**A Personal Account of Reducing and Stopping Antidepressant Treatment**

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**Abstract**: Having responded well to an antidepressant I was determined to continue treatment for six months, to increase the probability of a full and lasting recovery. My productivity at work and confidence in social situations increased and it seemed easier to talk about emotional matters. Side effects became gradually less bothersome, though at times I was somewhat apathetic. Escitalopram may have helped to reduce long-standing back pain and niggly acoustic problems. Some symptoms appeared whilst I reduced the antidepressant dosage steadily: these were mild and resolved swiftly, but a few were quite puzzling. I hope this experience will enhance my understanding of the concerns of patients as they approach the end of a course of medication, and contribute to discussions of how to assess and manage symptoms that occur on and after stopping antidepressant treatment. (*134 words*)

**Key words**: depression, antidepressant, discontinuation, withdrawal, medical humanities, narrative medicine

**Conflicts of Interest**: I work within a specialist service for patients with affective disorders, have researched and prescribed antidepressant medicines, was President of Depression Alliance and am a Medical Patron of Anxiety UK. I strive to provide comprehensive patient-centred clinical care, and adhere to no particular ideology about the nature, causes or treatment of mental disorders.

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My first personal account of depressive illness and its antidepressant treatment described the nature and causes of my depression and the relief of depressive and anxiety symptoms over twenty-eight days with the selective serotonin reuptake inhibitor (SSRI) escitalopram (Baldwin, 2019). This second personal account, situated within a broader context of societal unease in a critical political period, comprises a retrospective view of the course of the subsequent six months of continuation therapy, a prospective description of the effects of reducing the dosage of escitalopram over nine days, and consideration of my experiences during the first twenty-eight days after stopping treatment. I used the Discontinuation Emergent Signs and Symptoms (DESS) checklist (Rosenbaum, 1998) repeatedly, to monitor the duration and intensity of psychological and physical symptoms on and after stopping treatment: and became more aware of its limitations for assessing experiences that either emerge or return after a medicine is withdrawn. A few simple measures seemed beneficial in easing the process of stopping antidepressant treatment.

**A retrospective on six months of continuation treatment**

There were some days when I felt unhappy and sluggish. These made me worry whether I might relapse: my response at first felt rather fragile. Physical events such as dehydration, sunburn or stomach upset could be followed by 1-2 days of low mood, grumpiness or apathy. However, I became gradually more robust, and neither the shortening of daylight hours during the winter months nor the need to travel across time zones were perturbing. However, I was still able to feel unsettled by challenging events: our decision to adopt a rescue puppy (‘Honey’) led to some disturbed nights and worrisome days; and giving evidence to a formal enquiry into the hazards of exposure to valproate-containing medicines during pregnancy provoked understandable anxiety.

Whilst depressed, I could not devise a research protocol, write a manuscript, or prepare a lecture: having responded to treatment, I could describe my research findings in national and international meetings without difficulty. It was easier to ‘clear my desk’ towards the end of the working day, and I seemed to achieve more at home in the evening. Regular attendance at Quaker meetings afforded time for quiet contemplation. It felt easier to relax in social gatherings and my mind wandered less whilst enjoying films or music. I found myself with fewer uncharitable opinions about others. I learnt to choose affirmative activities and to avoid looking into the arenas of trolling and antipsychiatry. Talking to friends and colleagues about my experience of depression and treatment was not hard, and everyone was kind and encouraging.

I am quite fastidious and our morning domestic routines are not interrupted by children, so it was easy to remember to take the 20 mg tablet each day, immediately after breakfast. As the weeks passed, the initial side effects of escitalopram were gradually less noticeable, without disappearing completely. I perspired more than usual at night, my dreams seemed especially vivid, and urethral sensation was reduced. At one stage, successive nights were punctuated by jerky leg movements whilst asleep, which made me wonder if the escitalopram dose was too high, but these stopped within a week despite continuing the same dosage. Ejaculation took longer than before but this was not distressing or an encumbrance. Towards the end of the six months, I felt oddly unenthusiastic about resuming cycling, even though Spring had arrived. I presumed this indicated some form of ‘blunting’, which made me keen to complete rather than prolong treatment.

**Preparing for and then reducing the antidepressant dosage**

*Preparatory Day 1*. I have undergone escitalopram treatment for two hundred days. Despite occasional needless worrying, I feel happier, more robust and generally hopeful, and less irritated by hassles. For the first time I do not remember my tablet until late in the day. I have minor urogenital dysfunction and surprisingly vivid dreams, but no troublesome concerns. I am exasperated whilst watching a fly-on-the-wall TV documentary about Brexit negotiations from the EU parliamentary perspective, which illustrates the arrogant ineptitude of the British team.

*Preparatory Day 2*. It is already far into May, but Summer is hiding bashfully behind curtains of showers. I usually love the light evenings of this month, so will want to spend much time outside once the sunshine appears. Honey slipped her lead to career up and down a one-way street with exuberant abandon, causing a minor traffic incident, and a sense of helplessness.

*Preparatory Day 3*. I am more optimistic about our ability to nurture Honey, and feel ready to reduce and stop treatment. Reading *Silent Spring* (Carson, 1965) is hard work, at first. Its prescience is awesome but the appraisals of empirical data and comments on social structures sometimes seem naive. An accompanying commentary warns about the hazards of pitting unfashionable opinions against uncritical simplifications, which has a certain resonance.

*Preparatory Day 4*. Friends join us to walk north of Table Mountain, in golden sunshine. It is good to discuss the effects of antidepressant treatment with a psychotherapist and its imminent discontinuation with another psychiatrist. Welsh choral singing from the nearby pub enchants me as I take Honey for her pre-bedtime walk, and I already feel a strong desire to return to this beautiful town.

*Preparatory Day 5*. It was hard to end our holiday and leave Crickhowell when everything looked so beautiful, but I am pleased to return home, despite the need to launch into a succession of post-holiday chores. The sight of a fire engine, police car, and constable standing sentinel outside a nearby house during a late evening walk makes us worry that its owner might have committed suicide. There seems no other possible explanation.

*Reduction Day 1*. The day has come. I try to ensure the escitalopram dosage is exactly 15 mg, but it is tricky to cut a 20 mg tablet into the necessary four equal segments. I experience no obvious immediate symptoms during a long working day, clear an e-mail backlog, and enjoy our departmental medical humanities group. However, the day ends gloomily, learning that the neighbour had indeed died, probably through intentionally inhaling car exhaust.

*Reduction Day 2*. An afternoon meeting about a proposed audit of unexpected deaths among undergraduates makes me doubt our institutional ability to gather all the necessary information. I experience curious though mild and intermittent symptoms: left thumb throbbing, tingling in the soles of the feet, stomach rumbling, and a felt need to move my right hand repeatedly from side-to-side at the wrist whilst watching a film.

*Reduction Day 3*. The dose reduction is progressing smoothly. I work at home, reviewing manuscripts and amending parts of a postgraduate thesis on sexual function in patients with anxiety disorders. Warm late afternoon sunshine makes me perky and playful. Free-flowing evening conversation in the Meeting House kindles my desire to read *Science and Poetry* (Midgley, 2006), so I order a copy once home.

*Reduction Day 4*. I reduce the dosage to 10 mg, then feel unease during a full clinic of despondent and suicidal outpatients. Driving home, I am brought near tears by the melancholic beauty of *Just Like Heaven*, and remember that my ‘The Cure phase’ lasted almost twenty years. Back pain worsens and I brood on whether antidepressants had somehow ‘anaesthetised’ me. I fear having to choose between feeling ‘blunted’ and being unhappy. I do not know whether these feelings are discontinuation symptoms or augurs of relapse: if the latter I would not rush to resume treatment. My mood lifts during our book group, as everyone enjoyed the progress towards emancipation of Ugla in *The Atom Station* (Laxness, 2004).

*Reduction Day 5*. Slight irritability and ignoble scolding of Honey in the morning, and some light-headedness in the afternoon, thankfully without dizziness or vertigo. But my mood is brighter than yesterday and I stay awake savouring the wistful poignancy of *The Children Act* (McEwan, 2014) into the early hours.

*Reduction Day 6*. A third day of 10 mg. I have no concerns during morning chores or whilst enjoying an afternoon seminar at the Quaker Meeting House, with its communal and enlivening atmosphere: but it is hard to maintain order in our home, where Honey almost bites an evening guest.

*Reduction Day 7*. I reduce the dosage to 5 mg. Some abdominal ‘knotting’ and a brief grinding headache, both insufficient to hinder my enjoyment of a robust Sunday lunch. I feel rather inert, lacking in vitality, and sleep in the afternoon: perhaps due to the glass of wine. Honey is restless and crotchety, but endearingly frightened of a trapped wasp.

*Reduction Day 8* The second day of 5 mg. Noticeable abdominal discomfort in the morning, which disappears quickly once I focus on it, and some mild ‘neuralgia’ in the toes of my right foot: but I get much done before leaving to attend an afternoon committee meeting in London. I enjoy supper with my daughter and niece, then watch Apartment House play *Quatuor pour la Fin du Temps* at Cafe OTO: how impressive that Messiaen could write and perform the work whilst detained as a prisoner-of-war.

*Reduction Day 9*. The last day at the lowest dosage: my antidepressant treatment is complete. I feel light-headed on standing after prolonged sitting at a desk or driving, but have no other symptoms. Much good news at work: a talented, personable trainee will return to work within the Mood Disorders Service; all the reviews of an MRC Fellowship proposal submitted by another trainee are encouraging; our PhD students are making good progress; and a colleague has been promoted to Professor of Child Psychiatry. Hooray!

**Having stopped antidepressant treatment**

*Day 1*. I mark the first day in seven months without an antidepressant by taking annual leave. The light-headedness continues, but is only mild and does not interfere with any activity. Whilst walking through Hinton Ampner estate, Honey is swiped by an irascible cat, then scrutinised by a curious cow. Later, it feels good to cycle the same route as on my first day of treatment, again looking up and out at the countryside: and bedtime intimacy is characterised by increased sensation and easier ejaculation.

*Day 2*. I feel light-headed each time I rise after sitting more than thirty minutes, and sense that my eardrums are going in and out, like on a plane or whilst listening to loud music. These symptoms are more noticeable than yesterday but remain mild and do not interfere with a four-hour morning clinic, an afternoon of rather tedious administrative work, or a brisk evening walk. It seems hard to believe the contention that symptoms such as these could lead a doctor to reinstitute antidepressant treatment.

*Day 3*. A morning of intermittent ear squelching and light-headedness, then migraine-like visual scintillations and fortifications (with no headache), which force me to lie down. My office is hot and airless, I was probably hypoglycaemic (seven hours since breakfast, and eating a sandwich quickly relieves my symptoms), and was worried about Honey, who was spayed that morning. I have a migraine every few years, but these symptoms may relate to ending escitalopram. Theresa May resigns, so ensuring further months of Tory infighting.

*Day 4*. We tend to Honey in her convalescence, and I cycle to Cheriton in warm sunshine, finding it easier than a few days ago. Some further squelching and light-headedness, but these personal concerns seem only minor when compared to the distress of a friend whose ailing husband requires urgent aortic valve repair, or to the privations experienced by destitute drug users, described passionately by our rather garrulous South African advocate friend, who arrives chaotically, talks enthusiastically, and stays the night.

*Day 5*. Twenty-five years since the M25 accident that fractured four of my cervical vertebrae. During the Friends Meeting, I feel prompted to praise the kindness of the stranger who rescued me. Watching *Peterloo* affirms my commitment to counter social inequality, and the European Union election results emphasise the pressing need to counter contemporary xenophobia. I realise my current ear problems are similar to those three years before, when diagnosed with ‘Eustachian tube dysfunction’: had they been suppressed by SSRI treatment, and if so, were they psychological in origin? I dream of falling, incoherence and incontinence.

*Day 6*. Pulsating ear squishing makes me feel as if I am listening to Kraftwerk. The Bank Holiday provides the chance to catch up with chores and reading whilst caring for Honey. I feel gloomy whilst reading *Illuminations* (Walter Benjamin, 1970), ruminating on the author’s fatal morphine overdose after the loss of his treasured library and when confronted by imminent incarceration by the Gestapo. When my wife returns from a much-deserved day away with her best friend, I am disappointingly fractious.

*Day 7*. Ear squelching whilst talking, listening and moving: I just note its presence and wait for it to disappear (it usually does within a few seconds). The Labour Party expels Alastair Campbell after he admits he voted Liberal Democrat in the European elections: quicker than the expulsion of other party members who make anti-Semitic statements. A brief meeting at the College is followed by a long delay outside Basingstoke station, so I start *Ghosts of my Life* (Fisher, 2013), enjoying its mix of personal reflection, K-punk journalism, and Marxism-inspired cultural theory: then brood on the author’s suicide when only 48 years old.

*Day 8*. I realise that continuing escitalopram had exerted two unanticipated effects: it was helpful in minimising long-standing back pain; and kept my weight constant despite the return of gargantuan appetite as the depression resolved. It is good to see long-standing friends in the evening, although I probably shared too many misgivings about managing our menagerie. I have unsettling dreams of the violent dehiscence of Honey’s surgical wound, with bowel disgorgement and the need for her to be ‘put to sleep’.

*Day 9*. Some light-headedness on a hot and humid day. The new Position Statement on antidepressants from the Royal College of Psychiatrists receives balanced coverage in newspapers and on the BBC. Despite contributing to the statement, I choose not to read any of the sniping social media commentaries. My outpatient clinic is shorter than usual, so I participate in mandatory ‘conflict resolution’ training: which includes nothing about how best to respond when being trolled on-line.

*Day 10*. A frustrating day working at home, with unwanted rescheduling of an annual appraisal meeting: I feel slightly dysphoric but have no major concerns, and ear squelching is less frequent. Two visitors to the house become tearful: the first whilst sharing her experience of depression, the second when describing the terminal illness of her dog. ‘We are all wounded; we all feel inadequate and ashamed; we all struggle. But this is part of the human condition: it draws us together, helps us to find our connectedness’ (Ellis, 1986). My experience of depressive illness appears to make it easier for others to share their unhappiness with me.

*Day 11*. The urogenital side effects of escitalopram have resolved. Bladder emptying is at full force, penile sensation has returned, and ejaculation has an almost adolescent urgency. The ear squelching is infrequent, but more likely after an alcoholic drink and possibly related to histamine release. I attend Liberal Democrat hustings with Jo Swinson and Ed Davey, and leave believing Jo could be the more effective opponent if Boris Johnson replaces Theresa May. Honey attracts admiring glances whilst visiting an outdoor art exhibition.

*Day 12*. Joyful ministry during the Friends Meeting balances the troubling themes of shame and guilt within the oddly gloomy Yearly Meeting epistle. I consider writing to John Crace at *The Guardian,* applauding his weekly diary with its disarming disclosure of personal frailties. Watching the Truffaut film version of *Fahrenheit 451* makes me treasure the importance of literature, in resisting state-mediated consolations and simplifications.

*Day 13*. I again wonder whether escitalopram had been effective in minimising previous symptoms of ‘Eustachian tube dysfunction’, though my current ear squelching could be related to stopping treatment. Work seems bedevilled by complex and insoluble problems. Home life is not much better, as we appear to have overestimated our ability to manage down the ongoing and distressing dog-cat standoff.

*Day 14*. One consequence of having fared well with antidepressant treatment is my wish to talk openly about this experience with colleagues: I describe it to the College President over lunch, after a Psychopharmacology Committee meeting. Once home I spend much time completing and uploading documents for my rearranged annual appraisal. The ‘Change UK’ political platform collapses only a few months after its construction.

*Day 15.* An unhappy day. It feels impossible to accomplish much at work, and it is a relief to travel to the Royal Society of Medicine for its evening lecture on the medical history of Croydon airport. The need to return home promptly makes me rather despondent about our new pattern of life. I remain vulnerable to marked dips in mood and pessimistic thinking, and when thus affected feel inarticulate and incompetent.

*Day 16*. Only slow progress in preparing for my appraisal and an imminent talk in Italy, and worsening back pain makes me book an appointment with a chiropractor. I am irritable and unhappy, but do not feel depressed. Two guests come for dinner: their worries about severely ill, hospitalised husbands help me to place my minor concerns in a better perspective.

*Day 17*. An early morning visit from the dog behaviourist instils much hope about Honey, and at work the path towards General Medical Council revalidation seems simple and clear. I feel brighter, despite back pain. It is good to realise that the dejection and dysphoria of the last two days resolved without relapse into depression.

*Day 18*. Kind friends have encouraged us to stay in their flat in Bristol. I am ignobly irascible *en route* but feel delightfully calm once there. It is good to have this brief time away from the disruption and stress at home. I feel enormously proud of my son, when he joins us for dinner.

*Day 19*. Lovely morning sunshine as we are welcomed at Redlands Friends Meeting House. It is fun visiting the University of the West of England undergraduate art exhibition. Honey is bouncily pleased to see us, having stayed with a besotted dog-minder.

*Day 20*. Much media interest in a likely statement from the European Medicines Agency on ‘post-SSRI sexual dysfunction’. Between meetings and patients with complex comorbid physical conditions, I read the limited evidence and provide an explanatory statement, but only half is printed. I become tearful whilst watching a programme highlighting clandestine exports of UK ‘recyclable’ plastic waste to dump-yards in Malaysia.

*Day 21*. The *Daily Mail* warns that being on antidepressants increases the risk of dementia, grandstanding a paper with perplexingly massive flaws: what is going on? I spend the whole day in my office developing my talk and feel much less hassled in the evening, working companionably side-by-side with Honey, who inspires a haiku: ‘though her jaws crushed my/old napkin ring I embrace/ and love our puppy’.

*Day 22*. Reviewing a sketchy polemic against antidepressants for the *British Journal of Psychiatry* makes me fear that much recent antipsychiatry cant is entering uncritically into our secondary literature. I finish my talk for tomorrow, whilst trying to counter an email tsunami. The chiropractor elicits satisfying clunks, and bedtime intimacy does not seem troubled by post-SSRI sexual dysfunction. I wonder if I am too demented to notice.

*Day 23*. A flight to Malpensa is uneventful. My reflections on the comparative effectiveness and acceptability of differing antidepressant treatments seems to be well received by the Milanese psychiatrists. I enjoy the conference dinner in warm evening sunshine and am pleased to hear that one of our former EU-sponsored exchange researchers is now married, to a poet.

*Day 24*. I ponder on the circumstances of my car accident and regret some actions and poor decisions made around that time. I finish *The Garden of the Finzi-Continis* (Bassani, 2007) over lunch, discussing it with the waitress. We agree that it portrays difficulties in finding truth among fragmented memories and moral dilemmas. Seating issues delay the flight home. The dog behaviourist has designed what appears to be a naively optimistic programme.

*Day 25*. We spend almost all day driving to and from east Kent to visit my elderly aunt, who has pyrexia of unknown origin and persistent malaise. Honey plays well with my aunt’s Corgi, making it easier to envisage our ability to manage future crises. Concerns about the welfare and uncertain trajectory of another family member trouble our journey home.

*Day 26*. Fathers’ Day. Agitation eases during the early Meeting. My wife and I are welcomed enthusiastically to a celebratory gathering in the Hindu temple in Southampton, and are fed an enormous tasty lunch. My son arrives for an evening roast dinner having driven in atrocious weather conditions. I feel loved, and stuffed.

*Day 27*. Near-constant dampness and pervasive greyness are discouraging in the period when we should enjoy long warm evenings. I feel as if I am missing deadlines, am disappointed when a second chiropractor session produces no obvious immediate benefit, and become tearful again, when watching a second BBC programme about plastic waste.

*Day 28*. It is good to have coffee with my daughter at Waterloo, before a College meeting. Some proposed changes to the reporting of the National Clinical Audit of Anxiety and Depression seem inappropriate, and I wonder whether I should offer to resign. Our excellent Academic Clinical Fellow has prepared well for an imminent MRC Fellowship interview. The remaining five contenders in the Tory leadership contest look like a hapless and superannuated boyband.

**A personal reflection on the symptoms that occurred on and after stopping escitalopram**

I took escitalopram at its maximum recommended daily dosage for approximately two hundred days. It did not feel onerous to reduce the dosage over nine days, and symptoms during this period and over the next 28 days were not distressing: I was fortunate, as many patients have a different experience (Baldwin et al., 2007). Most of the symptoms which emerged (headache, stomach cramping, and light-headedness) were similar to those which occurred in the early days of treatment. I attribute the migraine to a long period without eating, working at a desk in a hot and stuffy room, whilst worrying about the welfare of Honey. The ‘ear squelching’ was surprising, although I had that problem some years before I became depressed, and it feels incorrect to ascribe that to stopping escitalopram. Subsequence need not imply consequence.

The DESS checklist has many limitations. It is a ‘checklist’ rather than a severity rating scale, so is unable to grade the intensity of individual symptoms as mild, moderate or severe, and cannot distinguish between transient or more persistent experiences. Some of my symptoms (for example, my felt need to move my right hand repetitively) could not be assessed with the scale in its current format. There is a need for a more inclusive scale, which provides a composite score based on severity, duration, and distress: although such a quantitative scale may not ‘capture’ the full subjective experience. The designation of a ‘discontinuation syndrome’ as the presence of four or more checklist items has been adopted in some research settings: my symptoms met that criterion on five days. However, the coexistence of four mild complaints may be less important than, say, the simultaneous occurrence of two severe symptoms.

I found it curious that attending to a symptom seemed to facilitate its resolution, as typically patients are discouraged from focusing on somatic complaints. It is possible that the unusual symptoms could have resolved quickly regardless of this attention, although my experience suggests adopting a ‘mindful’ approach might be helpful in ameliorating at least some of the symptoms that can occur whilst reducing and stopping an antidepressant. This makes me wonder whether mindfulness-based therapies might have a role in helping other patients as they stop pharmacological treatment.

Antidepressant treatment may have saved my life. It was a blessing to respond quickly, to tolerate medication fairly well, and to stop it without much difficulty. I feel enormous gratitude to the laboratory neuroscientists and pharmacologists who developed the medicine and to the doctors and regulators who undertook and appraised the necessary treatment studies that led to it becoming available for clinical use. My wife, family, friends and Friends were all encouraging and supportive. Many depressed patients are not as fortunate. I would not wish depression on anyone: but in some way, I have benefited from the experience of depressive illness and antidepressant treatment. ‘Trouble of soul can teach us things that raptures never could – not only patience and perseverance, but humility and sympathy with others’ (Grubb, 1933).

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