Letters to the Editor

Discontinuation of Therapy With Bupropion SR

Sir: In the April 1999 issue of the *Companion*, Drs. Berigan and Harazin[1] report a case of possible bupropion-associated withdrawal symptoms in a patient treated for smoking cessation. The authors describe the emergence of a number of symptoms following abrupt discontinuation of bupropion sustained-release (SR). The occurrence of withdrawal symptoms or a discontinuation syndrome with bupropion has been extensively evaluated in smoking cessation and depression development programs involving over 10,000 patients. In clinical trials (references 2 and 3 and Glaxo Wellcome Inc., data on file), patients were monitored for the emergence of posttreatment adverse events 1 week after abrupt discontinuation of therapy. Withdrawal symptoms were not observed in patients treated with bupropion.

It is estimated that 9.5 million patients have used bupropion since it was first marketed. A review of the adverse events associated with the use of bupropion spontaneously reported to Glaxo Wellcome Inc. revealed few cases of withdrawal symptoms following discontinuation of therapy, and a causal relationship to bupropion could not be established. Glaxo Wellcome Inc. reviews all spontaneous reports of adverse events and closely monitors the reports for any type of signal that may suggest a previously unrecognized trend. As with all reported adverse drug events, Glaxo Wellcome Inc. will continue to monitor for other similar cases. Given our clinical trial experience and postmarketing surveillance data, the evidence does not indicate that bupropion is associated with withdrawal symptoms and does not support a general recommendation to taper the dose of bupropion prior to discontinuation.

References

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2. Jorenby DE, Leischow SJ, Nides MA, et al. A controlled trial of sustained-release bupropion, a nicotine patch or both for smoking cessation. N Engl J Med 1999;340:685–691
3. Hurt RD, Sachs DPL, Gover ED, et al. A comparison of sustained-release bupropion and placebo for smoking cessation. N Engl J Med 1997;337:1195–1202

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Dr. Berigan Replies

Sir: Dr. Johnson's interest in our reported case of bupropion-associated withdrawal symptoms is greatly appreciated. As was pointed out in the case report, the exact mechanism responsible for the somatic and psychological symptoms is not known. It is believed that many neurotransmitters may be involved, including the noradrenergic and dopaminergic sites, which appear to be where bupropion exerts its effects.[1]

There is no doubt that Glaxo Wellcome Inc. has been extremely vigilant in monitoring thousands of patients for adverse effects associated with bupropion. However, when a patient is reporting a variety of symptoms, an evaluation is warranted. In our case, a physical examination with laboratory tests was performed, the findings of which suggested no obvious cause of symptoms other than an abrupt cessation of bupropion, the patient's only prescription medication. He was empirically treated for a withdrawal syndrome and improved rapidly.

Physicians must remain aware that withdrawal syndromes do exist and educate their patients fully about the possibility. One such strategy to decrease withdrawal symptoms is to taper the agent being discontinued. This will enhance compliance, which ultimately benefits the patient.

The opinions and assertions contained herein are the private views of the author and are not to be construed as official or as reflecting the views of the U.S. Government, the Department of Defense, the U.S. Army, or the Army Medical Command.

Reference

1. Golden RN, Dawkins K, Nicholas L, et al. Trazodone, nefazodone, bupropion, and mirtazapine. In: Schatzberg AF, Nemeroff CB, eds. The American Psychiatric Press Textbook of Psychopharmacology. 2nd ed. Washington, DC: American Psychiatric Press; 1998:258–259

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