

What happens if I suddenly stop taking my medications?

When your treatment period comes to an end, stopping your medication should be uneventful in most cases. However, there are medications whose doses should be tapered over time, and it should be emphasized that there are treatments that should not be stopped too early. If you have an infection and are treated with an antibiotic, premature termination can have adverse effects. You may be at risk of a recurrence of your infection, and the bacteria causing your illness may develop resistance against the antibiotic. There are two types of reactions that may occur when you stop a medication: a rebound effect and a withdrawal reaction.

What is a rebound effect?

A rebound effect means that you may experience transient symptoms if you suddenly stop taking your medication. These symptoms, which are similar to those that lead to your initial treatment, may last for several weeks or months. The explanation is simple to understand. For example, when you take a proton pump inhibitor (omeprazole [Prilosec] and esomeprazole [Nexium] are examples), these medications suppress the production of stomach acid. If treatment is suddenly stopped, the stomach may rebound and start to overproduce acid. This causes the recurrence of symptoms, which often are misinterpreted as a sign that your medical condition is not cured and that you need to continue your medication. In order to reduce the problem of a rebound effect, the use of a strong proton pump inhibitor ought to be tapered over several weeks to months.

Another medication associated with a rebound effect is beta-blockers prescribed for chest pain (angina pectoris) or after a heart attack. This family includes the widely prescribed medications atenolol (Tenormin) and metoprolol (Lopressor, Toprol). Sudden termination of beta-blocker treatment may induce more chest pain, and even the risk of irregular heartbeats, so tapering the dose over a few months is recommended.

According to a recent report regarding patients with coronary artery syndrome, clopidogrel (Plavix) was associated with a doubling in risk of mortality or acute myocardial infarction within 90 days after stopping treatment.



What is the withdrawal reaction?

As the term implies, withdrawal reactions occur when a medication is withdrawn or stopped suddenly. In contrast to the rebound effect, withdrawal symptoms are not identical to those that lead to initiating your treatment.

For example, the use of selective serotonin reuptake inhibitor (SSRI) medications, such as the top seller escitalopram (Lexapro) for depression, is very common, as are the withdrawal reactions after SSRI treatment is stopped, even for shorter periods. Typical withdrawal symptoms include dizziness, nausea, headaches and sleep disturbances. This class of medications is not considered addictive, since the criteria for addiction are not met (Chapter 31). A withdrawal reaction has been seen in the newborns of mothers who were taking SSRI antidepressants late in their pregnancies.

Medications known to cause addiction, such as benzodiazepines, sleeping pills and narcotic-containing painkillers (see Chapter 31), often cause symptoms when treatment is suddenly stopped. We recommend that these medications be slowly tapered and under the supervision of a physician or health professional.

Another type of withdrawal reaction may occur if drugs similar to cortisone are stopped abruptly. This treatment suppresses the body's production of cortisone in the adrenal glands. The serious complications of abruptly discontinuing these drugs include dehydration and infection. If treatment lasted several weeks or longer, it is important to taper treatment with cortisone in order for the adrenal glands to resume normal production.

Can I stop my medication if I feel better?

It depends on the reason for treatment. Medications used to alleviate symptoms, typically over-the-counter medications, can be started and stopped based on your decision. Treatments for acute medical conditions ought to be taken for the prescribed duration, even if you feel better. Many chronic conditions fluctuate and may not require regular daily treatments. If treatment of depression leads to freedom of symptoms, you should talk to your physician about tapering your medication and eventually stopping it completely.

Persons receiving preventive treatment for high blood pressure or high cholesterol may be able to come off treatment, especially if they have been successfully losing weight or are exercising regularly. Tapering may not be necessary.

Some intermittent conditions such as multiple sclerosis and thrombotic events may require medications between symptomatic episodes. Continued treatment may reduce the risk of recurrences. However, risk of adverse effects and cost are factors for patients to consider in discussions with their physicians.

Key messages

- ✓ Most medications can be stopped without problems.
- ✓ Some classes of medications cause rebound effects, which means that stopping may lead to recurrence of symptoms similar to those that led to initiation of treatment.
- ✓ Withdrawal reactions are symptoms different from those leading to initiation of treatment, and are common with antidepressants (SSRIs) and medication known to cause addiction.
- ✓ Tapering of the medication over several weeks to months is recommended to avoid rebound effects and withdrawal reactions.

