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LETTER TO THE EDITOR

Antidepressant Prescribing in Australian Primary Care: Time to Reevaluate

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To the Editor,

In their critique of long-term antidepressant prescription for depression and the risks of medication discontinuation—concerns that we share—Wallis and colleagues [1] state that the Royal Australian and New Zealand College of Psychiatrists (RANZCP) guideline [2] does not suggest 'any viable alternative' to hyperbolic tapering. This is entirely incorrect. The guideline provides very specific instructions on the withdrawal of antidepressants (Recommendation Box 4) as well as sections discussing 'Stopping antidepressants', 'Risk of discontinuation and withdrawal symptoms' and 'Strategies for dose reduction'. It also makes a specific recommendation that 'a detailed review of ongoing pharmacotherapy should occur at 1 year' (Recommendation Box 3). We are therefore puzzled by the authors' claim that 'guidance in Australia for how to stop antidepressants remains unchanged and unhelpful'. This too is incorrect.

Further, they comment that more women are prescribed antidepressants and for lengthy periods of time, but depression preferentially affects women [3] and is a chronic and recurrent illness. In addition, the authors' assertion that lack of awareness of withdrawal and discontinuation trammels informed consent seems somewhat speculative—especially given that the guideline recommends that when initiating antidepressants, patients should be informed of potential withdrawal symptoms and following collaborative discussions, many depressed patients choose to continue taking antidepressants [4]. On top of this, the guideline [2] holistically prioritises exercise and other lifestyle interventions such as diet and sleep and describes them as essential 'actions' that are mandated as the foundation of depression management. It also includes specific strategies for instituting these interventions (Boxes 4, 5 and 6) and where possible, clearly recommends that depression be treated by non-pharmacological means and that psychological therapies be actioned before prescribing antidepressants.

However, we agree that not everyone needs antidepressants, but then, not all patients respond to lifestyle interventions and psychological treatments alone. In practice, withdrawal symptoms are distinguishable from those indicating a depressive relapse as they appear sooner, and can often be minimised by gradual antidepressant tapering. In sum, although the discontinuation of antidepressants is as important as initiating them, antidepressant deprescribing should not lead to their proscription, and when used judiciously, antidepressants do benefit depressed patients.

Author Contributions

Gin S. Malhi: conceptualisation, writing – original draft, writing – review and editing. **Erica Bell:** conceptualisation, writing – original draft, writing – review and editing. **Kinga Szymaniak:** conceptualisation, writing – original draft, writing – review and editing. **Philip M. Boyce:** conceptualisation, writing – original draft, writing – review and editing. **Jeffrey C. L. Looi:** conceptualisation, writing – original draft, writing – review and editing.

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Conflicts of Interest

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Data Availability Statement

The authors have nothing to report.

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References

1. K. A. Wallis, A. King, and J. Moncrieff, "Antidepressant Prescribing in Australian Primary Care: Time to Reevaluate," *Medical Journal of Australia* 222, no. 9 (2025): 430–432.

2. G. S. Malhi, E. Bell, D. Bassett, et al., "The 2020 Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines for Mood Disorders," *Australian and New Zealand Journal of Psychiatry* 55, no. 1 (2021): 7–117.

3. J. M. Platt, L. Bates, J. Jager, K. A. McLaughlin, and K. M. Keyes, "Is the US Gender Gap in Depression Changing Over Time? A Meta-Regression," *American Journal of Epidemiology* 190, no. 7 (2021): 1190–1206.

4. J. C. L. Looi, S. Allison, T. Bastiampillai, et al., "Deprescribing Antidepressants for Depression – What Is the Evidence for and Against?," *Australasian Psychiatry* 33, no. 1 (2025): 12–17.