When to stop medication for Depression and Anxiety? : Developing an Exit Strategy

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NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

THE OHIO STATE UNIVERSITY
COLLEGE OF MEDICINE

CME Disclosures:

- I have no financial relationships to disclose

- The off-label use of medication will be discussed

Learning Objectives:

1) Understand how the expected course of illness for Depression and Anxiety influences the timeline for stopping medication

2) Identify the signs of readiness

3) Determine the ideal time for stopping

4) Create the plan for weaning/stopping

5) Discuss strategies for managing obstacles

When should I think about weaning/stopping?

- When starting a medication
- Every follow-up appointment

Rationale for timing is tied to course of illness

Major Depressive Disorder: Lifetime prevalence: 11%

- Median duration of an episode
  - -1-2 months: Community sample
  - -8 months: Clinical sample
- ~10% of cases become chronic
  - -Higher probability of comorbid conditions
  - -Decreased probability that treatment ->full symptom resolution

Quick refresher: Persistent Depressive Disorder

Typical Duration: 3-4 years

1) Depressed/irritable mood for most of the day for more days than not x 1 year
2) 2 or more of the following
   - Low energy or fatigue
   - Poor concentration or difficulty making decisions
   - Poor appetite or overeating
   - Insomnia or hypersomnia
   - Low self-esteem
   - Hopelessness

Can have periods without these but NOT more than 2 months at one time

Rationale for timing is tied to course of illness

Major Depressive Disorder: Highly recurrent

- First 1-2 years: 20-60%
- After 5 years: 70%
- Risk factors for recurrence:
    - Greater severity
    - Multiple recurrent episodes
    - Residual subsyndromal symptoms
    - Negative cognitive style
    - Family dysfunction
    - Exposure to ongoing stressors/trauma

Goals for treating Major Depressive Disorder

1) Get symptoms into remission!

2) Keep symptoms in remission x 6 – 12months***
   - Continuing medication: lowers risk and delays time to relapse/recurrence
     - Medication > Placebo
     - Medication + CBT > Medication alone

*** Consider longer for: greater severity, longer duration, higher number of recurrences

Quick break: How do I tell my patient is in remission?

Antidepressant Treatment Phases

1st: Acute – Achieve

- Response: > 50% reduction in symptoms x 2 weeks
- Remission: > 2 weeks but < 2 months with minimal symptoms

Relapse: new episode during remission

2nd/3rd: Continuation/Maintenance – Prevent **relapse** and **recurrence**

- Recovery: > 2 months with few to no symptoms

Recurrence: new episode during recovery

Quick break: How do I tell my patient is in remission?

1) Depression Symptoms:

Research: Children's Depression Rating Scale-Revised (C-DRS-R) – Score reduction of > 50% from baseline

Real world: Standardized rating scale (PHQ-9 for example)

2) Functional outcomes:

- quality of social interactions
- academic performance
- perceived enjoyment of activities
- age-appropriate participation in ADLs
- suicidality or suicidal behavior

Rationale for timing is tied to course of illness

Anxiety Disorders: Lifetime prevalence: ~20-30%

- Median age for onset ~ 11 years
- Course: chronic with waxing and waning
- Goals for treatment: Remission★ of symptoms

  -Continue medication for an additional 12 months

Signs your patient is ready

- ☑ Symptoms in remission for the recommended length of time
- ☑ Patient has the necessary skills to be successful
- ☑ Patient/guardian have experienced at least 1 stressor
- ☑ Patient is on board with stopping/weaning medication
  - This discussion starts when the medication starts
- ☑ Guardian(s) is on board with stopping/weaning medication
  - This discussion starts when the medication starts

When's the ideal time to start this process?

The least stressful time possible

- **Not** ideal times
  - -August 1st – October 1st: Start of school
  - -Mid November – Mid January: Holidays, Exams
  - -May: Exams
  - - Other factors to consider
    - Summer camp/Vacation
    - New Job/Move
    - Medical procedures/illness
    - Are guardian and child going to be together?

This doesn't leave much time . . .

Possible time frames:

1) February – early May
2) Late May – Late July/early August
3) October – December

Creating the plan

Factors to consider:

1) How anxious is the family?

   - ↑ Anxiety = ↑ Duration of wean

2) Which medication is being weaned/stopped?

   - Fluoxetine → Fast

     *Does fluoxetine really need to be weaned?

   - Sertraline, escitalopram, duloxetine → Medium

   - Venlafaxine → Slow

3) How long has the child been on the medication?

   - ↑ Duration = ↑ Duration of wean

4) How much time do you have to complete the process?

Creating the plan – Example 1

- **June 1st**: 15yo patient with Major Depressive Disorder in remission x 12 months. Taking sertraline ★ 100mg once daily.
- Guardian is extremely anxious about weaning/stopping the medication. Teen is ready to stop and would like to be off as soon as possible.
- **Options**:

A. Sertraline 50mg tablets: 75mg x 1 month
50mg x 1 month
25mg x 1 month THEN STOP

Feedback: Extremely conservative wean
Too slow for teen

★ Off-label use

Creating the plan – Example 1

B. Sertraline 50mg tablets – 75mg x 2 weeks
50mg x 2 weeks
25mg x 2 weeks THEN STOP

Feedback: Less conservative but still on the slow side
Likely a good compromise for parent and teen

C. Sertraline 50mg tablets – 50mg x 2 weeks
25mg x 2 weeks THEN STOP

Feedback: Rapid wean – would not go any faster

Creating the plan – Example 2

- **October 15th**: 11yo with GAD whose symptoms have been under good control x 12 months. Did well with the start of the school year. On fluoxetine 30mg once daily.
- Parent is anxious about stopping the medication and patient doesn't voice an opinion.
- **Options:**

  A. Stop fluoxetine

  Feedback: Medically speaking, this is a reasonable option. In an anxious parent and/or child recommend weaning.

Off-label use

Creating the plan – Example 2

B. Fluoxetine 20mg capsules: 20mg x 2 weeks

10mg x 2 weeks THEN STOP

Feedback: Very reasonable wean. No need to go any slower unless previous wean was unsuccessful

C. Fluoxetine 20mg capsules: 20mg x 1 week

10mg x 1 week

Feedback: Very reasonable wean.

Creating the plan – Example 3

- **January 30th:** 13yo with Major Depressive Disorder in remission x 8 months. On escitalopram 10mg x 10 months.
- Parent/teen ready to be off medication.
- **Options:**

A. Stop escitalopram

Feedback: Medically speaking, this is a reasonable option. In an anxious parent and/or child recommend weaning.

B. Escitalopram 5mg tablets: 5mg x 2 weeks THEN STOP

Feedback: Very reasonable wean. No need to go any slower unless previous wean was unsuccessful

Creating the plan – Example 4

- **August 1st**: 17yo with history of MDD and GAD in remission x 18 months. Has been on venlafaxine ER (Effexor XR) 150mg x 24 months.
- Teen is demanding to come off the medication despite the start of senior year only weeks away; however, is agreeable to weaning. Parent would prefer teen remain on medication but consents to the wean.
- Information about venlafaxine ER (Effexor XR)
  - -Dose range: 37.5mg – 225mg once daily
  - -Dosage forms: 37.5mg, 75mg, 150mg capsules

Off-label use

Creating the plan – Example 4

- **Options:**

A. Effexor XR: 37.5mg + 75mg capsules: 112.5mg x 1 month
75mg x 1 month
37.5mg x 1 month THEN STOP

Feedback: This would be ideal to lower risk of withdrawal.

B. Effexor XR: 37.5mg + 75mg capsules: 112.5mg x 2 weeks
75mg x 2 weeks
37.5mg x 2 weeks THEN STOP

Feedback: Would not go any faster

Managing obstacles – Example 1

- **<u>August 1st</u>:** 17yo with history of MDD and GAD in remission x 18 months. Has been on venlafaxine ER ★ (Effexor XR) 150mg x 24 months.
  - She chose Option B - Effexor XR: 112.5mg x 2 weeks
    75mg x 2 weeks
    37.5mg x 2 weeks THEN STOP
- **<u>August 8th</u>:** Urgent appointment – Teen thought it unnecessary to take 112.5mg for 2 weeks and started 75mg yesterday.
  -Now complaining of headache, dizziness, fatigue, and irritability

★ Off-label use

Managing obstacles – Example 1: Discontinuation Syndrome

Flu like symptoms

Physical	Psychiatric
Dizziness	Anxiety
Chills	Irritability
Fatigue	Sensory disturbances
Headache	Agitation
Nausea, vomiting, diarrhea	Insomnia
Imbalance	Electric shock-like sensations ("brain zaps")
Vertigo	
Paresthesia	
Lethargy, Malaise	

Managing obstacles – Example 1: Discontinuation Syndrome

- Normal physiologic response
- Occur within days of stopping medication that patient has been on for ≥ 4 weeks
- Usually mild and self-resolves
- NOT an indication that patient is "addicted" to medication

  *SSRIs are NOT addictive

  - No associated euphoria
  - No impairment in occupational/social activities
  - No cravings
  - Patients do not spend a large amount of time using/obtaining

Back to the patient . . .

- Teen is very uncomfortable and is agreeable to returning to the original plan: 112.5mg x 2 weeks

  75mg x 2 weeks

  37.5mg x 2 weeks THEN STOP

- Recommend she restart the wean
- **August 15th** (1 week later): symptoms have resolved
- **October 1st:** Tolerated the remainder of the wean without difficult

Managing obstacles – Example 2

June 1st: 15yo patient with Major Depressive Disorder in remission x 12 months. Taking sertraline ★ 100mg once daily.

- Guardian anxiety; teen wants off
- Plan: 75mg x 2 weeks
  50mg x 2 weeks
  25mg x 2 weeks THEN STOP

June 30th: Mother calls and reports patient's depressive symptoms have returned: +irritability, anhedonia, insomnia, ↓ appetite

- Not wanting to go to school; isolating self
- Currently on 50mg daily and supposed to be starting 25mg tomorrow

Managing obstacles – Example 2: Recurrence

- Depression symptoms are recurring
- Recommend returning to 75mg once daily

  -If symptoms are not improving within 2 weeks would consider increasing back to 100mg once daily

- Since this is a recurrence of symptoms would consider waiting for at least 6-12 months of remission before attempting to wean

  -Would consider a slower wean: 75mg x 1 month

  50mg x 1 month

  25mg x 1 month THEN STOP

Managing obstacles – Example 3

- **October 15th**: 11yo with GAD whose symptoms have been under good control x 12 months. Did well with the start of the school year. On fluoxetine 30mg once daily.
- Parent is anxious about stopping the medication and patient doesn't voice an opinion.
- Patient was weaned off fluoxetine over a 1-month period
- **December 10th:** Receive a My Chart message from parent who wants to restart fluoxetine immediately. Over the past 2 weeks patient has been increasingly anxious and refusing to attend family holiday functions. Parent reports these symptoms are similar to what was seen in the past.

Managing obstacles – Example 3: Importance of therapy

- **Telephone call with parent:** Family has been attending multiple social events over the past month.
  - -Routine interrupted
  - -Not receiving sufficient sleep: worrying at bedtime
  - -Recent illness
- **Recommend**: Implementing techniques family learned in therapy
  - -Reinstate worry time & provide more time to sleep
  - -Reinstating routine and providing patient with a heads-up about changes
  - -Restart family code word to be use when a break is needed

Managing obstacles – Example 3: Importance of therapy

- **December 20th:** Receive a My Chart update - parent reports significant improvement in symptoms
- When starting wean:
  - -Normalize increases in anxiety around typical stressors
  - -If patient has graduated from therapy – review skills that have been helpful in the past
  - -Remind family NOT to restart medication without talking with your office first
    - -Oftentimes medication does NOT need to be restarted

Questions?

References

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