



January 7, 2023

To Whom It May Concern:

My name is Angela Peacock, MSW and I work as a psychiatric drug withdrawal consultant and healing coach for people deprescribing psychiatric drugs. The patient experiences of tapering and healing is an understudied area that the mental health industry has long ignored. As a consequence of this, there is a growing community of therapists, doctors, coaches, researchers, and academics who assist patients going through the process and work to bring awareness about this cohort of patients. Many in these professions have gone through the process themselves, have learned about it through academic interest, and/or learned about it from listening closely to some of our clients/patient's experiences. Many patients are not believed or worse, further harmed by well-meaning practitioners who have not been exposed to this information.

Below are some evidence-based resources that may assist in learning about deprescribing and patient experiences of tapering and healing from use of psychiatric drugs.

- The Maudsley Deprescribing Guidelines: Antidepressants, Benzodiazepines, Gabapentinoids and Z-drugs (The Maudsley Prescribing Guidelines Series) <https://amzn.to/41ROexX>
- Psychiatric Times: "Online Communities for Drug Withdrawal: What Can We Learn?" <https://www.psychiatrictimes.com/view/online-communities-drug-withdrawal-what-can-we-learn>
- Watch the award-winning documentary, *Medicating Normal*: www.medicatingnormal.com/watch
- *Anatomy of an Epidemic* by Robert Whitaker <https://amzn.to/3KBnV6B>
- *Deprescribing in Psychiatry* by Swapnil Gupta, et. al <https://amzn.to/3McCfnc>



- *Guidance for Psychological Therapists Enabling Conversations with Clients Taking or Withdrawing from Prescribed Psychiatric Drugs*
<https://prescribeddrug.info>

Patients who are tapering and in withdrawal from psychiatric drugs often have grave difficulty regulating emotion. Often they will report restlessness, irritability, severe terror-level anxiety, sleep disturbance, and strange sensations throughout their body. They can experience a wide array of symptoms, some of which mimic relapse and/or other mental health or physical conditions. Many have spent thousands of dollars for medical testing to find that all tests show they are perfectly healthy. They come to realize they are experiencing adverse effects from the medications they are taking and make the decision to deprescribe, sometimes despite the disagreement of their physicians.

The mental and physical symptoms are due to physiological dependence from the neural-adaptations that occur to the brain and central nervous system from use of psychoactive substances. The healing process usually consists of a patient-led taper and/or a harm reduction approach without adding more medications and/or substances that can complicate the process. Once the patient has tapered off they may experience a prolonged withdrawal syndrome that can last months or years.

Therapists, coaches, clergy, community members, and family are often confused about how to help. Reassurance, validation, compassion, patience with the process, and self-education on the topic of deprescribing are the most helpful approaches for patients who are deprescribing. Gaslighting, encouragement for anger/stress management, urging the person to think positively, or trying to convince the patient that they are indeed mentally ill and need their medication, are all examples of harmful approaches to this population. Most patients find that guided meditation, breathing exercises, gentle movement, rest, a nutritious diet, spirituality, and a compassionate support system are the most helpful during the process. There are several free online support forums, success stories, and mentors within the lay community that provide auxiliary support patients need. Outcomes for patients who deprescribe are that they regain health,



mentally and physically, they are able to work through the pre-existing conditions that brought them to medication, and they resume living full lives.

Thank you so much for supporting this patient and being open to new information. If I can be of any further assistance to you or your practice, please contact me through my website at www.apeacockconsulting.com

Sincerely,

Angela Peacock

MSW, Psychiatric Drug Withdrawal Consultant, Healing Coach

References:

Finlayson, A. J., Macoubrie, J., Huff, C., Foster, D. E., & Martin, P. R. (2022). Experiences with benzodiazepine use, tapering, and discontinuation: An internet survey. *Therapeutic Advances in Psychopharmacology*, *12*, 204512532210823. <https://doi.org/10.1177/20451253221082386>

Framer, A. (2021). What I have learnt from helping thousands of people taper off antidepressants and other psychotropic medications. *Therapeutic Advances in Psychopharmacology*, *11*, 204512532199127. <https://doi.org/10.1177/2045125321991274>

Horowitz, M. A., & Taylor, D. (2019). Tapering of SSRI treatment to mitigate withdrawal symptoms. *Lancet Psychiatry*, *6*(6), 538–546. [https://doi.org/10.1016/S2215-0366\(19\)30032-X](https://doi.org/10.1016/S2215-0366(19)30032-X)



Horowitz, M. A., & Taylor, D. (2022). Distinguishing relapse from antidepressant withdrawal: Clinical practice and antidepressant discontinuation studies. *BJPsych Advances*, 28(5), 297–311. <https://doi.org/10.1192/bja.2021.62>

Mahase, E. (2019). Antidepressant withdrawal guidance must be updated to reflect evidence. *BMJ*, l2283. <https://doi.org/10.1136/bmj.l2283>

Ruhe, H. G., Horikx, A., van Avendonk, M. J., Groeneweg, B. F., & Woutersen-Koch, H. (2019). Tapering of SSRI treatment to mitigate withdrawal symptoms. *The Lancet Psychiatry*, 6(7), 561–562. [https://doi.org/10.1016/s2215-0366\(19\)30182-8](https://doi.org/10.1016/s2215-0366(19)30182-8)