

Letters to the Editor

How Long Does Antidepressant Withdrawal Typically Last?

TO THE EDITOR: In the December 2018 issue of the *Journal*, Jha and colleagues (1) claim that antidepressant withdrawal typically resolves spontaneously over 2–3 weeks. They offer only three references in support. Two of these were case reports that included one and three patients (2, 3). In Pyke (3), the withdrawal reaction resolved in 3 weeks, whereas in the case report by Frost and Lal, withdrawal symptoms lasted between 3 and 23 weeks (2). The third reference, a small cohort study of 20 patients by Fava et al. (4), reported that a withdrawal reaction was observed in nine patients (45% of all patients examined), even though the drugs were tapered at the slowest possible pace. The withdrawal syndrome subsided within 4 weeks in six patients (67% of all patients experiencing withdrawal), whereas in three patients (33% of all patients with withdrawal), serious withdrawal symptoms persisted for several months after discontinuation.

Not only did Jha and colleagues select only three studies, representing a total of just 24 patients, but the three studies they present to readers as evidence for their 2–3 weeks claim do not actually support their claim at all. In Frost and Lal (2), the three individual withdrawal reactions described lasted between 3 and 23 weeks, and in Fava et al. (4), withdrawal effects lasted considerably longer than 4 weeks in one-third of patients. Based on this evidence, the conclusion that withdrawal reactions “typically resolve spontaneously over 2–3 weeks” is fallacious and arbitrary. Moreover, two references were merely case reports, which have very little external validity. In our view, it is problematic to quote (or, rather, misquote) such anecdotal evidence to corroborate a controversial claim that should represent the broader antidepressant user population. Although there undoubtedly is a need for more research on this important issue, systematic reviews of the existing literature conclude that withdrawal is common, is often severe, and frequently lasts much longer than merely 2–3 weeks, with and without tapering (5, 6).

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Addressing Clinical Challenges of Antidepressant Discontinuation

TO THE EDITOR: Jha and associates (1), in the December 2018 issue of the *Journal*, addressed the clinical challenges that are entailed when discontinuing selective serotonin reuptake inhibitor (SSRI) medication. The authors cited a systematic review stating that “up to 40% of patients reported new-onset symptoms after abruptly discontinuing SSRIs” (2). Actually, the review concluded that withdrawal syndromes are likely to occur with both abrupt and gradual tapering, without any significant advantage of the latter (2). The idea that by slowly tapering we can avoid withdrawal syndromes is simply not supported by the literature, both in the case of SSRIs (2) and serotonin-norepinephrine reuptake inhibitors (3).

Important clinical challenges were not sufficiently emphasized by Jha et al. (1). First, the duration of withdrawal syndromes is very variable. Symptoms typically ensue within a few days from discontinuation and last a few weeks. However, delayed occurrence and longer persistence of disturbances (months or years) may occur as well (i.e., postwithdrawal disorders) (2–4). Second, in addition to patient preference (1), there are a number of clinical situations (side effects such as gastrointestinal symptoms or bleeding; pregnancy and breastfeeding; onset of hypomania or mania; lack or loss of efficacy; improved clinical conditions) that may suggest interruption (4). Further, SSRIs interact with a number of medical drugs, such as anticoagulants and beta-blockers, and their discontinuation often requires readjustment of