

**Title**

Developing an intervention to support antidepressant cessation: What do patients and GPs need?

**Author and affiliations**

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**Background**

Australia has one of the highest antidepressant (AD) prescribing rates in the world; 24.72 million prescriptions were dispensed in 2015–16 alone. High rates of prescribing are driven primarily by long term use of ADs. Despite guidelines recommending ADs be ceased after a period of symptom stability, studies show that up to half of long-term users fail to meet criteria which would support long-term use. Most research focuses on the initiation of ADs; little evidence exists to support their timely cessation.

**Aims**

This project aimed to identify the barriers to and facilitators of reducing inappropriate use of ADs in general practice, and develop an engaging and evidence-informed intervention to assist GPs and patients with AD cessation.

**Method**

We conducted separate focus groups with GPs and individuals with a history of long-term AD use. Broad topic guides were used to facilitate discussion on long term antidepressant use, perceived issues with ceasing antidepressants, and the desired components of an intervention to assist in the cessation process. Focus groups were recorded, transcribed, and reviewed by the research team both independently and as a group to identify key themes. An expert advisory group was then convened to develop an intervention based on focus group findings.

**Results**

While there were some similarities between patients and GPs, important differences in their views about AD cessation also emerged. Patients desired more information about ADs / cessation than GPs thought was needed, and a more structured cessation program. Patients also desired more support than would be feasible for most GPs to provide. A cessation intervention appeared to require information, alternative management strategies, clear tapering schedule, proactive support and monitoring.

**Conclusion**

Patients and GPs need assistance to manage the AD cessation process. We are currently developing and testing a prototype structured online intervention to address these needs.

**References (If applicable)**