

Antidepressant Withdrawal, Acute and Protracted

Antidepressants are the most commonly prescribed psychiatric medications, with tens of millions of users in the United States.¹ There are five main classes of antidepressants: selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), and atypical antidepressants.² Prescribed for both psychiatric and non-psychiatric diagnoses, all classes of antidepressants carry the potential for withdrawal.³

Although antidepressants do not produce classical addiction or substance use disorders, they do create physical dependence, and abrupt or poorly managed cessation can lead to significant withdrawal syndromes.⁴⁻⁶ Often conflated and used interchangeably, an important distinction between addiction and dependence is that addiction is characterized by cravings and compulsive drug-seeking for its rewarding effects, while dependence reflects physiological adaptation and the emergence of withdrawal when the drug is reduced or stopped. While antidepressants “have no reinforcing or euphoric effects,”⁷ they do produce tolerance and withdrawal upon cessation. Dependence forms when “neuroadaptation establishes a new homeostatic equilibrium,”⁴ resulting in physiological changes that mirror the adaptations seen with other dependence-forming substances. For some patients, withdrawal symptoms are protracted, lasting months or years,⁸⁻¹⁰ as the neurobiology is consistent with long-lasting neural adaptations observed in both humans and animal models following prolonged antidepressant exposure, including persistent changes in receptor sensitivity, neurotransmitter systems, and synaptic plasticity.⁴ Symptoms may include dizziness, sensory disturbances, insomnia, emotional lability, cognitive impairment, autonomic dysfunction, and more.^{3,10-12} Many withdrawal symptoms can be functionally limiting. More than 60% of survey respondents affected by antidepressant withdrawal rated their symptoms as severe, negatively impacting all areas of life.¹² Severe cases may experience job loss, divorce, family discord, social isolation, and suicidality.^{4,10,12}

Due to a mental health diagnosis, stigma may undermine a patient’s credibility when reporting withdrawal symptoms. Because withdrawal is frequently misdiagnosed as a relapse of the original condition, many patients do not receive appropriate support for withdrawal-related difficulties.¹³ This diagnostic uncertainty can lead to unnecessary treatment, hinder accurate data collection, and obscure the true prevalence and burden of antidepressant withdrawal.

Dependence is thought to develop after approximately four weeks of use,¹¹ but those who have taken antidepressants for more than two years face a substantially higher risk of severe and protracted withdrawal.¹⁴ In 2020, the CDC reported that 13.2% of U.S. adults were taking an antidepressant,¹ and earlier data indicated that 68% of those aged 12 and older had been on them for two years or more, with one-quarter taking them for over a decade.¹⁵ Together, these figures highlight the broad public health and clinical relevance of antidepressant withdrawal.

Estimates of the incidence of withdrawal symptoms following antidepressant cessation range from 27% to 86%,¹⁶ though studies of short-term use (typically 8-12 weeks) report lower rates. Despite this high incidence in real-world, longer-term use and the functional impairment withdrawal can cause, there remains no specific ICD-10-CM category (and codes) for antidepressant withdrawal. Because antidepressants are not addictive, subcategories and codes associated with substance use disorder (such as F1x.1 for abuse and F1x.21, F1x.22, F1x.91, and F1x.92 for remission and intoxication) are excluded from this proposal. All other subcategories and codes following the F10-19 convention are included as applicable.

While the F19 category encompasses all “other psychoactive substance related disorders”, the absence of a specific category for antidepressants not only limits clinical recognition and documentation but also impedes surveillance and research. Because antidepressants can produce withdrawal symptoms that persist for months or years due to long-lasting neuroadaptations,^{4-14,16} protracted withdrawal warrants distinct diagnostic codes within a new antidepressant related disorders category and subcategories, as reflected in the proposed new codes F1A.2A and F1A.9A. Developing a specific diagnostic category, subcategories, and codes would allow for better epidemiological tracking, improved patient care, and more informed policy and public health responses.

The Antidepressant Coalition for Education is requesting the following tabular modifications.

References

1. Brody D. Antidepressant use among adults: United States, 2015–2018. CDC. September 8, 2020. Accessed November 4, 2025. <https://www.cdc.gov/nchs/products/databriefs/db377.htm>
2. Mayo Clinic. Antidepressants: Selecting one that’s right for you. Mayo Clinic. Published 2022. <https://www.mayoclinic.org/diseases-conditions/depression/in-depth/antidepressants/art-20046273>
3. Haddad PM, Anderson IM. Recognising and managing antidepressant discontinuation symptoms. *Advances in Psychiatric Treatment*. 2007;13(6):447- 457. doi:10.1192/apt.bp.105.001966
4. Horowitz, M.A., Framer, A., Hengartner, M.P. *et al.* Estimating Risk of Antidepressant Withdrawal from a Review of Published Data. *CNS Drugs* 37, 143–157 (2023). <https://doi.org/10.1007/s40263-022-00960-y>
5. Lerner A, Klein M. Dependence, withdrawal and rebound of CNS drugs: an update and regulatory considerations for new drugs development. *Brain Commun* 2019; 1: fcz025.
6. Marsden J, White M, Annand F, et al. Medicines associated with dependence or withdrawal: a mixed-methods public health review and national database study in England. *Lancet Psychiatry* 2019; 6: 935–950.
7. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Association; 2013:714.
8. Fava GA, Cosci F. Understanding and Managing Withdrawal Syndromes After Discontinuation of Antidepressant Drugs. *The Journal of Clinical Psychiatry*. 2019;80(6). doi:<https://doi.org/10.4088/jcp.19com12794>
9. Cosci F, Chouinard G. Acute and persistent withdrawal syndromes following discontinuation of psychotropic medications. *Psychother Psychosom* 2020; 89: 283–306.

10. Hengartner MP, Schulthess L, Sorensen A, Framer A. Protracted withdrawal syndrome after stopping antidepressants: a descriptive quantitative analysis of consumer narratives from a large internet forum. *Therapeutic Advances in Psychopharmacology*. 2020;10. doi:10.1177/2045125320980573
11. Framer A. What I have learnt from helping thousands of people taper off antidepressants and other psychotropic medications. *Therapeutic Advances in Psychopharmacology*. 2021;11. doi:10.1177/2045125321991274
12. Moncrieff J, Read J, Horowitz MA. The nature and impact of antidepressant withdrawal symptoms and proposal of the Discriminatory Antidepressant Withdrawal Symptoms Scale (DAWSS). *Journal of Affective Disorders Reports*. 2024;16:100765. doi:https://doi.org/10.1016/j.jadr.2024.100765
13. Guy A, Brown M, Lewis S, et al. The ‘patient voice’: patients who experience antidepressant withdrawal symptoms are often dismissed, or misdiagnosed with relapse, or a new medical condition. *Ther Adv Psychopharmacol* 2020; 10: 204512532096718.
14. Horowitz, Mark A., et al. “Antidepressants Withdrawal Effects and Duration of Use: A Survey of Patients Enrolled in Primary Care Psychotherapy Services.” *Psychiatry Research*, Apr. 2025, p. 116497, <https://doi.org/10.1016/j.psychres.2025.116497>.
15. Pratt LA, Brody DJ, Gu Q. Antidepressant Use Among Persons Aged 12 and Over: United States, 2011–2014. Centers for Disease Control and Prevention. Published August 2017. Accessed March 10, 2025.
16. Davies J, Read J. A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: are guidelines evidence-based? *Addict Behav* 2019; 97: 111–121.

TABULAR MODIFICATIONS

	F10-F19	Mental and behavioral disorders due to psychoactive substance use
New category	F1A	Antidepressant related disorders
New subcategory	F1A.2	Antidepressant dependence
New code	F1A.20	Antidepressant dependence, uncomplicated
New code	F1A.23	Antidepressant dependence with withdrawal
New code	F1A.24	Antidepressant dependence with antidepressant-induced mood disorder
New code	F1A.25	Antidepressant dependence with antidepressant-induced psychotic disorder
New code	F1A.28	Antidepressant dependence with other antidepressant-induced disorder
New code	F1A.29	Antidepressant dependence with unspecified antidepressant-induced disorder
New code	F1A.2A	Antidepressant dependence with withdrawal, protracted
New subcategory	F1A.9	Antidepressant use, unspecified

New code	F1A.90	Antidepressant use, uncomplicated
New code	F1A.93	Antidepressant use with withdrawal
New code	F1A.94	Antidepressant use with antidepressant-induced mood disorder
New code	F1A.95	Antidepressant use with antidepressant-induced psychotic disorder
New code	F1A.98	Antidepressant use with other antidepressant-induced disorder
New code	F1A.99	Antidepressant use with unspecified antidepressant-induced disorder
New code	F1A.9A	Antidepressant use with withdrawal, protracted