

When a patient wants to stop taking their antipsychotic: Be ‘A SPORT’

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For patients with schizophrenia, adherence to antipsychotic treatment reduces the rate of relapse of psychosis, lowers the rate of rehospitalization, and reduces the severity of illness.¹ Despite this, patients may want to discontinue their medications for multiple reasons, including limited insight, adverse effects, or a negative attitude toward medication.¹ Understanding a patient’s reason for wanting to discontinue their antipsychotic is critical to providing patient-centered care, building the therapeutic alliance, and offering potential solutions.

Clinicians can recall the mnemonic “A SPORT” (*Table, page 48*) to help ensure they have a thorough discussion with patients about the risks of discontinuation and potential solutions.

Points to cover

First, explore and acknowledge if a patient is experiencing **adverse effects** from their antipsychotic, which may be causing them to have a negative attitude toward medications. If a patient is experiencing adverse effects from their antipsychotic, offer interventions to mitigate those effects, such as adding an anticholinergic agent to address extrapyramidal symptoms. Decreasing the antipsychotic dosage might reduce the adverse effects burden while still optimizing the benefits from the antipsychotic. Additionally, **switching** to an alternate medication with a more favorable adverse effect profile may be an option. Whether the patient is experiencing intolerable adverse effects or just has a negative view of their prescribed antipsychotic, it is important to discuss switching medications.

Identifying patient attitudes and their general **perspective** toward their medication and illness is key. Similarly, a patient’s impaired insight into their mental illness has been associated with treatment discontinuation.² A strong therapeutic alliance with your patient is of the utmost importance in these situations.

Long-acting injectable antipsychotics (LAIs) are useful clinical tools for patients who struggle to adhere to oral medications. Educating patients and caregivers about **other formulations**—namely LAIs—can help clarify any misconceptions they may have. One study found that patients who were prescribed oral antipsychotics thought LAIs would be painful, have worse adverse effects, and would not be beneficial in preventing relapse.³ In addition to LAIs, other formulations of antipsychotic medications, such as patches, sublingual tablets, or liquids, may be an option.

For patients to be able to provide informed consent regarding the decision to discontinue their antipsychotic, it is important to educate them about the **risks** of not taking an antipsychotic, such as an increased risk of relapse, hospitalization, and poor outcomes. Explain that patients with first-episode

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Educate patients who struggle to adhere to oral antipsychotics about other formulations

Table

Points to discuss with patients who want to discontinue their antipsychotic: Be 'A SPORT'

| | | |
|----------|--------------------|---|
| A | Adverse effects | Determine if the patient is experiencing adverse effects from their antipsychotic and address these effects appropriately |
| S | Switch | Discuss the option of switching to an antipsychotic that may have a better adverse effect profile |
| P | Perspective | Explore the patient's perspective on their medication and illness |
| O | Other formulations | Educate the patient about other formulations, such as long-acting injectable, liquid, sublingual, or patch formulations |
| R | Risks | Discuss the risks of antipsychotic discontinuation |
| T | Taper | If the patient is determined to discontinue their antipsychotic, a slow taper with regular follow-up is preferred over abrupt discontinuation |

psychosis who achieve remission of symptoms while taking an antipsychotic can remain in remission with continued treatment, but there is a 5-fold increased risk of relapse when discontinuing an antipsychotic during first-episode psychosis.⁴

Lastly, despite discussing the risks and benefits, if a patient is determined to discontinue their antipsychotic, we recommend a slow **taper** of medication rather than abrupt discontinuation. Research has shown that more than one-half of patients who abruptly discontinue an antipsychotic experience withdrawal symptoms, including (but not limited to) nausea, vomiting, abdominal pain, and headaches, as well as anxiety, restlessness, and insomnia.⁵ These symptoms may occur within 4 weeks after discontinuation.⁵ While there are no clear guidelines on deprescribing antipsychotics, it is best to individualize the taper based

on patient response. Family and caregiver involvement, close follow-up, and symptom monitoring should be integrated into the tapering process.⁶

References

- Velligan DJ, Sajatovic M, Hatch A, et al. Why do psychiatric patients stop antipsychotic medication? A systematic review of reasons for nonadherence to medication in patients with serious mental illness. *Patient Prefer Adherenc*. 2017;11:449-468. doi:10.2147/PPA.S124658
- Kim J, Ozzoude M, Nakajima S, et al. Insight and medication adherence in schizophrenia: an analysis of the CATIE trial. *Neuropharmacology*. 2020;168:107634. doi:10.1016/j.neuropharm.2019.05.011
- Sugawara N, Kudo S, Ishioka M, et al. Attitudes toward long-acting injectable antipsychotics among patients with schizophrenia in Japan. *Neuropsychiatr Dis Treat*. 2019;15:205-211. doi:10.2147/NDT.S188337
- Winton-Brown TT, Elanjithara T, Power P, et al. Five-fold increased risk of relapse following breaks in antipsychotic treatment of first episode psychosis. *Schizophr Res*. 2017;179:50-56. doi:10.1016/j.schres.2016.09.029
- Brandt L, Bschor T, Henssler J, et al. Antipsychotic withdrawal symptoms: a systematic review and meta-analysis. *Front Psychiatry*. 2020;11:569912. doi:10.3389/fpsy.2020.569912
- Gupta S, Cahill JD, Miller R. Deprescribing antipsychotics: a guide for clinicians. *BJPsych Advances*. 2018;24(5):295-302. doi:10.1192/bja.2018.2