Deprescription Process from Multiple Psychiatric Drugs: An Individual Case Study

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A process is described herein for deprescribing from two psychiatric drugs. One human subject was used for a single unblinded trial. Deprescription was achieved after 83 weeks and sustained indefinitely.

BACKGROUND

Hope for this project was provided by a longitudinal study on the outcomes of *h. sapiens* either labelled with schizophrenia or who have had experiences labelled by a clinician as psychotic which demonstrated that these individuals have a higher probability of returning to work in the absence of lifelong psychiatric drug use (Harrow et. al. 2017).

While little is known about best practices for deprescription from psychiatric drugs, psychiatric drug withdrawal symptoms are noted throughout the literature, notably including but not limited to symptoms of "nausea, vomiting, agitation, restlessness, diaphoresis, irritability, anxiety, dysphoria, sleep disturbance, insomnia, tachycardia, hypertension and dizziness" (Monahan et. al., 2021).

Of note, some authors such as Monahan et. al. choose to exclude "studies where there was withdrawal from multiple medications… or where the only symptoms were psychological such as rebound psychosis…" (Monahan et. al., 2021).

Ultimately, the underlying hope of the case study that follows is to demonstrate that an individual can be deprescribed from psychiatric drugs without experiencing "rebound psychosis," the re-occurrence of psychosis, a symptom often manufactured by clinicians in the diagnosis of schizophrenia disorder, bipolar disorder, and schizoaffective disorder (among others).

MATERIALS AND METHODS

One human subject was used for this study.

Since the subject was taking two psychiatric drugs at the time of deprescription, Lamictal, a drug used as a "bottom-up treatment" for bipolar disorder, as well as Seroquel, a drug use to dispel so-called "psychotic features," the outcomes of this study will reflect upon deprescription from both a "mood stabilizer" and an "anti-psychotic."

The subject is male, 31 years of age at time of data collection, with roughly 9 years of history with a variety of psychiatric drugs. Subject's mental health history includes multiple psychiatric diagnosis, including but not limited to bipolar I disorder and schizoaffective disorder. Subject has experienced numerous involuntarily psychiatric commitments to a variety of holding facilities resulting in what at least one clinician diagnosed as post-traumatic stress disorder.

Subject exhibits symptoms including, but not limited to, rapid speech, delusions of grandeur, disorganized thinking, believing that which authority figures performing psychiatric evaluations do and not believing that which authority figures performing psychiatric evaluations do not. While the subject reports more than one instance of having possibly heard voices for brief periods of time, they do not identify as a voice-hearer at the time of this study.

Daily dosages of the two psychiatric drugs, Lamictal (generic form, lamotrigine) and Seroquel (generic form, quetiapine) were tracked on a weekly basis. Starting dosages during data collection were 150 mg Lamictal (daily, morning) and 100 mg Seroquel (daily, evening), though subject reports having been taking as much as 200 mg Lamictal (daily, morning) and 150 mg Seroquel (daily, evening) shortly before the start of data collection. While meeting regularly with an APRN, the dosage of Lamictal was decreased first, followed by Seroquel, until deprescription was complete.

Two deprescription models for psychiatric drug withdrawal were considered, linear and halving, the latter accommodating the sigmoidal dose-response curve that results from the binding of psychiatric drugs to neuronal receptors at high rates despite low doses (Schetz, J, 2005). A hybrid deprescription model was implemented, with dosage reductions following a linear model and the time period between reductions varying in response to life and potential withdrawal symptoms.

The subject collected video and audio data to track their weekly progress throughout the deprescription process as well as at one- and two-years post-deprescription.

RESULTS

The deprescription process for Lamictal lasted 57 weeks while the deprescription process for Seroquel, lasted 26 weeks.

Subject survived the entirety of the 83-week deprescription process free of psychotic experiences.

Additionally, the human subject showed no indications of psychosis at both one- and two-years post-deprescription.

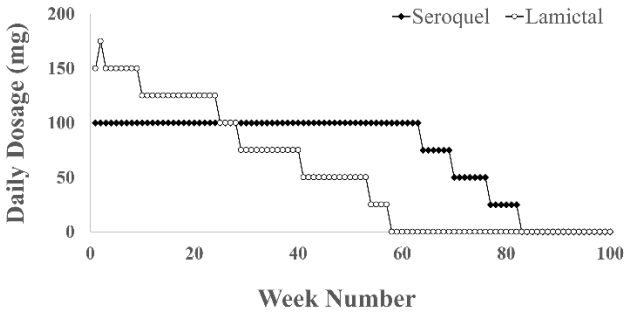

Figure 1. Daily drug dosage of two psychiatric drugs (Seroquel, Lamictal) by an individual human subject over time.

DISCUSSION

Minimal distress was reported during the deprescription process, which may or may not be attributed to the patience of the prescribing clinician.

Of note, sleep disturbances were most notable during changes at the final dosage reductions of Seroquel, supporting the need for further exploration into best practices for psychiatric drug deprescription.

For those interested in analyzing communication patterns (such as words per minute, total words, vocabulary, video length, etc.) to draw conclusions related to symptomatically rapid speech or neuroleptic-induced cognitive impairment, please take note of the variability in the publicly available audio and video data published to YouTube with regard to at least time of day and/or time of data collection relative to waking, which should create enough circumstantial variance to frustrate even the most devoted researcher.

ACKNOWLEDGMENTS

No humans were harmed in the aforementioned experiment.

Special thanks to Jocelyn Johnson, APRN for supporting this dumbfuck from 2014 to 2021, particularly during the deprescription process which lasted from 2016 to 2018. Sorry to share that she is now retired, which makes it just barely acceptable to publish this without her expressed permission. Love you, Jocelyn, we did it, nigga!!!!!

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