



Extended Research Article

Internet and telephone intervention to support patients discontinuing long-term antidepressants in primary care: the REDUCE research programme including RCT

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Plain language summary

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Plain language summary

The REDUCE programme developed and tested internet and telephone support for people trying to stop long-term antidepressants when they no longer needed them for depression.

Our searches for previous research, together with patient and practitioner interviews, showed that stopping antidepressants can be difficult, due to fear of depression returning, and withdrawal symptoms.

Working with patients, general practitioners and other practitioners, we developed two websites to provide information and advice on stopping antidepressants, called *ADvisor* for patients and *ADvisorHP* for health professionals. We also developed guidance for psychological well-being practitioners to give support to people coming off antidepressants, through three telephone calls.

We tested this approach in a trial. One hundred and seventy-eight people registered with 66 randomly selected practices were offered general practitioner treatment reviews plus internet and telephone support, and their success with stopping antidepressants was compared with success among 152 people from 65 practices offering general practitioner reviews alone.

We found that people given the telephone and internet support in addition to the general practitioner treatment review had slightly better depression scores than those without the additional support (4.0 vs. 5.0), but the difference in antidepressant discontinuation rates was not significant (46% vs. 42%). People who received the support also had fewer withdrawal symptoms, and better mental well-being. This seemed to be because the support included advice to taper treatment slowly, and gave reassuring information on the difference between symptoms of depression and withdrawal symptoms, and what to do about them if they developed.

The general practitioner's support was found to be important to patients. Both groups in the trial had little change in their quality of life, and harmful events were few and usually not serious. So, attempting to taper off long-term antidepressants is a safe thing to do as long as the general practitioner is monitoring a person's progress and can adjust treatment as necessary.

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This article

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