

Talking about tapering

Starting conversations with patients about antidepressant tapering can be challenging. Try these approaches:

- ✓ **Ask 'how' and 'what' questions, instead of asking 'why'**
(e.g. How do you feel about your antidepressant medicine? What do you find helpful? What do you not like so much?). 'How' and 'what' questions that are non-judgemental can provide a basis for possible intervention. Starting with 'why' can cause people to respond defensively and make them feel they need to justify or rationalise their actions.
- ✓ **Find out how much patients understand about the risks of long-term antidepressant use and tailor messages about tapering to suit each patient's circumstances.**
Patients may not be aware of the full range of harms, especially older people who may think it is normal to be medicated for depression as they age, so this may require more than one conversation.
- ✓ **Reinforce self-care to support mental health and well-being**
e.g. exercises such as walking or yoga, staying hydrated, eating healthily, and staying connected.
- ✓ **Discuss strategies to help manage withdrawal symptoms**
e.g. cognitive behavioural therapy (CBT), sleep hygiene and relaxation techniques.
- ✓ **Discuss a patient-specific tapering plan and explore ways to support the patient during this process, including involvement of family and friends.**

"What do you know about the long-term use of antidepressants?"

Increasing knowledge about the risks of long-term antidepressant use can encourage patients to reconsider their need for the medicine.

"Antidepressants can help you feel better, but most people only need them for 6-12 months once an acceptable response has been achieved. We only want you taking medicines that are helping you to achieve better health. If you keep taking them beyond the time they are needed, harms may start to outweigh any benefits. For example, in older adults there are potential risks such as sleep disturbance, weight gain, sexual dysfunction, emotional numbing and an increased likelihood of falls, fractures and stroke."

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“How do you feel as we talk about reducing your medicine?”

You need to know your patients are ready, willing and able to begin to reduce their dose.

Understand their concerns and tailor your discussions accordingly. Reassure patients that their medicine will not be taken away immediately and that you will not abandon them during the tapering process.

“Stopping your antidepressant won’t happen overnight, and the time it takes depends on how much you have been taking, how long you have been taking it, and your personal circumstances.”

“We will reduce the dose as slowly as you need to help you manage and maintain your function.”

“You may not be able to avoid withdrawal symptoms. We can help you manage any symptoms if they happen.”

“What worries you about tapering or stopping your antidepressant?”

Allow patients to raise concerns they have about tapering. They may have had past experiences with trying to stop and conversations can be rooted in their experience.

“For some people, thinking about lowering or stopping their antidepressant dose can feel very scary, especially if they have been taking them for a long time. But be reassured it’s never too late to try.”

“It is normal to be concerned about the return of depression or anxiety when considering a dose reduction. Regular check-ups will help us monitor for any signs of recurrence.”

“Let’s focus on your goals. What do you want to be able to do day-to-day that you can’t do right now?”

Inquire directly about patients’ expectations around day-to-day activity and functionality. Having a common understanding is important to establish realistic treatment goals and set criteria for success.

“Your goals can be as simple as keeping active through gardening, walking the dog around the block, or connecting socially with others by volunteering or joining a local community group. The main aim is to help you find the right balance of medication to best manage your mental health.”