

## Withdrawal symptoms after stopping various types of antidepressant Introduction.

Mona H. Suthar

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Depression in adolescents is a particular example of an emotional and behavioral disorder, and also typical for the puberty period. It is associated with changes in the endocrine system that normally happen during that age. Those changes are due to the development of new cognitive functions and taking new roles in society. During that period, a child achieves an emotional autonomy and formal independence from their family.

Scientific research proves that the mother's depression and her anxiety during pregnancy can be inherited and can cause anxiety and depressive disorders in the newborns.

The scientists also conducted studies of the nervous tissue in deceased people who had suffered from depression before death. An increasing level of stress associated with school, education, competition among the students, and the expectations bar set too high by teachers and parents is being observed.

It includes family problems, traumatic experiences, all kinds of stress, addiction, being overwhelmed with daily duties, insomnia, etc. The scientists from Canada, using some previous research show that alcohol consumption, even in small quantities, may increase the risk of occurrence of the severe depression and suicidal tendencies. Behavioral changes, mood swings, anxiety, physical activity and appetite disorders, stress, drug or alcohol addiction decreased organism's immunity – all of this is inseparably linked with depression.<sup>[1]</sup>

We already know about older advances such as the use of electric shock, modified leucotomy, sleep, and modified insulin treatments in depressive states, but much less is known as yet about the proper use of what may well become another major advance in the treatment of the depressions—namely, the recent discovery of a whole new range of antidepressant drugs.

Anxiety and depressive disorders are often accompanied by a tendency to passivity and withdrawal. It is therefore not surprising that these

patient groups often have reduced physical fitness compared with the general population.

The first publication in a scientific journal of exercise as treatment for clinical depression was published over a century ago. Franz & Hamilton reported favourable outcomes following exercise in emotional, cognitive and bodily symptoms in two severely depressed patients.<sup>[2]</sup>

Self-reports of antidepressant withdrawal symptoms were found on <http://survivingantidepressants.org>

. The information for this study was found in the 'Introduction' area of the website, an online chatroom where individual users introduce themselves to the online community. Users' descriptions of neurological and psychological symptoms indicate experiences that are hard to classify using standard medical technology. Some, such as 'brain zaps' and electric shock-like sensations, have been noted before, but some are less familiar, such as 'brain sloshing,' 'vision lagging behind eye movements' and 'head like cotton balls stuffed in'.

Different classes of CNS drugs may share common withdrawal symptoms, but may also have their own specific withdrawal symptoms. Some initial new withdrawal symptoms common to all CNS drug classes include nausea, headaches, tremor, sleep disturbances, decreased concentration, anxiety, irritability, agitation, aggression, depression, or dysphoria. Other new withdrawal symptoms that may be more specific to a certain class of CNS drugs include lacrimation, rhinorrhea, and sneezing for opiates, paroxysmal sweats for alcohol, and increased appetite for nicotine

New withdrawal symptoms reported with SSRIs include a wide range of symptoms, both physical and psychological. New withdrawal symptoms described in the literature include flu-like symptoms, headaches, nausea, diarrhea, dizziness, decreased concentration, sleep disturbances, dysphoria, irritability, and restlessness.<sup>[3]</sup>

A recurrent disabling withdrawal symptom described in the literature and online by patients is a sensory symptom of electric shock sensations and electric like waves. These specific serotonin-related symptoms include diarrhea, flu-like symptoms, dizziness, myoclonus, electric shock sensations, and premature ejaculation. , major complications of withdrawal may occur, such as seizures, suicide and psychoses , and, in cases of barbiturate or alcohol abuse and death.<sup>[4]</sup>

**Withdrawal** : withdrawal is the combination of physical and mental effects that a person experiences after they stop use or to take or reduce intake of substance such as narcotic drugs, antipsychotic drugs, and alcohol.

#### **Withdrawal Symptoms:**

.There are case reports and one prospective study of mania or hypomania after the withdrawal of either tricyclic antidepressants. This report describes the development of mania after withdrawal from amitriptyline, and hypomania after withdrawal from phenelzine in a 24-year-old woman with a history of longstanding depression. Switching the mood etc.

Some of the symptoms that have been reported by people with depression who have stopped taking their antidepressants could include

Flu-like symptoms, such as dizziness, headache, nausea, weakness, lack of energy  
Difficulty sleeping  
Agitation, anxiety, or restlessness  
Paresthesias or feelings of tingling or "pins and needles"  
Tachycardia or increased heart rate  
Hypertension or increased blood pressure  
Sweating  
Tremors or unintentional trembling or shaking

Nausea, vomiting, or abdominal cramping  
Muscle spasms  
Difficulty urinating

Although there is new adverse effect that is observed in withdrawal symptoms is problem in urinating.

Depression is a common psychiatric disorder seen in primary care practice. In one study 9.2% of patients presenting for the first time to three primary care clinics were found to be depressed. some patients with depression are treated by psychiatrists or other mental health professionals, many are treated by primary care physicians. In fact, about 70% of tricyclic antidepressants are prescribed by nonpsychiatric physicians, mainly those in primary care. It is important, therefore, for primary care physicians to be cognizant of the possible side effects and complications of the use of antidepressants.. It is also called discontinuation syndrome,

antidepressant withdrawal is common. Hardly 20% of people who suddenly stop or drastically reduce their dose after regularly taking antidepressants for at least a month experience withdrawal symptoms. Some drugs have higher rates of withdrawal than others. Antidepressant withdrawal can make you feel edgy and discomfort, insecure.. Patient may feel like he/she have the flu like sluggish with a headache and nausea, have trouble sleeping and concentrating, and experience anxiety and even thoughts of suicide. Antidepressant discontinuation syndrome occurs in approximately 20 percent of patients after discontinuation of an antidepressant medications that was taken for at least six weeks. Typical symptoms of antidepressant discontinuation syndrome include flu-like symptoms, insomnia, nausea, imbalance, sensory disturbances, and hyperarousal. These symptoms usually are mild, last one to two weeks, and are rapidly extinguished with reinstatement of antidepressant medication.<sup>[5]</sup>

There are some physical and mental symptoms are caused by the sudden decrease of the brain chemical serotonin in some newer forms of antidepressants, which regulate the levels of serotonin in your brain to boost your mood. So naturally, when you stop taking them these levels take a dive. Other antidepressants may work by altering levels of neurotransmitters in the brain, which are may also cause discomfort once you stop taking these medications.

Cohen and colleagues found that 68% of the women who were discontinued antidepressant treatment proximate to conception relapsed during pregnancy, approximately 50% relapsed within the first trimester and 90% by the end of the second trimester. Also 60% of the women who discontinued antidepressant treatment at the beginning of pregnancy reintroduced antidepressant therapy during the pregnancy. Another concern is the neonate, as a discontinuation syndrome has also been detected in a small percentage of infants exposed to antidepressants in utero , particularly with SSRI exposure. All antidepressants cross the placenta and therefore all antidepressants potentially carry some risk of a discontinuation syndrome in exposed neonates. Such a syndrome in neonates was first reported by Chambers and colleagues in 1996. <sup>[6]</sup> Antidepressants are one of the most commonly used drug classes in the U.K. and U.S.A., with prescriptions and duration of use rising each year. In the U.K. antidepressant drugs prescribing has doubled over ten years. In the year

2016-17 more than seven million adults (16% of the adult population) were prescribed Antidepressants in England (DHSC, 2018). Similar rates occur in Australia, Belgium, Canada, Denmark, Iceland, Portugal, and Sweden (OECD, 2017, 2018), with the highest being in the U.S.<sup>[7]</sup>

Prescription rates for antidepressants (ADs) are high and increasing. One in eight adults in the USA were prescribed ADs by 2012. In 2016, England had 64.7 million prescriptions for a population of 55.3 million.

There are six withdrawal effects from, and addiction to, antidepressants. The experiences of a large international sample of patients

**Methodology:** Study is done on review articles related to anti depressants drugs withdrawal effects the drugs including serotonin reuptake inhibitor and tricyclic antidepressant i.e. amitriptyline. And on some other antipsychotic drugs. There are some case reports also viewed. We identified relevant studies from various articles.

The inclusion criteria for the review were any research articles published in psychoter and psychosom . , pubmed, Studies were considered for this review if they were randomized, placebo-controlled trials using TCAs and/ or SSRIs The other reviewer independently searched PsycINFO, and Google Scholar but found no additional relevant papers. Searching the bibliographies of the 20 papers also produced no further studies. There is a case report also search on amitriptyline withdrawal. There are case reports and one prospective study of mania or hypomania after the withdrawal of either tricyclic antidepressants. This report describes the development of mania after withdrawal from amitriptyline, and hypomania after withdrawal from phenelzine in a 24-year-old woman with a history of longstanding depression. Switching the mood etc. Self-reports of antidepressant withdrawal symptoms were found on <http://survivingantidepressants.org>. The information for this study was found in the 'Introduction' area of the website, an online chatroom where individual users introduce themselves to the online community. Users' descriptions of neurological and psychological symptoms indicate experiences that are hard to classify using standard medical technology.

There are withdrawals Symptoms are identified in Retrospective Studies. Some withdrawal symptoms in 171 patients who discontinued the treatment with clomipramine and different SSRILike (fluoxetine, fluvoxamine, paroxetine, and sertraline). Symptoms occurred

significantly more frequently in patients who were treated either with one of the shorter half-life SSRI, fluvoxamine or paroxetine.<sup>[7]</sup>

#### **Description :**

The mnemonic aid used in English, FINISH, helps in its timely identification as following.<sup>[9]</sup>

- Flu-like symptoms
- Insomnia (disturbed sleep, vivid dreams/nightmares)
- Nausea
- Imbalance (vertigo, light-headedness)
- Sensory disturbances (electric shock-like sensations, dysesthesia)
- Hyperarousal (anxiety, agitation, irritability, etc.)

#### **RESULT:**

There is one report describes the development of mania after withdrawal from amitriptyline, and hypomania after withdrawal from phenelzine in a 24-year-old woman, and with a history of longstanding depression. Switching from depression to mania or hypomania during antidepressant therapy. She was admitted to a psychiatric inpatient unit with suicidal ideation. She was on amitriptyline 150 mg at bedtime. The patient stopped the amitriptyline and in four days developed mania for the first time in her life. There was no family history of bipolar disorder. Her mania was successfully treated with lithium carbonate 600 mg twice a day surveys suggest higher incidence rates of antidepressant withdrawal effects in general, as well as more severe symptom. These were mainly sleep disorders and nervousness/anxiety. Severe courses involving extrapyramidal motor symptoms (such as parkinsonism and akathisia) or paradoxical activation/mania are known from methodologically weaker studies and case reports.

Antidepressants are associated with discontinuation phenomena. Due to MAO inhibitors, tricyclic antidepressants, paroxetine, and venlafaxine carry high risk.

- With the exception of fluoxetine and agomelatine, antidepressants should be tapered over more than 4 weeks if possible.
- Patients should be informed about rebound phenomena and withdrawal syndromes prior to starting treatment.

● The evidence on rebound phenomena is currently insufficient, despite the fact that this risk is crucial to the indication for antidepressant medication.

Following reduction of their psychotropic dose, 82% of respondent reported the onset of new symptoms. Some of the symptoms experienced by

patients include: agitation, akathisia, anhedonia, anxiety, ‘brain fog’, brain ‘zaps’, compulsive behaviour,

**Withdrawal Symptoms in Case Reports Fluoxetine**  
 Six case reports of fluoxetine withdrawal reactions were retrieved . In all cases, subjects discontinued their medications, and withdrawal symptoms mostly appeared within 2 days, except for 1 patient who reported symptoms 2 weeks after discontinuation. Common symptoms were dizziness, light-headedness, and sleep disturbances. Two subjects also experienced delirium . One patient complained about dystonic reactions , and 1 experienced prolonged rebound cataplexy . The authors did not report information on the duration of the withdrawal syndromes, probably because symptoms were treated reintroducing fluoxetine or administering other drugs.<sup>[17]</sup>

**Paroxetine.** Discontinuation symptoms were reported independently of treatment duration (from few weeks to years) and type of discontinuation (abrupt vs. tapered). Symptoms usually appeared 1 week after discontinuation, except for 1 patient who experienced symptoms after 1 month . The most commonly reported symptoms were dizziness, light-headedness, fatigue, sleep disturbance, and gastrointestinal

disturbance. Less common reactions were ‘electric-shock’ sensation, visual and auditory hallucination , nocturnal enuresis, pruritus , and emesis.

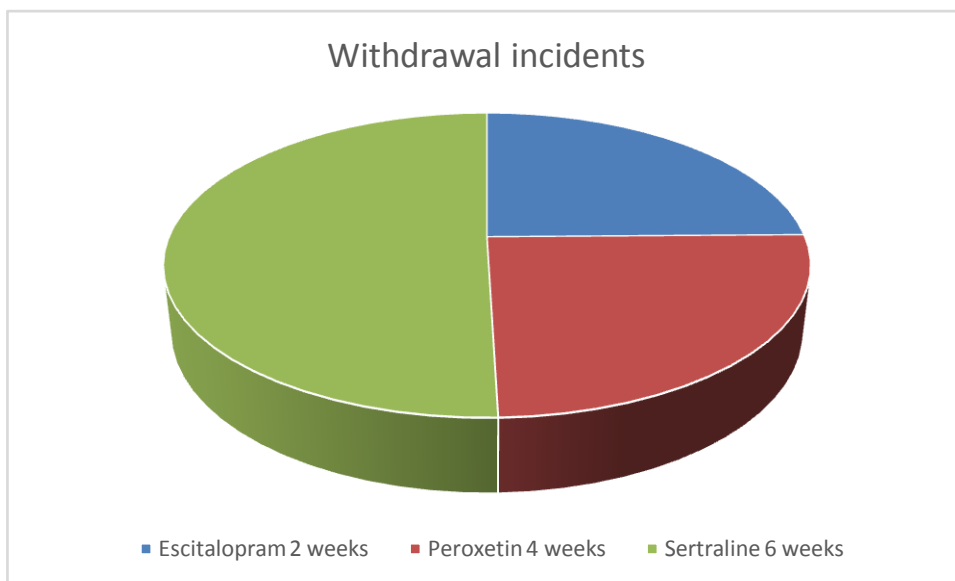
**Rebound Symptoms after Benzodiazepine Discontinuation** are observed, first reported rebound insomnia upon abrupt cessation of a nightly single dose of benzodiazepines after short-term use. This was confirmed by other studies . Rebound anxiety was also observed . It is an acute return of pretreatment anxiety above baseline following benzodiazepine withdrawal, even after short-term use. The symptoms are transient but may last 3 weeks after drug cessation.<sup>[11][12]</sup>

Some other withdrawal symptoms like Sensory Neuromuscular Vasomotor Gastrointestinal Sexual Sleep Cognitive Affective Psychotic Delirium Flu-like symptoms, dizziness/drowsiness, tachycardia , impaired balance, fatigue, weakness, headache, dyspnea Parasthesia, electric shock–like sensation ,reduced concentration Irritability, anxiety, agitation, tension, panic, depressive mood, impulsivity, sudden crying, outbursts of anger, mania, increased drive, mood swings, increased suicidal thoughts<sup>[16]</sup>

- Assessment period observed is 2 to 4 weeks

### FINDINGS

Antidepressant drugs	Abrupt/ Tapered	Withdrawal assessment period	Withdrawal incidents
Escitalopram	Abrupt	2 weeks	27%
Peroxetin	Mixed	4 weeks	27%
Sertraline	Mixed	6 weeks	55%



Most participants felt withdrawal effects and they were observed+ and - . If the drug was create side effects in any article the sign is + if there were not any proof then the sign - .

The + sign means . Withdrawal symptoms observed in article

The – sign means. Withdrawal symptoms not observed.

Symptoms		Ssri	Atypical antidepressant	Tricyclic antidepressant	Mao inhibitors
General symptoms	Flie like symptoms Headache Lethargy	++++	++	-	+
Behavioral	Suicidal thoughts	++++	-	++	+
GIT	Abdominal cramp Abdominal pain Appetite disturb	+++	+	-+	+
Movement	Jerk Parkinson Akthiasia	++	-	+	-
Sensory	Electronic shock Numbness	+++	+	-	++
Balance	Vertigo Dizziness Light headness	+±+++	++	++	+

### DISCUSSION:

Antidepressant discontinuation syndrome occurs in approximately 20 percent of patients after abrupt discontinuation of an antidepressant medication that was taken for at least six weeks. Typical symptoms of antidepressant discontinuation syndrome include flu-like symptoms, insomnia, nausea, imbalance, sensory disturbances, and hyperarousal.<sup>[14]</sup>

Some of the symptoms that have been reported by people with depression who have stopped taking their antidepressants could include. Flu-like symptoms, such as dizziness, headache, nausea, weakness, lack of energy Difficulty sleeping Agitation, anxiety, or restlessness Paresthesias or feelings of tingling or "pins and needles" Tachycardia or increased heart rate Hypertension or increased blood pressure Sweating Tremors or unintentional trembling or shaking.

There are higher incidence rates of antidepressant withdrawal effects in general, as well as more severe symptom. These were mainly sleep disorders and nervousness/anxiety. Severe courses involving extrapyramidal motor symptoms (such as parkinsonism and akathisia) or paradoxical activation/mania are known from methodologically weaker studies and case reports.

Antidepressants are associated with discontinuation phenomena. Due to MAO inhibitors, tricyclic antidepressants, paroxetine, and venlafaxine carry high risk. Mostly withdrawal symptoms occurs due to SSRIs antidepressants

### CONCLUSION

New withdrawal symptoms reported with SSRIs include a wide range of symptoms, both physical and psychological. New withdrawal symptoms described in the literature include flu-like symptoms, headaches, nausea, diarrhea, dizziness, decreased concentration, sleep disturbances, dysphoria, irritability, and restlessness. Other new withdrawal symptoms that may be more specific to a certain class of CNS drugs include lacrimation, rhinorrhea, and sneezing for opiates, paroxysmal sweats for alcohol, and increased appetite for nicotine.

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