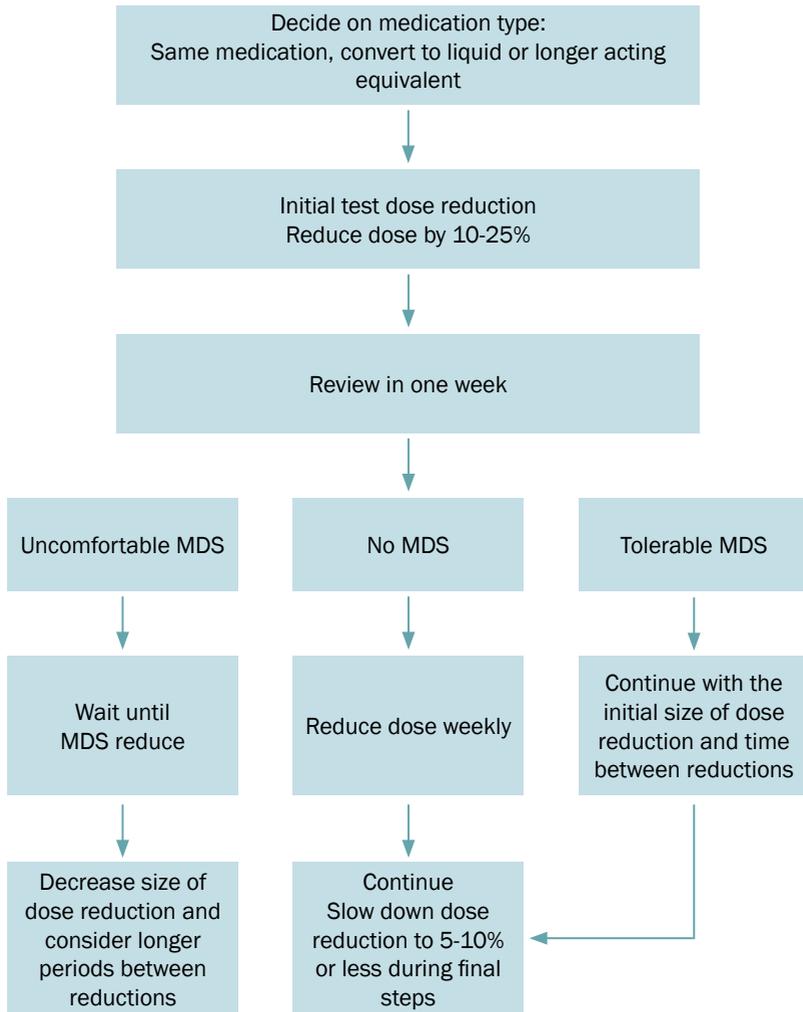
Checking in with a health care professional who is sympathetic and aware of what you are doing can help clarify this for you. It can also help to talk with someone who has previously reduced or stopped the medication you have been taking. If you do not know anyone, this website can be helpful:

<https://beyondmeds.com/2012/12/04/psychiatric-drug-withdrawal>

MDS usually occur within a few days of reducing or stopping a medication and, apart from benzodiazepines, tend to ease off after a week or two. Reappearance of the original problem/issue usually occurs a few weeks or even months after medication has been decreased or stopped. However this is not always the case, especially if you still had some of the original symptoms of the issue when you started reducing your medication.

If some of the symptoms of the original issue re-emerge It is important that the people close to you to know what is happening and that you keep in close touch with your health worker. The best approach is to try not to go back onto the medication too quickly unless the symptoms are too distressing. Give your body a reasonable chance to get used to being without the medication.

Figure 1: The process of dose reduction and timing of medication discontinuation



What to do if your MDS are severe or hard to tolerate

- Go back up to the last dose when you felt better and then discuss with your doctor and other support people.
- Wait until MDS have eased off before the next reduction.
- Reduce the dose in smaller steps.
- If the medication you are coming off is available as a liquid or is dissolvable in water, consider taking it as a liquid so you can make smaller dose reductions.
- If you are struggling to reduce or stop taking an antidepressant or a benzodiazepine, talk to your doctor about changing to a similar one that is easier to stop, or that you can reduce in smaller steps.
- Consider discussing with your doctor the use of other medications for specific symptoms such as severe stress or agitation, nausea, headaches and other aches, pains, or muscle spasms.



Coping with MDS

The biggest help managing MDS is likely to be how well prepared you are to cope with them. These are some suggestions for coping with the general stress and specific symptoms you might experience.

General strategies

- Ask for help when you need it – it is not a sign of weakness. Use your support networks and keep your family and friends informed about how things are going. Call them or see them when things are getting harder. Keep in regular contact with your peer support worker if you have one, and don't be afraid to contact your doctor or nurse if you need some support.
- Look after your general health and wellbeing and do your best to eat well and get enough rest and sleep. Despite the urge, avoid harmful things like junk food, alcohol and other substances. They may seem to help in the short-term but are likely to make things worse in the longer-term.
- It is important to protect your relationships. You may feel stressed and irritable, and arguments are more likely at these times. Do your best not to get into disagreements, and if they do happen, apologise afterwards. If you have had problems controlling anger in the past, it could be worth revisiting anger control strategies before you come off your medication.
- Mindfulness and other forms of relaxation are great tools to help you cope with stress and unpleasant feelings. If you are new to mindfulness and relaxation, there are many websites and podcasts available to help you learn. Programmes that walk you through them are the most useful.
- These are some useful resources:
 - » UCLA mindfulness website (start with the first exercise and progress through them)

<http://marc.ucla.edu/mindful-meditations>

- » Dartmouth College Wellness Centre
www.dartmouth.edu/~healthed/relax/downloads.html#muscle
 - » Dr Ronald Siegel's self-guided mindfulness exercises
www.mindfulness-solution.com/DownloadMeditations.html
 - » Dr Chris Cresswell Creating a Healing Space and Free From Your Mind iTunes podcasts
<https://itunes.apple.com/nz/podcast/creating-a-healing-space/id442111710>
- Divert your attention from your stress or symptoms by doing something you usually enjoy such as reading a book, listening to or playing music, going to the movies or doing a craft or hobby such as gardening or cooking.
 - Get active: go for a walk or a bike ride, get a therapeutic massage or mirimiri, go to a yoga class or do some exercises at home, have a shower or bath, have a drink of cold water or a warm drink.
 - Use spiritual interventions such as prayer or karakia.
 - Practise meditation.
 - Remind yourself of the reason you are reducing or stopping medication and reaffirm the benefits of doing so. If you wrote the reasons down before you stopped or reduced, go over these again.
 - The temporary use of additional medication for headaches (paracetamol) or other MDS such as nausea, movement problems or sleep problems can make uncomfortable symptoms tolerable. Your doctor will be able to tell you more about this.
 - There is not much evidence that alternative and herbal remedies help people deal with MDS, but many people seem to find them useful. However, a number of herbal remedies may interact in harmful ways with other medications being taken (such as 5HTP

or St John's wort with antidepressants). It is best to talk about what you are thinking of doing with a health care professional and get advice from a qualified natural health worker.

This website provides some useful information on herbal and alternative health approaches for medication discontinuation:

www.madinamerica.com/2014/03/herbs-supplements-foods-can-aid-withdrawal-symptoms/

- Traditional Māori remedies may be useful for a range of MDS. For more information on Rongoā Māori:

www.bpac.org.nz/BPJ/2008/May/docs/bpj13_rongoa_pages_32-36.pdf

For a list of publicly funded Rongoā Māori providers:

www.health.govt.nz/our-work/populations/maori-health/rongoa-maori-traditional-maori-healing

Strategies for specific problems

Suicidal thoughts

Many people with a history of mental health problems sometimes feel life is too tough for them to continue. This is more likely when under the kind of stress that medication discontinuation can cause, especially if some of the original symptoms come back.

- If you are having more suicidal thoughts it is really important that you talk to someone you trust and be open and honest with them. Contact your key support person/people and tell them how you feel.
- If you are at risk of acting on your thoughts contact your key health worker, local mental health crisis team or dial 111.
- Contact Healthline 24/7 to talk to a mental health worker: 0800 611 116.
- If you don't need to see a professional urgently, this website has some strategies that might help:

www.mentalhealth.org.nz/get-help/a-z/resource/50/suicide-coping-with-suicidal-thoughts

Seizures

Seizures can be fatal. If you have a seizure it is important to do two things:

1. Contact your doctor.
2. Put your medication back up to the previous dose in the meantime.

Sometimes it is difficult to know if you have had a seizure, especially when you think it might have happened when you were on your own. Some clues include having periods of time where you were confused or don't remember what happened and then find that you have fallen down or lost control of your bladder or bowels.

If in doubt, contact your doctor.

Return of original symptoms

At times it can be hard to tell if symptoms are the return of the original problem/issue or are due to the discontinuation of medication. Remember, the sooner they happen the more likely they are to be due to reducing or stopping the medication.

The return of symptoms does not necessarily mean you need to go back on the original dose of your medication. Depending on what the original problem was there are talking therapies that are as likely as medication to help, especially for depression and anxiety.

Sleeping problems

Trouble sleeping is one of the more common MDS for most mental health medications. Here are some tips to help you sleep:

- Aim to go to bed at about the same time each night and wake up at the same time each morning.
- Soon after you wake up get at least 15 minutes of natural sunlight.
- Not watching TV, using a laptop or tablet or texting at least an hour before bed is recommended to help with sleep.
- Turn your cellphone off or put it on silent.

- If you must use a computer screen around bed time, consider using an app such as (Flux or Twilight) that reduces the intensity of blue light on the screen. See:

<https://justgetflux.com>

<https://play.google.com/store/apps/details?id=com.urbandroid.lux>

- Use mindfulness or relaxation exercises, especially if your mind works overtime when you are trying to get to sleep.
- Have a warm caffeine free and or milky drink before going to bed.
- Do some form of exercise daily – even if it’s a walk around the block.
- Keep your bedroom cool rather than hot.
- If you can’t get off to sleep after about 30 minutes, get up again. Don’t lie in bed for a long time watching the clock or trying to make sleep happen.
- Avoid tea, coffee, cola, and energy drinks after midday.
- Limit nicotine/tobacco close to bedtime.
- Avoid sleeping during the day if you can. If you must, limit it to 30 minutes.
- Avoid foods that can cause reflux or indigestion, such as rich and fatty foods, citrus fruits, and fizzy soft drinks close to bedtime.

Nightmares

Nightmares may occur more frequently when reducing or stopping medication. In most cases this will be because you are reducing or stopping but if you have a history of trauma they may be a re-emergence of your original problem/issue.

- Orientate yourself by turning the light on, sitting on the edge of the bed and taking note of specific things in your room. Concentrate on your breathing.
- Calm yourself by using relaxation tools such as deep breathing.

- Don't try to make sense of your nightmare just after you wake from it.
- Reassure yourself.
- Try other things that you have found relax you, for example the smell of lavender, a karakia or prayer, or the feel of an object that soothes you.

Dizziness

Dizziness and light-headedness can have several different causes. One of the most common is low blood pressure, especially when you stand up, which can lead to fainting. It can also be due to medication discontinuation or to problems with your heart rhythm and it beating irregularly.

- If you feel dizzy, the first thing to do is sit or lie down immediately to stop yourself falling if you faint.
- If you are feeling dizzy when you stand up, stand up slowly making sure there is something to hold on to if you do feel faint.
- Make sure you are drinking enough fluids.
- Consult your doctor or health care worker if you faint or are having unusual or irregular heartbeats.

Anxiety

Tips to ease anxiety:

- Any of the strategies mentioned above are helpful for relieving general stress. For example, distraction is helpful – get busy doing something else.
- Mindfulness exercises are particularly useful as they help control the impact of the sticky repeating thoughts that make you anxious.
- Challenge the negative and doubting thoughts that are making you anxious. Are they realistic? Make the thoughts concrete and specific. For example, “I am worried about X and Y happening”. These are much easier to find solutions to than abstract

thoughts such as “I can’t cope with Z”.

- Use positive and calming visualisations; imagine calming places and situations or listening to soothing music.

Restlessness and agitation

Tips to help restlessness and agitation:

- Any of the strategies mentioned above that relieve general stress. For example, get busy doing something else, mindfulness and relaxation exercises, including progressive muscle relaxation.

Headache

Tips to ease headaches:

- Maintain regular daily patterns.
- Make sure you are drinking enough fluids, about two litres of water a day
- Accept them as part of stopping medication.
- Consider using a mild pain killer such as paracetamol but be careful to avoid going over the recommended dose as this can be harmful.

Irritability and anger

Tips to ease irritability and anger:

- Any of the strategies mentioned above that relieve general stress. For example, get busy doing something else, mindfulness and relaxation exercises.
- Remove yourself from situations where you notice your anger increasing.
- Avoid alcohol, cannabis, methamphetamine and coffee.
- Deal with any anxiety or worries you might have (anxiety is often experienced as anger or irritability).
- If you get angry or irritable at someone for no reason, apologise!

Chills or sweating

Tips to ease chills or sweating:

- Take a hot shower or bath if you have chills or a cool one if you are sweating.
- Make sure you drink plenty of fluids.

Aches and pains

Aches and pains as part of medication discontinuation are usually due to stress increasing tension in muscles.

Tips to ease aches and pains:

- Reduce overall stress levels.
- Take a hot bath or shower.
- Move about gently.
- Do some yoga or stretching.
- Apply warmth to sore muscles using a wheat bag or a heat pack.
- Ask for or get a massage, mirimiri.
- Try using magnesium supplements for aching muscles.
- Take some paracetamol, but be careful to avoid going over the recommended dose as this can be harmful.

Movement problems

Tips to ease movement problems:

- Touching certain parts of your body (trigger points) might reduce the movements.
- Reassure yourself that they are just part of the discontinuation process.
- Stress often makes these movements worse. Try to reduce overall stress levels and avoid stressful situations.
- Apply heat or cold to areas of muscle soreness.
- Some movement problems respond to medication. If the movements are seriously bothering you see your main health care worker.

Memory loss

Memory loss due to medication discontinuation is usually temporary and lasts a few weeks at most. Tips to cope with memory problems:

- Make written lists of things you need to remember.
- Try not to use the stove (you might forget it is on). Use a microwave instead.
- Don't leave the room with a tap running (you might forget the tap is running and flood the room).
- Put things you need to take when you go out next to your keys as most people remember to take their keys.
- If reducing medication, put the daily dose in a dosette box, available at pharmacies, labelled with the day of the week.
- Set alarms for important events on your cell phone.

Nausea

Tips to ease nausea:

- Eat regular small meals of bland food.
- Keep up your fluid intake with sports drinks or water.
- Avoid fatty foods.
- Rest after eating.

Getting through

The idea of reducing or stopping medication after a long time taking it can be scary, especially if you have tried before and had MDS. The information in this guide, along with a supportive relationship with a health professional, can help with reducing or stopping medication in a planned, relatively comfortable and safe way. Odds are it will not be as bad as you imagine, especially if you have the support of the people around you.



Use of terms

Many of the terms used when referring to the reducing or stopping of mental health medication are used in different ways by different people. Sometimes the terms are misused.

Withdrawal symptoms, discontinuation symptoms, dependence and addiction.

There are several terms that are used when discussing the negative effects of reducing or stopping a medication which mean similar things. Examples of this are the terms 'discontinuation' and 'withdrawal' symptoms. Both terms mean much the same thing. In this guide the term 'medication discontinuation symptoms (MDS)' has been used.

People often assume that if they have MDS they are 'addicted'. Discontinuation, or withdrawal, symptoms are a sign of physical dependence, and the concept of dependence or addiction to a substance, including some medications, includes physical dependence. But addiction is much more than that.

The terms 'addiction' and 'dependence' describe a major health problem that includes:

- failing to meet obligations due to the use of the substance
- relationship problems due to the use of the substance
- a loss of control over the use of the substance
- spending less time on important activities because of the substance
- continuing to use the substance despite knowing it is causing serious health problems
- tolerance to the substance and withdrawal symptoms when the substance isn't being used.

Most medications used in treating mental health conditions are not addictive in this sense, even though they can cause discontinuation symptoms (the main exception being benzodiazepines).

MDS are often very distressing. However, applying the term ‘addiction’ to the symptoms of medication discontinuation overstates the impact on people of medications and fails to recognise the full impact of addiction on people, and their family and whānau, as one of the more serious and disabling health problems.

Re-emergence, recurrence, relapse and rebound

- Re-emergence, recurrence and relapse all mean much the same thing and refer to the return of the original problem/issue for which the medication was originally taken.
- Rebound refers to symptoms that are like those for which the medication was originally taken, which can occur soon after the medication is stopped. They are usually short lived and possibly more intense than the original symptoms.

These terms are used in different ways. What is important about them is that they identify two different processes which may appear similar but which need to be dealt with differently.

References

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