

Neuroleptic Withdrawal in Schizophrenic Patients

A Review of the Literature

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In the treatment of chronic schizophrenia, there are risks associated with both neuroleptic maintenance (eg, tardive dyskinesia) and neuroleptic withdrawal (eg, psychotic exacerbation or relapse). We reviewed 66 studies on neuroleptic withdrawal involving 4365 patients with schizophrenia. The mean cumulative relapse rate was 53% in patients withdrawn from neuroleptic therapy and 16% in those maintained on neuroleptic therapy over a mean follow-up period of 9.7 months. The relapse rate was positively associated with length of follow-up. Predictors of relapse reported in individual studies included younger age, higher baseline neuroleptic dosage, and shorter length of hospitalization. Adverse effects of neuroleptic withdrawal other than relapse were usually mild and transient. The risk-benefit ratio of neuroleptic maintenance vs withdrawal should be assessed carefully in individual patients. A slow taper to the lowest effective dosage may be the preferred strategy in many patients.

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