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The Maudsley[®] Deprescribing Guidelines: Antidepressants, Benzodiazepines, Gabapentinoids and Z-drugs

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Mark Horowitz, a training psychiatrist with a PhD in the neurobiology of depression and the pharmacology of antidepressants at the Institute of Psychiatry, Psychology and Neuroscience at King's College London, and David Taylor, Director of Pharmacy and Pathology at the South London and Maudsley NHS Trust and Professor of Psychopharmacology at King's College in London, wrote a 568 page guide to the deprescribing of those drugs which are mentioned in the book title. They say the book is for situations where deprescribing is, on balance, jointly agreed between prescribers and patients in the best interests of the latter and the better option than continued prescribing.

According to the authors, the book mainly addresses psychiatrists, GPs, pharmacists, nurses, medical trainees, and interested members of the public, but less to the patients. Nevertheless, they also can find information on each individual substance of the product classes, their trade names (exclusively the UK ones), their possible withdrawal effects, peak plasma, half-life, available formulations, off-label options and suggested taper schedules. As pharmaceutical companies rarely offer that small product units required for small-step withdrawal, the information provided on off-licence options for making small doses of psychotropic drugs, dispersing tablets and opening capsules to count beads is of great importance. However, it is a pity that there is no broader information about the tapering strips offered by a Dutch pharmacy.

A tapering strip, according to a doctor's prescription and suitable for hyperbolic reduction, is 'medication on a roll' for 28 days. A tapering trajectory can last 28 or a multiple of 28 days, using one or more tapering strips. Each prescribed daily dose is separately packaged and is composed of one or a limited number of capsules or tablets of different strengths (see www.taperingstrip.com). But, as Horowitz informs, he uses liquids in his clinic for withdrawal, because tapering strips are not covered by the health system in the UK, and he is experienced in using liquids for risk-reduced tapering. Beside this, tapering strips are not as easy to order in the UK as in the European Union countries because of Brexit and all the customs and other bureaucratic formalities. Horowitz also informs, that doctors have mostly been socialised to save money and to use no liquids, even if they would be much easier to reduce than tablets.

An important problem when withdrawing prescribed psychotropic drugs is certainly the fact that doctors usually administer drug combinations. The book deals with this topic only on half a page, probably to the meagre data available. A look at the non-English specialist literature would be helpful here, for example, the first scientifically based article “Reduzieren und Absetzen von Psychopharmakakombinationen” (“Reducing and discontinuing psychotropic drug combinations”) mainly written by the German psychiatrist Jann E. Schlimme (see www.peter-lehmann.de/docu/combi.htm). Perhaps the authors can incorporate this important aspect into a subsequent edition.

As Horowitz has personal experiences specially with antidepressants withdrawal, it is understandable the these drugs play the main role in the book. And it might get to fat if neuroleptics (so-called antipsychotics) would be included, too. There are other books which deal with withdrawal from neuroleptics.

Nevertheless, apart from the few limitations mentioned, the information provided by Horowitz and Taylor should be extremely helpful and represent an important step towards providing competent help in withdrawal from prescribed psychotropic drugs. In case of the withdrawal of antidepressants, benzodiazepines, gabapentinoids and Z-drugs, supportive professionals now have a remarkable source of information to help them overcome their own fears about withdrawal support and provide their patients with extremely helpful assistance.

Peter Lehmann