

Institution: University of East London (UEL)		
Unit of Assessment: 4 Psychology, Psychiatry and Neuroscience		
Title of case study: Antidepressant withdrawal: changing national clinical guidelines and practice		
Period when the underpinning research was undertaken: 2016 – 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Professor John Read	Professor	2016 – present
Period when the claimed impact occurred: 2016 – 2020 (ongoing)		
Is this case study continued from a case study submitted in 2014? No		

1. Summary of the impact (indicative maximum 100 words)

Over seven million adults, 17% of the UK adult population, were prescribed or continued to take antidepressants in England in 2020. Professors Read's research findings about withdrawal effects following the cessation of antidepressant treatment inform reports from an All-Party Parliamentary Group (APPG) and Public Health England (PHE), and directly contributed to changes in the National Institute for Health and Care Excellence (NICE) guidelines concerning antidepressants. In addition, they received blanket media coverage, and promoted extensive public engagement and debate about antidepressant use. As a result, it is expected that withdrawal services based in primary care practices will be established and a 24-hour phone line will be established in the NHS.

2. Underpinning research (indicative maximum 500 words)

In England, 70.9 million prescriptions for antidepressants were dispensed in 2018 – almost double the number dispensed in 2008. Yet many aspects of the withdrawal effects that some patients experience following the cessation of antidepressant use remain poorly understood. Professor John Read, from UEL's Mental Health and Social Change Research group, has played a leading role in addressing this issue.

The research began with a large survey of over 1800 antidepressant users in New Zealand, which found that although 83% reported that the drugs had improved their depression, 55% reported withdrawal effects (**R1**). Subsequent studies in the UK (**R2**) and with an international sample from 30 countries (**R3**) replicated and extended these findings.

Because of his research in the area, Professor Read and a colleague, were commissioned by the APPG for Prescribed Drug Dependence to undertake a systematic review of the incidence, duration and severity of antidepressant withdrawal (**R4**), to inform the PHE enquiry. This research included 24 relevant studies using a variety of methodologies, including Randomised Controlled Trial studies and survey data. Across different study methodologies, a weighted average of 56% of users reported experiencing withdrawal symptoms, 46% of which described the symptoms as severe. Seven of the ten studies identified significant numbers reporting withdrawal effects lasting for more than two weeks, with small numbers reporting withdrawal lasting for months. The review also discussed several pathways through which withdrawal symptoms could be misdiagnosed by medical practitioners, leading either to drugs being reinstated or to other medications being prescribed instead. The findings demonstrated how such a misdiagnosis may lead to a lack of withdrawal support.

Impact case study (REF3)

Following the publication of the PHE report, which cited Read's research and review, and the changes to the NICE guidelines that occurred as a result of these findings (described below), Professor Read has also been active in raising understanding of the experience of General Practitioners around prescribing anti-depressant medication. A small survey of GPs identified a 'marked lack of consistency' in GPs' knowledge about the incidence and duration of withdrawal effects. Only 29% felt their knowledge was adequate and 68% wanted more training (**R5**).

3. References to the research (indicative maximum of six references)

R1. Read, J., Cartwright, C., Gibson, K. 2014. Adverse emotional and interpersonal effects reported by 1,829 New Zealanders while taking antidepressants. *Psychiatry Research* 216, 67-73. <https://doi.org/10.1016/j.psychres.2014.01.042>

R2. Read, J., Gee, A., Diggle, J. and Butler, H. 2017. The interpersonal adverse effects reported by 1008 users of antidepressants; and the incremental impact of polypharmacy. *Psychiatry Research* 256, 423-427. <https://doi.org/10.1016/j.psychres.2017.07.003>

R3. Read, J., Cartwright, C. and Gibson, K. 2018. How many of 1829 antidepressant users report withdrawal effects or addiction? *International Journal of Mental Health Nursing* 27(6), 1805-1815. <https://doi.org/10.1111/inm.12488>

R4. Davies, J. and Read, J. 2019. A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence-based? *Addictive Behaviors* 97, 111-121. <https://doi.org/10.1016/j.addbeh.2018.08.027>

R5. Read, J., Renton, J., Harrop, C., Geekie, J., and Dowrick, C. 2019. A survey of UK general practitioners about depression, antidepressants and withdrawal: implementing the 2019 Public Health England report. *Therapeutic Advances in Psychopharmacology* 10. <https://doi.org/10.1177/2045125320950124>

4. Details of the impact (indicative maximum 750 words)

1. Informing direct changes in UK public policy, guidelines and practice.

On the basis of his research, Read was invited to be the British Psychological Society's representative on Public Health England's (PHE) *Expert Advisory Group* for a landmark review of Dependence on Prescribed Medicines (**S1**). The PHE report was the first government commissioned report (**S2**) in the UK to investigate antidepressant withdrawal. It cited Read's research and review. As a consequence of this report, and of contributions by Read and others to leading medical journals including *The Lancet Psychiatry*, *The American Journal of Psychiatry*, *The British Medical Journal* (**S3**), changes were made, in October 2019, to the guidance issued by NICE, and the Royal College of Psychiatrists, bringing them into line with the findings (**S4**). These changes will affect doctors prescribing medication in the UK, and the 16% of the population taking antidepressants.

Read was lead author on a research section of the *Guidance for Psychological Therapists* (**S5**), commissioned by the APPG for Prescribed Drug Dependence, on how to support people withdrawing from psychiatric drugs. The report has been downloaded over 7,000 times by mental health practitioners since its publication in Dec 2019 and translated into German, Dutch, Greek, Swedish and Icelandic. This shows the outstanding level of reach and interest in these findings amongst practitioners, both in the UK and around the world.

In September 2020, the Royal College of Psychiatrists launched an online resource for people discontinuing antidepressant treatments (**S6**). NHS England and NHS Improvement have established a prescribed medicines oversight group to oversee implementation of the NHS recommendations from the PHE review.

2. Changed public and professional view of antidepressant withdrawal and contributed to public debate



Figure 1. Interview on Sky News

This research was covered prominently by all major UK media outlets, as well as in major media outlets around the world including the US, Brazil, Spain, New Zealand and many others, reaching hundreds of millions of members of the public (**S7**, **S8**). In the UK, for example, it was featured in a series of articles in 2018-2019 in the *Daily Mail* Online which has a monthly readership of over 25 million (**S8a**). Many prominent media figures, such as Sarah Vine, who cited the APPG review and findings, to write her own personal

experience of depression, and of taking antidepressant medication leading to widespread coverage and debate (**S8b**).

In addition to its international reach, the public coverage of this research had exceptionally high levels of viewer engagement. For example, one article on the BBC website received 10% of all comments for that day for the BBC (**S7b**).

3. Increasing the evidence basis for and enhancing the accuracy of information resources for mental health charities and support groups

Through its contribution to national and international discussion, policy formulation and guidelines, the research has supported the development of information resources for mental health charities and support groups around the world. Recently, for example, Read's research featured prominently in a campaign from Mind (**S9a**), the leading UK mental health charity, to better support people taking antidepressants. Internationally, it has informed charities such as the Inner Compass Withdrawal Project in the US. It has also underpinned the guidance on mental health publishing from LifeHack, the popular self-development platform with a reach of 24 million globally (**S9b**).

Read has also received invitations to share his finding and expert knowledge with mental health organisations and support groups by contributing to interviews and public speaking events. These include, amongst many others, a continuing education webinar lecture for 'Mad in America', a mental health organisation in the USA with over 24,000 Facebook followers (**S10**).

5. Sources to corroborate the impact (indicative maximum of 10 references)

S1. Public Health England prescribed medicines

review: <https://www.gov.uk/government/publications/prescribed-medicines-review-expert-group-terms-of-reference/terms-of-reference-expert-reference-group-for-the-prescribed-medicines-review>

S2. Public Health England's report on Dependence on Prescribed

Medicines: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829777/PHE_PMR_report.pdf

S3a. Davies, J., Read, J., Hengartner, M. P., Cosci, F., Fava, G., Chouinard, G., et al. 2019. Clinical guidelines on antidepressant withdrawal urgently need updating. *British Medical Journal*, 365. <https://doi.org/10.1136/bmj.l2238>

S3b. Hengartner, M. P., Read, J., and Moncrieff, J. 2019. Protecting physical health in people with mental illness. *The Lancet Psychiatry*, 6(11), 890. [https://doi.org/10.1016/s2215-0366\(19\)30398-0](https://doi.org/10.1016/s2215-0366(19)30398-0)

Impact case study (REF3)

- S4.** Lacobucci, G. 2019. NICE updates antidepressant guidelines to reflect severity and length of withdrawal symptoms. *British Medical Journal* 367. <https://doi.org/10.1136/bmj.l6103>
- S5.** Read, J., Davies, J., Montagu, L., Spada, M., and Frederick, B. 2019. What do we know about withdrawal? In A. Guy et al. (eds) *Guidance for psychological therapists: enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs*. All Party Parliamentary Group for Prescribed Drug Dependence. <https://prescribeddrug.info/guidance-for-psychological-therapists/>
- S6.** Royal College of Psychiatrists responds to research by launching online withdrawal resource: <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/stopping-antidepressants>
- S7a.** Sky interview: <https://vimeo.com/293026286>
- S7b.** BBC report: <https://www.bbc.co.uk/news/health-45717465>
- S8a.** https://www.dailymail.co.uk/health/article-6228645/Now-doctors-wake-dangers-patients-hooked-depression-pills.html?ito=email_share_article-factbox#mol-9d696120-c5bd-11e8-9d60-5f36dff65919
- S8b.** Sarah Vine's personal account: <https://www.dailymail.co.uk/debate/article-6236567/SARAH-VINE-given-antidepressants-cope-black-dog.html>
- S9a.** <https://www.mind.org.uk/news-campaigns/news/better-support-needed-for-people-on-antidepressants-says-mind/>
- S9b.** Lifhack health guidance which directly quotes John Read's research: <https://www.lifhack.org/424798/doctors-explain-why-you-should-watch-out-for-antidepressant-treatment>
- S10.** Mad in America radio interview <https://www.madinamerica.com/2018/03/professor-john-read-royal-college-psychiatrists-antidepressant-withdrawal/>