

Second opinion

Q Should I keep away from someone with a compromised immune system if I receive a live vaccine?

A In most cases, your getting a live vaccine isn't a danger to friends and family who have compromised immune systems. Many diseases and disease treatments can suppress the immune system, including cancer and chemotherapy, drugs for autoimmune diseases, drugs given after an organ transplant, and corticosteroids.

Live vaccines are made from a "wild" virus or bacterium that is weakened (attenuated) but can still grow and create a strong and long-lasting immune response. In contrast, inactivated vaccines use a killed (inactive) version of a germ. Examples of live virus vaccines include the:

- Combined measles-mumps-rubella (MMR) vaccine
- Varicella vaccine, which helps prevent chickenpox
- Rotavirus vaccine
- Yellow fever vaccine
- Nasal influenza vaccine (FluMist)

No currently available COVID-19 vaccines contain live virus.

If you don't have a weakened immune system but live with or are in prolonged or intimate contact with someone who does, the risk is generally minimal that you will transmit vaccine virus to them.

However, if this person is so immunocompromised that he or she needs to be in a protective environment, such as a special hospital room with high-flow ventilation and filtration, avoid FluMist. Instead, get the flu shot, which is an inactivated vaccine.

In addition, if a person develops a vaccine-related rash after receiving the varicella vaccine, he or she should avoid contact with people with weakened immune systems, as they can develop a severe reaction if exposed to wild-type varicella. ■

Q How do you safely stop taking an antidepressant?

A It's common to have symptoms when you stop taking an antidepressant. In fact, as many as 1 in 3 people experience antidepressant withdrawal (antidepressant discontinuation syndrome).

Common symptoms include headaches, dizziness, tiredness, irritability, nausea, insomnia, vivid dreams and feeling like you have the flu. Less commonly, you may experience impaired coordination and electric shock sensations, which some people refer to as "brain zaps." You might also notice anxiety or a return of depression symptoms.

But some good news: Antidepressant withdrawal doesn't mean that you're addicted to your medication. In fact, antidepressants don't cause addiction. However, they are meant to change your body's levels of chemical messengers, such as serotonin. Your body may not be able to quickly readjust these levels once the medicine's support is withdrawn, so hastily stopping a medication may result in symptoms.

People who have been taking antidepressants for more than six weeks and people taking high doses are more likely to experience withdrawal. Symptoms most commonly occur when stopping short-acting drugs, such as paroxetine (Paxil) or venlafaxine (Effexor XR), but they can happen with other antidepressants.

Symptoms of antidepressant withdrawal usually occur within a few days of stopping or reducing the medication (tapering) too quickly. They are often mild and typically clear on their own within a week or two. But in rare cases, they can persist and require further treatment.

If you want to change or stop your depression drug, ask your health care provider for a plan. Depending on your circumstances, your provider might recommend slowly reducing your dose over several weeks. Or your provider may recommend temporarily

replacing your shorter acting antidepressant with a long-acting option, such as fluoxetine (Prozac), which tapers itself naturally in your body when you stop.

Let your health care provider know if your depression symptoms return. He or she may recommend that you go back on the antidepressant or suggest another treatment. If you think you may hurt yourself or attempt suicide, call 911 or your local emergency number. If you're feeling suicidal, but you aren't immediately thinking of hurting yourself, call a suicide hotline or reach out to a friend or loved one, someone in your faith community, or a health care provider. ■

Have a question or comment? We appreciate every letter sent to Second Opinion but cannot publish an answer to each question or respond to requests for consultation on individual medical conditions. Editorial comments can be directed to:

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