Long-term antidepressant use is increasing such that the average duration of therapy in Australia is now four years. Our qualitative interview study explored twenty-two Australian GPs’ insights about discontinuing long-term prescribing.

Dr Maria Donald, A/Prof Riitta Partanen, Dr Leah Sharman, Dr Johanna Lynch, A/Prof Genevieve Dingle, Prof Catherine Haslam, Prof Mieke van Driel
The University of Queensland

Theme 1: Not a simple deprescribing decision: prerequisites for discontinuation
• Patients’ life circumstances are as important as recovery from depression in assessing patient readiness for cessation.
• GPs describe decision-making about discontinuation in intuitive and relational terms.
• GPs recognise patient empowerment and sense of recovery as potent motivators for ceasing long-term use.

Theme 2: Taking the journey together: a discontinuation process
• GPs value a process of careful preparation for cessation.
• A tailored plan of action: a gradual dose reduction plan & proactive relapse plan are considered crucial for successful cessation.
• GPs emphasise regular review and encouragement of social and lifestyle supports during and beyond cessation.

Theme 3: Supporting change in GPs’ prescribing practices
• GPs express distrust in prescribing norms and feel a need to shift away from “set and forget” attitudes.
• Discussions with patients about cessation would be facilitated by better evidence about the harms of long-term use.
• Discontinuation of long-term antidepressant use will be leveraged by action at the broader system level (e.g. social and policy).