7.4 DURATION OF THE ANTIDEPRESSANT TREATMENT

Antidepressant treatment should be maintained for at least 6 months following remission from a first depressive episode. Antidepressant treatment should be prolonged to 9 months in patients with a history of long previous episodes and should continue even longer in cases of residual symptomatology and until such symptoms have subsided and in severe depression.

RECOMMENDATION LEVEL: WFSBP = CONS; ILAE = U CONS

It is recommended that the same antidepressant successfully used to achieve response/remission in the acute-phase therapy should be continued at the same dose during the continuation phase. If no relapse occurs during continuation therapy, a gradual discontinuation of the antidepressant medication is recommended in case of first episodes. Patients should be carefully monitored during the discontinuation to ensure the stability of the remission. If tapering off results in a return of symptoms, the medication should be reinstated in the original dose for at least another 6 months before attempting discontinuation again.

RECOMMENDATION LEVEL: WFSBP = 3; ILAE = U CONS

Step-down discontinuation within a period of 1 – 4 weeks is recommended rather than abrupt discontinuation, as this may cause discontinuation symptoms.

RECOMMENDATION LEVEL: WFSBP = CONS; ILAE = U CONS

There are no studies in epilepsy about the duration of the treatment and discontinuation regime. However, there is no reason, at present, to justify longer or shorter treatment durations in people with epilepsy as compared to those without.

7.5 MONOTHERAPY AUGMENTATION STRATEGIES

In people with depression it is established that around two thirds of patients do not achieve full remission with first line treatment. In people with epilepsy, current data show that up to 50% of patients do not achieve full remission from depression. For this reason, augmentation strategies are often needed. They should be adopted by psychiatrists, neuropsychiatrists, or mental health professionals familiar with such therapeutic strategies.

Combination of an SSRI with an inhibitor of presynaptic autoreceptors like, mirtazapine is can be considered where monotherapy failed. The combination of venlafaxine with mirtazapine may be accompanied by worsening side effects.

RECOMMENDATION LEVEL: WFSBP = 2; ILAE = U CONS