International Expert Task Force Publishes Landmark Consensus Framework On Deprescribing Psychotropic Medications

Consensus Offers Clinicians Structured Guidance on When and How to Reassess, Taper, or Discontinue Psychotropic Medications

BRENTWOOD, TN, UNITED STATES, February 25, 2026 /EINPresswire.com/ -- A 45-member international task force convened by the American Society of Clinical Psychopharmacology (ASCP) has published the first comprehensive consensus statement outlining when and how clinicians should consider deprescribing psychotropic medications. The report appears today in JAMA Network Open.

The consensus statement addresses a growing need in psychiatry: how to start medications safely and effectively, but also when to reassess, taper, or discontinue them. While prescribing practices are well codified in clinical guidelines, little structured guidance has existed to help clinicians determine when medications may have become unnecessary, redundant, ineffective, or potentially harmful.

Using a structured, evidence-informed approach, the ASCP Task Force conducted a multiround Delphi process and focused literature review between January and May 2025, evaluating 50 statements about deprescribing principles. Consensus (defined as at least 75% agreement) was achieved on 44 of 50 final statements (88%).

Panelists unanimously agreed that all psychotropic medications should undergo periodic reassessment, at minimum annually, and that deprescribing decisions should be based on a careful, individualized risk-benefit analysis. The panel further agreed that medication adherence must be evaluated before concluding a drug is ineffective, that patients should play an active role in shared decision-making, and that close monitoring is essential during and after tapering or discontinuation.

“Prescribing and deprescribing are dynamic, longitudinal processes,” the authors note. “Clinicians must regularly evaluate whether each medication continues to serve a meaningful purpose.”

The Task Force identified several key clinical circumstances warranting consideration of deprescribing, including lack of meaningful benefit after an adequate trial, completion of time-limited treatment with sustained remission, redundant or conflicting pharmacologic mechanisms such as non-evidence-based polypharmacy, adverse effects that outweigh benefits after attempts at mitigation, safety concerns including drug-drug interactions or high anticholinergic burden, and changes in diagnosis or treatment goals—including shifts toward psychotherapy or other nonpharmacologic interventions. The panel emphasized that only one medication change should be made at a time whenever feasible, allowing clinicians to monitor effects systematically.

The consensus statement gives particular attention to special populations, addressing complex deprescribing decisions in pregnancy, lactation, and older adulthood. Key consensus points include that risk of psychiatric relapse must be weighed carefully when considering discontinuation during pregnancy, and that lithium should not be automatically discontinued in pregnant patients with bipolar I disorder. The panel further agreed, though without full consensus, that valproate generally should be deprescribed in individuals of childbearing potential due to known teratogenic risks. In older adults, routine evaluation of benzodiazepine use, cumulative anticholinergic burden, fall risk, and orthostatic hypotension is essential. Comprehensive drug-drug interaction review is also critical before stopping medications that may affect cytochrome P450 metabolism.

Beyond pharmacology, the Task Force underscored the psychological dimensions of deprescribing, noting that medication discontinuation carries significant emotional and relational weight. Medications may represent safety, legitimacy of suffering, or attachment to the prescriber. Clear communication, psychoeducation, and collaborative tapering plans can reduce fear of relapse and strengthen therapeutic alliance. The authors highlighted that patient expectations—positive or negative—can significantly influence outcomes, including nocebo effects and anxiety surrounding tapering.

The consensus statement also serves as a call for empirical trials, with the panel acknowledging a significant gap in research evaluating optimal deprescribing strategies. Few randomized trials examine tapering protocols, relapse risk, or patient-centered outcomes. The Task Force calls for clinical trials assessing deprescribing implementation strategies, greater training for residents and prescribers on treatment endpoints and discontinuation planning, and regulatory attention to downward titration and discontinuation effects during drug development.

The ASCP consensus offers a conceptual framework for ongoing care, reframing deprescribing not as an endpoint but as an integral component of high-quality psychopharmacologic care. Rather than promoting blanket discontinuation, the report emphasizes thoughtful, collaborative reassessment over time—ensuring that every medication in a patient's regimen remains relevant, effective, and aligned with evolving treatment goals.

The full open-access article, "The American Society of Clinical Psychopharmacology

Deprescribing Task Force: A Consensus Statement," is available in JAMA Network Open.

About ASCP
The American Society of Clinical Psychopharmacology (ASCP) is a national organization dedicated to advancing the science, practice, and education of clinical psychopharmacology to improve patient care. It serves psychiatrists, researchers, and other mental health professionals through leading research, educational programs, its official journal The Journal of Clinical Psychiatry, and an annual scientific meeting.

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