PsyLab
BIOCHEMICAL MENTAL HEALTH
ANALYSIS · TEST · SAMPLE · NUTRITIONAL SUPPORT

Order form SAMPLE

Gradual antidepressant dose reduction in daily pouches

How to proceed

1. The patient completes **part A** — we help with this during the PsyLab consultation.
2. The doctor or psychiatrist checks the details, completes **part B**, and signs and stamps the form. The signed form serves as the prescription.
3. PsyLab sends the form to the specialised pharmacy by secure email.
4. The pharmacy prepares the rolls and posts them to the patient. Patient and doctor receive an email confirmation.
5. During the taper the patient keeps the **diary in part C** and stays in touch with the doctor.

Roll types

Reduction roll
28 numbered pouches, the dose gradually decreases.

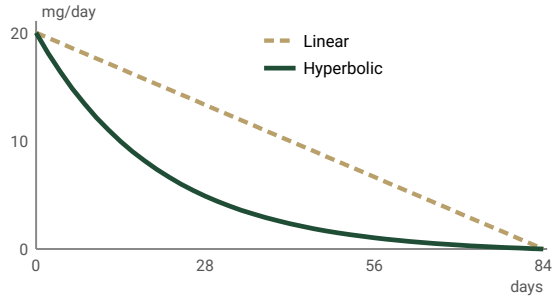
Hold roll
28 pouches with the same dose — when the reduction needs to be paused.

Switch roll
for switching from one medicine to another as instructed by the doctor.

Reduction method

Linear: the dose drops by the same number of milligrams every day.

Hyperbolic: the dose drops by the same percentage — the steps in milligrams get smaller and smaller. Gentler at low doses.



Important information

- Rolls do not replace care by a doctor. Never reduce or stop medication on your own.
- If strong symptoms appear, the pace can be slowed or the dose stabilised for a while — always in agreement with the doctor.
- Withdrawal symptoms usually appear within a few days of a dose reduction; a return of the original complaints tends to come later and more gradually.
- The patient pays for medication and postage directly to the pharmacy. Health insurers usually do not reimburse the rolls.
- PsyLab is an intermediary — it does not prescribe or dispense medication and does not set the pace of reduction.

Part A — Patient (completed by the patient)

First and last name

Date of birth

Sex

Street and number

Postcode and city

Country

Email

Phone

Medicine you want to reduce

Reason for prescription (diagnosis / complaints)

How long have you taken it

☐ less than 1 year ☐ 1 – 2 years ☐ 2 – 5 years ☐ 5 – 10 years ☐ more than 10 years

How do you feel at the moment

☐ no complaints ☐ partly ☐ complaints persist

What applies to you (tick)

☐ withdrawal symptoms when a dose is missed
☐ previous unsuccessful attempt to stop
☐ slow metaboliser (e.g. per PGx test)
☐ problems at the start of treatment
☐ worried about reducing
☐ hard to tell relapse from withdrawal symptoms
☐ high dose
☐ previous switch of medicine

Why do you want to reduce

Other medicines and supplements you take

Preferred reduction period (months)

Part B — Prescription (completed by the doctor)

Doctor's name

Specialty

Practice and address

Doctor code / licence no.

Email

Phone

Method

☐ linear ☐ hyperbolic

Roll type

☐ tapering ☐ stabilisation ☐ switch

Medicine (INN)	Lowest unit (mg)	Time of intake	Start dose (mg/day)	End dose (mg/day)	No. of rolls	Days per roll
Example: Sertraline	*0.5*	*morning*	*50*	*25*	*2*	*28*

Use a separate row for each time of intake (morning, noon, evening, night). One roll = 28 days.

Lowest units for antidepressants (mg)

Agomelatine **1** Amitriptyline **0.1** Bupropion **5** Citalopram **0.1** Clomipramine **0.5** Escitalopram **0.05** Fluoxetine **0.1** Fluvoxamine **0.5** Mirtazapine **0.1** Nortriptyline **0.1** Paroxetine **0.1** Sertraline **0.5** Trazodone **1** Venlafaxine retard **0.5**

☐ The patient consents to the processing of data and to the form being sent to the pharmacy.

☐ The doctor confirms that they will monitor the patient during and after the reduction.

Date

Doctor's signature and stamp

Patient's signature

Part C — Diary (completed by the patient during the taper)

Once a week rate 0 – 10 (0 = no complaints, 10 = very strong). Contact your doctor if things get markedly worse.

Week	Dose (mg/day)	Sleep	Mood	Anxiety / restlessness	Physical symptoms*	Note
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

* e.g. dizziness, brief “electric” sensations in the head, nausea, flu-like symptoms