In general, most studies have looked only at minor new symptoms of the CNS depressant withdrawal type [6], but there are some exceptions which examined SSRI postwithdrawal emergent persistent disorders [7–9]. In the present study, we looked at both new SSRI withdrawal symptoms [6] and postwithdrawal persistent symptoms.

Between February 2010 and September 2010, qualitative Google searches of 8 websites including Paxilprogress.org, ehealthforum.com, depressionforums.org, about.com, medhelp.org, drugLib.com, topix.com and surviving antidepressant.org were carried out in English, using keywords as ‘SSRIs withdrawal syndrome’, ‘Paxil withdrawal’, ‘SSRIs forums’. Links from the above websites/forums and other related material were also followed.

In table 1, we list selected online patient self-reporting of physical and psychiatric withdrawal symptoms for each of the 6 SSRIs: paroxetine (n = 3), sertraline (n = 2), citalopram (n = 2), fluoxetine (n = 1), fluvoxamine (n = 1) and escitalopram (n = 3), which we thought reflected best patient self-reporting of SSRI withdrawal symptoms. From online information available, gender is known for 4 patients (2 men and 2 women), the mean length of SSRI treatment (n = 9) was 5.13 years, range 0.25–15 years, median 4.5, and the mean duration of withdrawal symptoms (n = 7) was 2.5 years, range 0.125–6 years, median 2.1 years.

As can be seen in table 1, 58% of patients (7 out of 12) reported persistent postwithdrawal symptoms: 3 of 3 paroxetine patients, 2 of 2 citalopram, 1 of 1 fluvoxamine, 1 of 3 escitalopram and none of both sertraline and fluoxetine patients. We note in table 1, persistent postwithdrawal disorders, which occur after 6 weeks of drug withdrawal, rarely disappear spontaneously, and are sufficiently severe and disabling to have patients returned to previous drug treatment. When their drug treatment is not restarted, postwithdrawal disorders may last several months to years. Significantly persistent postwithdrawal emergent symptoms noted consist of anxiety disorders, including generalized anxiety and panic attacks, tardive insomnia, and depressive disorders including major depression and bipolar illness. Anxiety, disturbed mood, depression, mood swings, emotional liability, persistent insomnia, irritability, poor stress tolerance, impaired concentration and impaired memory are the more frequent postwithdrawal symptoms reported online. In the Fava et al. [8] gradual SSRI discontinuation controlled study on panic disorders, 9 of 20 patients (45%) had new withdrawal symptoms and 3 of the 9 (33%) paroxetine-treated patients had persistent emergent postwithdrawal disorders, consisting of bipolar spectrum disorder (n = 2) and major depressive disorder (n = 1) during a 1-year postwithdrawal follow-up.
Letter to the Editor

I’ve been suffering SSRI WD syndrome for more than 5 years [...]. During SSRI WD, I’ve had severe SUICIDAL INSOMNIA for 4 straight years which I didn’t think I would ever be able to sleep. I’ve been off of Lexapro completely and have noticed that I’ve had no sleep for the past 4 months. It was the worst period in my life, and very frightening. 

When I got off the drug the first time I was hit with pretty strong WD at the time ... brain shocks, dizziness, etc. It really freaked me out back then and I was completely off my medication. I started taking the Zoloft again and my symptoms disappeared, that’s when I realized that I had been suffering from Zoloft WD. [Pat, 2000. Available from: http://forums.about.com/n/pfx/forum.aspx?nav=printDiscussion&webtag=ab-depression&tid=22505]

Fluoxetine

I’ve been on Prozac for almost 15 years [...]. I have tried to get off medius numerous times only to go back to them because of WD symptoms and fear. For the last five years I’ve had facial and body tics, muscle spasms and other side effects. I’ve been off Prozac for over six weeks now and feel horrible. Tics and spasms seem worse sometimes, too. I still feel the same when I wake up in the morning. I’ve been off Prozac for six weeks now and feel horrible. Tics and spasms seem worse sometimes, too. I am still off Prozac and have noticed that my symptoms are still present. I cannot over emphasize how serious all of these symptoms were for me. It seemed to last for about 4 months. It was the worst period in my life, and very frightening. [GuestM3, 2010. Available from: http://phobias.about.com/u/a/medication/ssridiscontinuationu03.htm]

Fluvoxamine

I’ve been on Paxil for almost 20 years and I’ve tried to get off medius numerous times only to go back to them because of WD symptoms and fear. For the last five years I’ve had facial and body tics, muscle spasms and other side effects. I’ve been off Prozac for over six weeks now and feel horrible. Tics and spasms seem worse sometimes, too. I am still off Prozac and have noticed that my symptoms are still present. I cannot over emphasize how serious all of these symptoms were for me. It seemed to last for about 4 months. It was the worst period in my life, and very frightening. [GuestM3, 2010. Available from: http://phobias.about.com/u/a/medication/ssridiscontinuationu03.htm]

Escitalopram

I did not start showing any WD symptoms until two weeks after stopping the Lexapro completely. These symptoms include brain zaps, occasional nausea and bouts of anxiety. The worst symptom by far is the itching all over my body, but mainly in my face, arms, chest and stomach. It is the type of itch that does not make you want to scratch at yourself so much as just rip off all your skin [...]. I had heard the horror stories of Lexapro but never fully appreciated them until I started going through it myself. [Hells, 2011. Available from: http://www.drugs.com/forum/featured-conditions/escitalopram-withdrawal-24681.html]

I’ve been suffering SSRI WD syndrome for more than 5 years [...]. During SSRI WD, I’ve had severe SUICIDAL INSOMNIA for 4 straight years which did not respond to any drugs. I also have severe panic attacks and severe depression [...]. I know that you may think that it’s unusual for SSRI protracted WD to last this long (more than 5 years), BUT IT DOES! [Tillmann, 2011. Available from: http://survivinganxietypressants.org/index.php/topic/302-hi-my-name-is-tillmann-and-im-newhere/page 321#entry3211]
In accordance with data from controlled trials [6, 10], online self-reporting shows paroxetine to be the most likely to be associated with withdrawal symptoms, while fluoxetine the least. Online forums also show an association between citalopram withdrawal and a variety of persistent postwithdrawal symptoms, lasting more than 4 months. Fluvoxamine appears to be less prescribed, but still reported online to cause postwithdrawal panic disorder (table 1); controlled studies have also found fluvoxamine to be associated with a high frequency of withdrawal symptoms [7].

With regard to minor new SSRI withdrawal symptoms, they are known to occur after drug discontinuation with a variable frequency and duration, from a few hours up to 6 weeks, depending on the SSRI discontinued. Its frequency and severity vary mainly according to the SSRI used [10]. Our online study confirms those reported to occur in the literature with the highest frequency: headaches, nausea, loose stools, dizziness, disorientation, inability to concentrate, tinnitus, and unstable gait. Thus, there is concordance between new SSRI withdrawal symptomatology described in scientific papers and those reported online by patients. As already discussed, a recurrent disabling withdrawal symptom described online by patients is ‘brain zaps’, ‘electrical shock sensations’, ‘shocks and zaps’, there were 5 patients included who had these new withdrawal symptoms (table 1). Even after a very gradual drug tapering and under careful psychiatrist monitoring, new withdrawal symptoms still occur according to most studies [6–8, 10], which is also found in our online patient self-reporting study.

Several limitations of our study should be noted. Patients who reported their experience online might also have been taking other drugs, exaggerated their symptoms or be influenced by other patient online reports. In addition, health professionals did not confirm postwithdrawal emergent symptoms and disorders.

Patient characteristics are limited to what is available online. However, our research found a significantly great number of patients off SSRI, describing the same cluster of withdrawal symptoms for a longer time than expected, to give validity to our results. Paroxetine withdrawal and postwithdrawal symptoms as reported in the scientific literature [7–9] were confirmed, as well as most frequent minor new symptoms reported in controlled clinical trials [7, 10].

Reappraisal of tardive persistent postwithdrawal disorders may also provide a better understanding of rebound, recurrence and relapse during long-term antidepressant drug therapy.

Disclosure Statement

The authors have no conflicts of interest to disclose.

References