

Guidance for Tapering/Discontinuing of Antipsychotic Medications

If an antipsychotic medication is suspected or determined to no longer be necessary and the patient has been in therapy for a period of 3-6 months or longer, it may be advantageous to slowly taper the dose until the antipsychotic medication is discontinued or to slowly taper until the lowest effective dose is determined.

Even though practice guidelines and package inserts do not require tapering of antipsychotic medications when discontinued, prescribers are encouraged to taper such medications slowly to avoid withdrawal symptoms or rebound of target symptoms. It should be noted that there is a relative absence of clear and specific published guidance regarding a “best practice” approach to tapering off of antipsychotic agents in child and adolescent populations.

There are limited studies to recommend a specific tapering schedule for each antipsychotic medication, but it is recommended that tapering schedules should be patient specific and the patient should be monitored closely while attempting to discontinue the medication.

Before discontinuation of any antipsychotic medication, prescribers should obtain the history of previous target symptoms and response to medications used in order to monitor for symptom relapse. In general, it is noted in adult populations that the time period over which the tapering occurs should be longer if the patient has been receiving the antipsychotic therapy for an extended time period. It is important to have a monitoring plan in place before the attempted discontinuation begins.

- The duration of provider follow-up should reflect the risk for relapse in the short term and risk for target symptom recurrence over the long term.
- It may be useful to schedule follow-up visits before high-stress periods or periods of known risk for recurrence of target symptoms

Close monitoring after discontinuation ensures that withdrawal symptoms and early signs of relapse/recurrence are identified quickly. Withdrawal side effects that should be monitored for include:

- Agitation
- Activation
- Insomnia
- Rebound psychosis
- Withdrawal-emergent dyskinesia
- Anticholinergic rebound: nausea, malaise, diaphoresis, vomiting, and/or insomnia

To start tapering antipsychotic medications:

- In general, decrease the dose by 25% each week (or other less frequent interval as dictated by clinical conditions)
- Continue to decrease the dose weekly until the medication can be completely stopped or the lowest effective dose to control target symptoms is found

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