

in: Lars Martensson with participation of Peter Lehmann:  
"Deprived of our humanity"  
ISBN 978-2-88462-039-0  
Genève: The Voiceless Movement, Association écrivains,  
poètes 1998

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## **Withdrawal Symptoms Connected with Cessation of Psychiatric Drugs <sup>\*/1</sup>**

*Peter Lehmann*

### **Knowing What to Expect During Withdrawal is Vitally Important**

When individuals have come to a firm personal decision to stop taking psychiatric drugs, before reducing their dose, it is important that they educate themselves about the many problems that can arise during withdrawal.

Withdrawal symptoms are problems that were never experienced before treatment with psychoactive drugs or not to such an extent. Knowing exactly what to expect during withdrawal should enable the person, and those who are helping him/her, to assess problems realistically and to react appropriately, so as to bring the withdrawal process to a positive end.<sup>2</sup> In addition to the usual withdrawal symptoms, another problem often arises : temporary rebound symptoms (sometimes more intense reappearance of the original symptoms present before treatment). The appearance of these

\* *Translation from German.*

somewhat mirror-like rebound symptoms makes it particularly difficult to see the difference between the withdrawal symptoms and the original problems. It should be taken into consideration (as it should be before starting such a treatment) when coming off psychoactive drugs, that supersensitivity (delirium, withdrawal-related psychoses) is a serious risk. Sleeplessness, mental symptoms, symptoms of the central nervous system, muscular and motor disturbances and troublesome and even lethal disorders of the autonomous nervous system have to be taken into account, leading medical professionals to recommend gradual withdrawal. David Richman, M.D., of California writes for example:

*" The best way to minimize drug withdrawal is to reduce drug intake gradually. This is especially important, if the drug has been taken for more than one or two months.<sup>3</sup> "*

### **Withdrawal at a Glance**

There is a significant risk of developing tolerance and becoming dependent on tranquilisers even after a short period of treatment with low doses. Severance from tranquilisers can be a dangerous matter with rebound phenomena and powerful, sometimes life-threatening withdrawal symptoms such as convulsions. Other risks are long, ongoing depression and suicidal tendencies, anxiety, delirium and psychoses, which can lead to the risk of continuous or repeated psychiatric drug treatment using progressively stronger and more harmful substances.

## The Dangers of Neuroleptics

Withdrawal from neuroleptics is not basically different from withdrawal from other psychoactive drugs, but in addition to the usual withdrawal symptoms (agitation, anxiety, confusion, headaches, lack of concentration, eating and sleeping disorders, increased heart-beat rate, fainting, vomiting, diarrhoea and sweating) rebound and supersensitivity symptoms can become a problem. This is particularly true for the relatively recent, atypical neuroleptics such as *Belivon*, *Leponex*, *Nipolept*, *Rispolin*, *Risperidal*, *Roxiam*, *Serdolect*, *Seroquel*, *Ziprasidon* and *Zyprexa*. Pharmacists believe that the recent atypical neuroleptics modify subtypes of specific dopamine receptors and contribute to the risk of new, increasing, or chronically powerful psychoses of organic origin.<sup>4</sup>

R. Ekblom of Ulleråk Hospital in Uppsala, Sweden, and his colleagues are the authors of a report on supersensitivity psychoses discernible at once after withdrawal from *Clozapine* (*Leponex*). They relate the case of a 23 year-old man who, after being observed to be "*emotionally withdrawn and subject to olfactory hallucinations*," was given haloperidol and other neuroleptic drugs. Due to unbearable motor and muscular disturbances, which can be effects of these drugs, they changed to clozapine. Twenty-two months later he developed a dangerous alteration in his blood, and the neuroleptic had to be stopped immediately. The psychiatrists recount:

*"After 24 hours, his condition changed dramatically. He became tense and restless and experienced powerful auditory hallucinations. He heard voices that ordered him to crawl on the floor and to beat up on people. He also developed paranoia and ambivalence. During his psychotic states he was aware that he was ill. He was given thioridazine (commercially best known as Melleril, P.L.\*) in doses of up to 600 mg per day but his symptoms decreased only slightly and did not disappear."*

Uninformed, isolated and therefore defenceless individuals are understandably afraid to be sent back to the madhouse and to be forcibly treated with neuroleptics, so they go on taking neuroleptics at the insistence of "their" psychiatrists or their families.

Rudolf Degkwitz, former President of the German Association for Psychiatry and Neurology, has repeatedly reported on withdrawal symptoms – not publicly, but in specialised magazines:

*"We now know that it is extremely difficult, if not impossible, for many of the chronic patients to stop neuroleptics because of the unbearable withdrawal-symptoms."*

George Brooks, Psychiatrist at the Waterbury Center, Vermont, says:

*"The severity of the withdrawal symptoms may mislead the clinician into thinking that he is observing a relapse of the patient's mental condition."*

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\* P.L. Peter Lehmann

## **How to Come Down from Psychiatric Drugs**

Desire, willpower and – if necessary – patience are of extreme importance in coming down from psychoactive drugs. The rule of thumb is: do not overdo, be aware that rapid changes in the body's metabolism can cause severe withdrawal symptoms. Also, be aware that persons coming down from psychiatric drugs are weakened, particularly when they have just gone through withdrawal. Even if they are symptom-free, their nervous system is not yet stabilised. Only a person who is completely cured can take on new tasks.

A magic recipe for coming off psychoactive drugs does not exist. They must be reduced gradually and, if necessary, under medical supervision. Particularly since the opportunities are rare for coming down from psychiatric drugs in a sheltered ward, there are a lot of assisting aspects of great importance: contact persons, integration into self-help groups, social relations, access to less harmful substances to help calm severe symptoms<sup>5</sup> as well as a disillusioned view of psychiatry.

No matter what the conditions of one's life are at the time of severance from psychiatric drugs, it is vital to persevere and to gradually pull oneself out of the mire. Others can only support. The decision to live a life free of mind-invading substances must ultimately be the patient's. A series of articles by people who have freed themselves from dependency on psychiatric drugs

as well as by those who helped these people professionally show that it is possible to stop taking psychoactive drugs without ending up in the treatment-room of a physician or in a psychiatric institution.<sup>6</sup>

Some simply threw their psychiatric drugs in the trash-bin, although it should be noted that disposing of these drugs at the pharmacist's is safer for the environment. Others sought support from doctors and therapists (psychotherapy, hypnosis, massage, etc.) or homeopathic doctors, natural healers and from other therapies such as breathing techniques, vitamin cures, colour therapy, acupuncture, etc. (This list is far from complete.)

(Ex-) users and survivors of psychiatry who were more particularly determined not to return to psychiatric treatment found their own solutions such as social activities working together, examination of the meaning and nature of madness, avoidance of stressful (family) relationships, searching for the meaning of life, living closer to nature, therapeutic bodywork, yoga, meditation, yoga, mental training, spiritual practice, prayer, constructive monologues (affirmations) and – this is particularly important – precautionary measures to cope with the return of the original psycho-social problems.

### **After Withdrawal**

When the body is finally free of psychoactive substances and the system is cleansed, former vitality will

probably return. The belief that their psychiatric treatment was just an unfortunate incident in their lives which best be forgotten, causes many people to push away the thoughts, feelings and behaviours that got them into treatment in the first place. This can be dangerous. People who were forced into psychiatric treatment should ask themselves how they can change their lives so as to diminish the psycho-social problems that led to their commitment to psychiatric wards.

People who ask their doctors for psychoactive drugs should and ask themselves whether their needs – perhaps a need for peace, relief, attention, understanding, acknowledgement – could not be better taken care of without exposing their bodies to these risky and dangerous chemicals.

#### About the author

**Peter Lehmann. Living in Berlin. Social educationalist, author and publisher - since 1986. Chair of ENUSP (European Network of Ex-Users and Survivors of Psychiatry) and member of the Executive Committee of the European Regional Council of the World Federation for Mental Health, since 1997.**

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