

Letter

Invited response to article 'Continuing antidepressants or not: Evaluating the potential benefits and harms'

Refer to the associated article by Horowitz et al, which is also published in this issue of AJGP.

We agree that antidepressants should be reviewed regularly, but are concerned if the default position for general practitioners (GPs) becomes stopping long term treatment, because this might create problems for the management of moderate-to-severe relapsing depression. Deprescribing is an endpoint rather than a framework for clinical assessment to determine whether a patient is depressed and might therefore benefit from an antidepressant. If patients are experiencing harms, such as adverse effects, from antidepressants, it is reasonable to consider whether or not they require ongoing antidepressant pharmacotherapy. This requires an assessment to ascertain whether or not a patient continues to suffer depression or is at risk of severe relapse, and therefore might need further treatment.

Where we particularly differ from the authors of this article is how they have interpreted and presented their evidence: we critique some references as examples. Horowitz et al have cited a reference for the statement, 'General practitioners prescribe 92% of the antidepressants in Australia, sometimes when clinical guideline criteria are not met...', citing a study of 789 patients in Victorian general practices from 2007–11.¹ This study's findings might not necessarily be able to be generalised to general practice in Australia, especially as the study endpoint is 15 years ago. The authors cite an antidepressant discontinuation study of 301 patients in a UK National Health Service (NHS) primary care psychological

therapy program as support for the severity of withdrawal effects.² Whether such a study is generalisable to an Australian general practice population, or those taking antidepressants in general, is also unclear. The authors also cite a systematic review as evidence that withdrawal symptoms can be severe.³ However, there was criticism regarding its validity as a systematic review in the same journal in which it was published.⁴ In our reading of a 2003 review paper cited,⁵ the authors might have overestimated the likelihood of a drug withdrawal effect on outcomes. Space limits do not permit citation of further similar examples in the paper.

We therefore encourage readers to carefully scrutinise the references cited as evidence, and also assess the validity of argumentation by the authors, before considering the clinical relevance thereof.

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