

# One in six people who stop antidepressants ‘will experience discontinuation symptoms’

**W**hen stopping taking antidepressants, the risk of experiencing one or more discontinuation (withdrawal) symptoms such as dizziness, headache, nausea, insomnia and irritability is 15%, according to a systematic review and meta-analysis published in *The Lancet Psychiatry*.

The analysis also found discontinuation symptoms that patients describe as severe, and which may have led to patients dropping out of a study or restarting on antidepressants, occurred in about 3% (one in 35) of patients stopping antidepressants.

Dr Jonathan Henssler from Charité – Universitätsmedizin Berlin, said, ‘There is strong evidence that antidepressants can be effective for many people who are experiencing a depressive disorder, either alone, or alongside other treatments such as psychotherapy. However, they do not work for everyone, and some patients may experience unpleasant side-effects.

‘Our study confirms that a number of patients coming off antidepressants will experience discontinuation symptoms, and for a few, these will be of a more severe extent. It’s important to note that antidepressant discontinuation symptoms are not due to antidepressants being addictive. There is a crucial need for all patients stopping antidepressants to be counselled, monitored and supported by health care professionals. However, our findings, which consolidate data from a large number of studies, should



ADOBE STOCK

also provide reassurance that rates of discontinuation symptoms are not as high as some previous single studies and reviews have suggested.’

The aim of this study was to review all available evidence to establish the probable incidence of discontinuation symptoms caused directly by stopping antidepressant use, the probable incidence of severe symptoms and the differences between different types of antidepressant. Overall, the analysis found that a third (31%) of people who stopped taking an antidepressant experienced at least one symptom, such as dizziness, headache, nausea, insomnia and irritability. Severe symptoms occurred in about 3% (one in 35). Stopping taking imipramine (Tofranil), paroxetine (Seroxat) and (des-) venlafaxine (Pristiq) was associated with a higher risk of severe symptoms compared with other antidepressants.

When looking specifically at the results from randomised controlled trials, one in six patients (17%) experienced discontinuation-like symptoms when stopping taking a placebo drug. This suggests approximately half of all symptoms experienced in those stopping antidepressants might be due to negative expectations (the ‘nocebo effect’) or non-specific symptoms which may occur at any time in the general population. In conclusion, the authors estimate that one in six to seven (15%) of patients will experience one or more discontinuation symptoms that are directly caused by stopping antidepressants.

The analysis did not find a difference between studies that applied tapering of the antidepressant and studies with a sudden stopping of the medication.

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# Sorting out social care ‘vital for relieving NHS pressures’

**T**he Liberal Democrats have announced that they would introduce free personal care to older or disabled people at home if they were to win the election.

This would cover nursing care, help with mobility, hygiene and medication for people who have unmet care needs. It is estimated that the policy would cost £2.7bn a year, and the party says the money to fund it could come from reversing tax cuts for big banks by the Conservatives.

Matthew Taylor, Chief Executive of the NHS Confederation, said:

‘Sorting out the financial and workforce crises in social care is absolutely vital for relieving pressure on the NHS so that leaders and their teams can tackle care backlogs and improve performance. Health and social care are intrinsically linked, with pressures in one sector often leading to pressures in the other.

‘The health service will not be able to hit its performance and productivity ambitions without the government solving the crises in social care. Social care budgets have been below what is needed for a very

long time. That is why we are calling on whoever forms the next government to draw up and deliver a workforce plan for the sector equivalent to the NHS Long Term Workforce Plan.’

Sarah Woolnough, Chief Executive of The King’s Fund, said: ‘It is heartening to see a political party pledge to begin to address the crisis in social care. This is an important issue for voters – the latest British Social Attitudes survey shows that public satisfaction with social care services has dropped to just 13%, the lowest level ever recorded. We hope other major political parties stop avoiding the topic and explain how they will deliver much-needed reform of a social care system that is not fit for purpose.

‘Funding free personal care would be a significant step forward from the current social care offer in England. Providing increased levels of support to many more people would also help reduce the burden of millions of unpaid carers – of which England has equivalent to 4 million paid care workers – who often have to support their loved ones without the

professional help they need. Free personal care already exists in Scotland so there is experience to learn from.

‘But the devil will be in the detail of how far the commitment will go. Social care services don’t only support older people; about half of the social care budget in England goes on supporting working age adults living with disabilities and it’s not clear whether they are covered by this proposal.

‘And we caution that while this is a good first step, free personal care is not a panacea and will not cover everything that is needed to put social care back on a sustainable footing so it can support people to live good quality lives in their communities. Much of what the social care sector provides goes beyond personal care.

‘There must be further bold action to tackle workforce gaps, to support providers to be financially sustainable and to improve quality of services. If fully funded, the Lib Dems plans to introduce a Carer’s Minimum Wage will reduce workforce pressures which is welcome, however the true cost of reform will be much more than stated.’

## BOOK REVIEWERS WANTED

If you would like to volunteer to read and review books that may be of interest to readers of the *Journal of Health Visiting*, please contact the editor at [jhv@markallengroup.com](mailto:jhv@markallengroup.com) for further information.

Suggestions for titles relating to health visiting are also welcome.



# New safety advice issued for parents on baby products

**W**ith Child Safety Week taking place in June, the Royal Society for the Prevention of Accidents (RoSPA) has identified three products that can cause devastation if used incorrectly and urges parents and carers to skill up on the risks as there is still more work to do when it comes to education around baby slings, nappy sacks and baby baths.

Baby slings have become a popular choice for parents, offering a convenient way to carry their infants while keeping their hands free. As with all child-related products, RoSPA says it is vital to follow safety advice and manufacturer's guidelines, and that parents should always check the instructions relating to size, weight and age. Importantly, baby slings should never be used for premature or underweight babies, as these scenarios pose a risk of death.

RoSPA advocates products that keep babies upright and allow parents to see their baby and to ensure that the face isn't restricted. Babies should be able to breathe easily, be at a comfortable temperature, and held in positions that are healthy and beneficial for them. The Consortium of UK Sling Manufacturers and Retailers provides the following advice to baby sling wearers: 'Keep your baby close and keep your baby safe. When you're wearing a sling or carrier, don't forget the T.I.C.K.S acronym':

- ◆ Tight
- ◆ In view at all times
- ◆ Close enough to kiss
- ◆ Keep chin off the chest
- ◆ Supported back.

Since 2019, RoSPA is aware of at least five deaths that have been

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reported where babies have drowned in baths using baby bath seats. There are several bath seats and other devices on the market that enable a young child to remain seated while in the bathwater. The main risk with these products is the baby being left unattended (even for short periods of time), the seat then tipping over or becoming detached and the baby sadly drowning.

If parents do choose to use a bath seat, they should always keep the child within arm's reach; never leave the child, even for a second; do not let bath seats give you a false sense of security – bath seats are NOT safety devices.

Parents and carers are generally aware of the dangers posed by plastic bags, but in many cases do not make the same link to nappy sacks and so may be less likely to take the same safety precautions.

RoSPA is aware of at least 22 deaths since 2001 where a baby has been suffocated by a nappy sack. The typical scenario associated with deaths is that the nappy sacks are stored within the baby's reach, close to the baby's cot, including under the mattress. This method of storage is often for the convenience of the parent or carer. In some of the cases, the nappy sacks had been left near to or in the baby's cot for ease of changing the baby's nappy in the night. In many

homes these loose nappy sacks are kept within easy reach of babies, under the baby's pram, or close to the baby's cot. In other cases, nappy sacks are left loose on the side are at risk of blowing into the cot from the wind, or being accessed by the child's young siblings who don't understand the risks.

Philip Le Shirley, Product Safety Advisor at RoSPA, said: 'Young babies naturally grasp at anything and put it in their mouths, and once they have grasped a nappy sack, they find it more difficult to let go.

'Nappy sacks are flimsy and can easily fit over a baby's mouth or nose or into a baby's mouth. Babies under 1 year old are particularly at risk of suffocation and choking from plastic sheets and bags. Once the nappy sack is over their face, they do not have the manual dexterity to remove the nappy sack, which can result in suffocation.

'We therefore advise parents and carers to make some simple changes that can increase their child's safety, such as always keeping nappy sacks and other plastic bags away from babies and young children, and to always store them out of reach, ideally in a drawer or cupboard, and out of close proximity to cots, sleepers and prams.

'Nappy sacks should be kept in their packaging, including on a roll if supplied that way, and never stored loose.'

# Substantial variation in the delivery of health visiting across England, study finds

A study conducted by researchers from University College London and published in the *International Journal of Population Data Science*, has discovered a significant minority of children are being missed by health visiting services.

The study aimed to describe local authority variation in the delivery of health visiting to children under 5 years in England (2018–2020). The researchers used publicly available statistics on mandated health visiting contacts, and administrative data from the Community Services Dataset (CSDS) on duration, location, and medium of contacts. It mapped population coverage of mandated contacts and described the frequency and characteristics of mandated and additional contacts across local authorities.

NHS Digital established the CSDS in 2015, an individual, population-level dataset on the provision of all publicly funded community health services in England to individuals of all ages. Data collected includes patients' personal and demographic characteristics, social circumstances,

immunisations, breastfeeding and nutrition, care and screening activities, diagnoses (including long-term conditions and disabilities), scored assessments, and weight management services. Data for the earliest years of this newly collected dataset are largely incomplete, so data was extracted from CSDS for the two financial years from April 2018 to March 2020.


While data were also available between April 2020 and March 2021, it was not included due to the impact of the COVID-19 pandemic on both service delivery and data recording. Information on coverage of health visiting contacts was available for all 149 local authorities in England. Between April 2018 and March 2020, the new birth visit was delivered with almost universal coverage, but variation across England existed in the coverage of the 6–8-week, 1-year, and 2–2½ -year reviews. The high coverage of new birth visits and lower coverage of 2–2½ -year reviews are consistent with previous studies using CSDS. However, the results demonstrate that much of the reported activity was being delivered

outside of mandated contacts, with 80% of local authorities delivering more additional than mandated contacts.

The authors say the study highlights the importance of taking into account additional contacts when measuring health visiting activity. Additional contacts, to address identified needs, were the most frequent type of contact (though shorter and more likely to be on the phone than the mandated reviews) in the analysis.

This study demonstrates substantial variation in the delivery of health visiting across England, with potential unmet needs in some local authorities. The authors conclude that further work is needed to explore whether this trend has continued in more recent years, and if so, the reasons for (for example, local specification and staff capacity) and determinants of (for example, urban/rural status and deprivation) this variation.

It also provides a 'natural opportunity' to exploit this variation to understand the impact of different models of service delivery on family outcomes.



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# Likelihood of children and young people smoking and vaping ‘linked to social media use’

**T**he more time spent on social media, the greater the likelihood that children and young people will both smoke and/or vape, suggests research published online in the journal *Thorax*.

Spending 7 or more hours was associated with a more than a doubling in risk among 10 to 25 year olds, the findings indicate.

The existing body of research on social media use and smoking and vaping mostly concerns the USA, so to better assess the situation in the UK, the researchers drew on data from 10 to 25 year olds taking part in the UK Household Longitudinal Study 2015–21. Analysis of the responses showed that cigarette smoking, vaping, and dual use were all more common among participants reporting heavier social media use. Just 2% of those who said they didn’t use social media reported current cigarette smoking compared with nearly 16% of those who said they spent 7 or more hours/weekday on it. Similarly, current vaping ranged from less than 1% among non-users of social media to 2.5% among those spending 7 or more hours on it every weekday. The

likelihood of smoking, vaping, and dual use also rose in tandem with the amount of time spent on social media.

Those who said they spent less than 1 hour/day on social media were 92% more likely to be current smokers than those who said they spent no time on it, while those clocking up 7 or more hours/day were more than 3.5 times as likely to be current smokers.

Those who said they spent 1–3 hours a day on social media were 92% more likely to report current vaping than those who said they spent no time on it. Heavier social media use was associated with a greater likelihood of dual use. Those reporting spending 1–3 hours/day on it were more than 3 times as likely to be dual users as those who said they didn’t spend any time on social media.

The findings were independent of other factors associated with a heightened risk of smoking and vaping, including age, sex, household income, and parental smoking and vaping. When the analysis was broken down by sex and household income, similar associations emerged for smoking, but not for vaping. Males, those under the legal age of sale, and

those from higher income households were more likely to vape.

The researchers acknowledge that the study relied on self-reported data, and that they didn’t have any information on the social media platforms used, or how they were being used. They say, ‘Social media use has been shown to have features in common with reward-seeking addictive behaviour. High social media use may increase susceptibility to other addictive behaviours like smoking’.

They conclude: ‘The companies that own social media platforms have substantial power to modify exposure to material that promotes smoking and vaping if they choose to or are compelled to. Voluntary codes seem unlikely to achieve this, and the introduction and enforcement on bans on material that promote this should be considered. In general, we think that algorithms should not be promoting products to individuals that they cannot legally buy. Legislation and enforcement around this and other corporate determinants of health concerns should be considered a core part of online safety and child protection.’

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