Book Review

Deprescribing in Psychiatry

Swapnil Gupta, John Cahill and Rebecca Miller

Oxfird University Press, 2019, £32.99
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In their preface, the authors - three Assistant Professors from the Department of Psychiatry, Yale University School of Medicine - describe their approach to deprescribing psychiatric drugs. They want to offer a pragmatic starting point to stimulate and open a conversation between patient, prescriber, clinical team, friends and family. With this approach, they ignore the starting points for such a conversation published in the last quarter of a century about reducing and coming off psychiatric drugs. The authors see deprescribing as a process of shared decision-making - in other words, they overlook the fact that the main person who should decide about reducing and coming off psychiatric drugs is the patient whose human right of bodily integrity, under which the intake of psychiatric drugs falls, is indivisible. The UN convention on human rights supports this position. Further on, the authors accept the common biopsychosocial approach of drug treatment as a rational entity, which means they accept the mainstream-understanding of emotional distress in humans as a basic biological problem. The primary target of the authors is "overmedicalization", not unwanted medicalization. It is not to show how to support patients who want help with full withdrawal of psychiatric drugs, but to ensure minimum-effective dosing of psychiatric drugs combined with therapeutic measures. I note these restrictions to protect the readers critical of psychiatry from disappointment.

To understand and appreciate the position of the authors and their approach, it is important to know their background. They reach their conclusions from geriatric practice, where it is known that, over the years, elderly people are prescribed and administered masses of drugs without considering which substances are better to discontinue after surviving problems and crises. One author, Swapnil Gupta, was educated in India - a country where psychiatric drug combinations are administered unrestrainedly, for example absurd combinations such as Dep 37 or Depof 37, which contain the neuroleptic trifluoperazine, the antidepressant imipramine, the benzodiazepine-tranquilizer chlordiazepoxide and the antiparkinsonian trihexyphenidyl. India is no exception; mainstream psychiatrists worldwide are administering massive combinations of psychiatric substances. In this respect - despite the criticism mentioned above - Deprescribing in Psychiatry is of great importance to mainstream psychiatrists worldwide. Here,

representatives of mainstream psychiatry argue that their colleagues should reduce prescriptions, they name anxieties of patients that oppose a reduction, they name withdrawal and discontinuation symptoms that make a reduction difficult, they name wellness supports that may be suggested by the prescriber but are essentially put in place by the patient to support a deprescribing process that improves the chances of success for the reduction.

In the practical part "The Intervention of Deprescribing" the authors recommend alternative strategies which might prevent or best manage an eventual increase in distress. They refer to the Wellness Recovery Action Plan (WRAP) (see, this issue) with the person's own identified toolbox of self-management and nonpharmaceutical self-care strategies. They also recommend advance directives (although strangely, as an example, they mention psychiatric drugs and even electroshock as preferences in crises, but not their denial of human rights and prevention of additional burdens). Exercise, family support, various forms of psychotherapy, treatment of insomnia, peer support and online resources are other potential aspects of wellness strategies. Also, acceptance and commitment therapy is mentioned in this frame, but without considering the important risk factors for bodily dependence from psychiatric drugs when accepted by the patient for a longer period and for chronic diseases due to the drugs' effects.

The section "The Process of Deprescribing" mainly deals with a seven-step structured intervention for optimizing the collaborative reduction of psychiatric drugs. Step 1 is Assess the Timing and Context, step 2 Medication Reconciliation, step 3 Exploration of the Patient's Experience, Attitudes, and Meaning About Medication, step 4 Frame Setting for the Deprescribing Intervention, step 5 Decision Which Medication to Deprescribe, step 6 Development of the Specific Deprescribing Plan, and step 7 Implementation, Monitoring and Adjustment of the Plan. In their last chapters, the authors consider special aspects in relation to antidepressants, neuroleptics, mood stabilizers, benzodiazepine-tranquilizers and Z-drugs, and psychostimulants. Using examples, the authors show procedures when patients want to reduce or discontinue psychiatric drugs: switching to other psychiatric drugs, psychoeducation (convincing patients that a relapse is imminent when they stop taking psychiatric drugs), discussion of the desire to stop, further discussion to reach a decision that both doctor and patient can agree on. Being under the influence of personality-altering and attenuating substances while having to convince their doctors is certainly not an optimal starting point for meeting a person's wishes for a reduction in psychiatric drugs. However, this is the sad reality, unless the patients take the initiative and go ahead on their own.

Despite or rather because of the disastrous prescription practice in mainstream psychiatry and even more so because of its reserved, moderate style of argumentation, and with the above concerns, I can recommend the book as a

step in the right direction for psychiatrists. Especially for prescribers of psychiatric drugs.

Peter Lehmann

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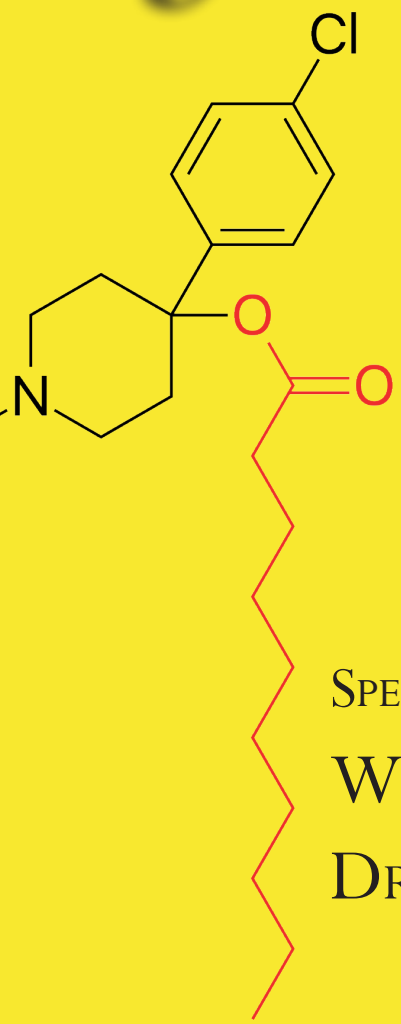

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