FIGURES

Figure 1: Flowchart of search and review of eligible studies

Records identified through database searching

n = 5619

(original search n = 4707;

updated search n =912)

Additional records identified through other sources

n = 3

(original search n = 3;

updated search n = 0)

Records after duplicates removed

n = 4119

(original searches n = 3455;

updated search n=664)

Records screened

n = 4119

(original searches n = 3455;

updated search n=664)

Records excluded

n = 4034
(original searches n = 3373; updated search n = 661)

Full-text articles excluded

n = 62

(original searches n = 60 + 1 unobtainable; updated search n = 62)

Full-text articles assessed for eligibility

n = 84
(original searches n = 81 + 1 unobtainable; updated search n = 3)

Studies included in qualitative synthesis

n = 22

(original searches n = 21;

updated search n = 1)

Figure 2: Subthemes of barriers and facilitators associated with each analytical theme

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| **Themes** |  | **Barriers (subthemes)** |  | **Facilitators (subthemes)** |
|  |  |  |  |  |
| **1. PSYCHOLOGICAL AND PHYSICAL CAPABILITIES** |  | **DEPENDENCE****EXPERIENCE OF PROBLEMATIC DISCONTINUATION ATTEMPTS****LIFE CIRCUMSTANCES DIFFICULT****ROUTINE****INTERMITTENT NEED****COPING STRATEGIES INEFFECTIVE** |  | **CONFIDENCE IN CAPABILITY TO DISCONTINUE****COPING STRATEGIES EFFECTIVE****LIFE CIRUCMSTANCES STABLE****ACCEPTABLE EXPERIENCE OF DOSE REDUCTION****KNOWLEDGE TO TAPER** |
|  |  |  |  |  |
| **2. PERCEPTION OF ANTIDEPRESSANTS** |  | **POSITIVE EFFECT****NATURAL/BENIGN CHARACTERISATION****LACK OF CONCERN OVER SIDE EFFECTS** |  | **INEFFECTUAL****EXPERIENCE OF UNACCEPTABLE SIDE EFFECTS****NEGATIVE/UNNATURAL CHARCTERISATION** **UNHAPPY ABOUT LONG TERM USE** |
|  |  |  |  |  |
| **3. FEARS** |  | **FEAR OF RELAPSE****FEAR OF WITHDRAWAL EFFECTS****FEAR - MISCELLEANEOUS** |  | **FEAR OF ADDICTION****FEAR OF POTENTIAL SIDE EFFECTS** |
|  |  |  |  |  |
| **4. INTRINSIC MOTIVATORS AND GOALS** |  | **SELF-IDENTITY (DISABLED, “GOOD MOTHER/DAUGHTER”, OLD)****THREAT TO STABILITY****IRRATIONAL****GOAL PRIORITY IS BENEFIT OF CONTINUING TO SIGNIFICANT OTHERS****GOAL IS MANAGEMENT RATHER THAN CURE** |  | **SELF-IDENTITY (HEALTHY, TRUE-SELF, “GOOD MOTHER/DAUGHTER”)****DESIRE TO FUNCTION WITHOUT ANTIDEPRESSANTS****FEELING BETTER****SELF-STIGMA OF TAKING ANTIDEPRESSANTS** |
|  |  |  |  |  |
| **5.THE DOCTOR AS A NAVIGATOR TO MAINTENANCE OR DISCONTINUATION** |  | **DOCTOR’S WORK PRACTICES****DOCTOR’S WORK ISSUES – LACK OF TIME****DOCTOR RECOMMENDS CONTINUATION****DOCTOR’S RESPONSIBILITY TO INITIATE DISCUSSIONS ABOUT DISCONTINUATION****LACK OR INADEQUACY OF DOCTOR SUPPORT/GUIDANCE** |  | **DOCTOR’S SUPPORT/GUIDANCE****DOCTOR RECOMMENDS/APPROVES DISCONTINUATION** |
|  |  |  |  |  |
| **6. PERCEIVED CAUSE OF DEPRESSION** |  | **LONG TERM CONDITION AND TREATMENT****ETIOLOGY - BIOCHEMICAL** |  | **ETIOLOGY – LIFE CIRCUMSTANCES, SEASONAL** |
|  |  |  |  |  |
| **7. ASPECTS OF INFORMATION THAT SUPPORT DECISION-MAKING** |  | **INCONGRUENT INFORMATION ABOUT DISCONTINUATION OF ANTIDEPRESSANTS****INSUFFICIENT INFORMATION ON HOW TO DISCONTINUE, AND OF RISKS AND BENEFITS OF DISCONTINUATION** |  | **INFORMATION ON HOW TO DISCONTINUE AND WHAT TO EXPECT** |
|  |  |  |  |  |
| **8. SIGNIFICANT OTHERS – A HELP OR A HINDRANCE** |  | **PRESSURE TO CONTINUE** |  | **PRESSURE TO DISCONTINUE****SUPPORT/GUIDANCE** |
|  |  |  |  |  |
| **9. SUPPORT OF OTHER HEALTH PROFESSIONALS** |  | ***No subthemes*** |  | **SUPPORT** |