The Difficulty in the Diagnosis and Management of Antidepressant Discontinuation Syndrome

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ABSTRACT:

Background: Antidepressant discontinuation syndrome (ADS) is a condition that occurs in about 20% of patients following the abrupt reduction/stoppage of any antidepressant medication that has been taken continuously for at least 1 month. The difficulty of diagnosing ADS lies in the fact that the symptoms tend to be mistaken for other illnesses. Symptoms are commonly variable per individual, and the staggered presentation of symptoms can contribute to the difficulty in diagnosing ADS.

Case Presentation: We present a 36-year-old Hispanic woman who comes for evaluation of worsening, generalized body aches for the past 3 days. Associated signs and symptoms included rhinorrhea, trouble sleeping, fatigue, and headaches. She reports recent exposure to a sick co-worker. She has a prior history of MDD and GAD. PHQ-9 and GAD-7 showed both mild depression and mild anxiety. Vitals signs and physical exam were unremarkable. Rapid flu, strep, and COVID tests came back negative. Pt was diagnosed with a viral URI and was discharged with counseling on supportive treatment.

The patient returned two days later due to severe worsening symptoms, uncontrollable episodes of crying, new-onset tremors, and bilateral upper extremity paresthesia. She denies SI, HI, and drug use. Upon questioning of psychiatric history, the patient noted recent one-week hospitalization in a psychiatric facility around 1.5 months ago in which she was weaned off venlafaxine 150 mg PO daily and switched to fluoxetine 20 mg PO daily. Upon discharge, she took fluoxetine for about 5 weeks but abruptly stopped taking the fluoxetine 2 weeks ago because her mood symptoms had resolved. Vitals sign noted elevated blood pressure at 131/82. Physical exam noted an anxious, tearful woman that is in visible discomfort. PHQ-9 and GAD-7 were administered and her scores were 27 and 21, indicating both severe depression and severe anxiety. The patient was advised to restart fluoxetine 20 mg PO daily. She was counseled on the importance of medication compliance. UDS and TSH levels were both negative. During the one-week follow-up, the patient reported that her symptoms have largely resolved. PHQ-9 and GAD-7 were readministered which were 12 and 9 respectively, indicating moderate depression and mild anxiety. A referral for counseling services was placed in order to address her cognitive distortions and mood symptoms.

Discussion: This case illustrates the complexity of the diagnosis and management of ADS. It is vital for clinicians to keep a high index of suspicion when symptoms occur especially with patients with a prior history of psychiatric illness. Patient education on the importance of medication compliance is critical to prevent the formation of ADS. A significant challenge in treatment lies in the fact that there is a lack of consensus on the rate of medication tapering

across different studies. Many studies have recommended that it is unnecessary to taper long-acting antidepressants, such as fluoxetine. As depicted in this case, it is important to slowly taper all antidepressant medications as some patients can still exhibit rare but severe discontinuation symptoms from long-acting antidepressants.