The Evidence Base for Medication Washout

- The idea of instituting a medication washout can be a daunting one, but available data does not support reservations about an ensuing deterioration
- When studied, the incidence of study drop-out due to washout complications (rebound of original mood disorder or discontinuation symptoms) is markedly lower than that of drop-out due to augmentation complications (intolerance of augmentation) (1–3).
- Furthermore, neither significant morbidity nor mortality have been reported for patients undergoing medication washout (1,4).

Comparative estimates of complications of washout versus polypharmacy (1)

Treatment modality	Estimates of intolerance
Washout	5.9%-7.8%
Polypharmacy	9.1%-34.1%

Sources:
1. Grunebaum MF, Oquendo MA, Burke AK, Ellis SP, Echavarria G, Brodsky BS, et al. Clinical impact of a 2-week psychotropic medication washout in unipolar depressed inpatients. J Affect Disord. 2003 Aug;75(3):291–6. 2. Rush AJ, Trivedi MH, Wisniewski SR, Nierenberg AA, Stewart JW, Warden D, et al. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR*D report. Am J Psychiatry. 2006 Nov;163(11):1905–17. 3. Nelson JC, Papakostas GI. Atypical antipsychotic augmentation in major depressive disorder: a meta-analysis of placebo-controlled randomized trials. Am J Psychiatry. 2009 Sep;166(9):980–91. 4. DeBattista C, Kinrys G, Hoffman D, Goldstein C, Zajecka J, Kocsis J, et al. The use of referenced-EEG (rEEG) in assisting medication selection for the treatment of depression. J Psychiatr Res. 2011 Jan;45(1):64–75.

Principles for Safer Medication Washouts

The following principles have been found helpful in minimizing risks with patients when tapering medications, while realizing variations occur and individualization of washout is important:

- Obtain proper informed consent and prepare the patient for the washout – provide expertise and manage expectations
- Construct a bespoke symptom profile to expect – ask patients what symptoms have emerged when they have missed doses in the past. Invite the patient to contribute to decisions on taper speed. This reinforces the sense of collaboration, and can mitigate anger if uncomfortable symptoms do emerge
- Provide a written taper schedule – both to alleviate anxiety and aid memory
- Let the patient know that if a taper schedule causes too much discomfort, they should immediately return to the previous dose until they can be reviewed again
- Gather and generate a consensus regarding the taper among the patient's support system (family, friends, care teams). They may need to increase oversight and proactively get involved in risk management if distress escalates. If the support system is inadequate, delay or discontinue the washout for the time being.

Source: Hoffman DA, Schiller M, Greenblatt JM, Iosifescu DV. Polypharmacy or medication washout: an old tool revisited. Neuropsychiatr Dis Treat. 2011;7:639–48.