

# Antidepressant deprescribing

## Deprescribing triggers

- No current indication for ongoing use
- Dose exceeds recommendations or higher dose than usually indicated
- Risk of harms outweighs potential benefits
- Patient preference

## How to deprescribe

Antidepressant deprescribing should be undertaken slowly using a tapering plan that is individualised to the person to reduce the risk of withdrawal symptoms.

One approach is to commence tapering by reducing the current daily dose by 25% every week to month with regular monitoring (every one to two weeks), adjusting the dose as required to help reduce withdrawal symptoms. A blank tapering plan can be found on the next page.

Slower tapering schedules may be needed depending on duration of antidepressant use, type of antidepressant, dosage and past experience of withdrawal symptoms.

For support and practical guidance with hyperbolic tapering refer to [The University of Queensland RELEASE trial regimens](#). Here you will find patient support material and tapering plans for 15 different antidepressants, covering 3 different tapering rates (faster, slower, even slower), with instructions to share with your patient.

Pharmacists can assist with compounding medications to support individualised tapering plans.

## Common withdrawal symptoms

- **Flu-like symptoms** (lethargy, fatigue, headache, achiness, sweating)
- **Insomnia** (with vivid dreams or nightmares)
- **Nausea** (sometimes vomiting)
- **Imbalance** (dizziness, vertigo, lightheadedness)
- **Sensory disturbances** (tingling, shock-like sensations, zaps)
- **Hyperarousal** (heightened anxiety, agitation, irritability)

## Distinguishing withdrawal from relapse symptoms

When deprescribing an antidepressant, it is important to recognise and differentiate between relapse symptoms and withdrawal symptoms. This can be difficult as common withdrawal symptoms (i.e. anxiety, irritability, worsened mood, panic) mimic symptoms of depression or anxiety.

Withdrawal	Relapse
Often within hours or days of reducing or stopping antidepressants but can be delayed in longer-acting agents.	Usually weeks or months after stopping antidepressants.
Symptoms usually improve quickly (in days or even hours) with antidepressant reinstatement.	Usually takes weeks for symptom relief following antidepressant reinstatement.
Symptoms typically include physical and psychological symptoms and follow a wave-like pattern i.e. onset, worsening, peak, improvement and resolution.	Symptoms are typically psychological and cognitive and remain more constant over time.

## Level of risk of withdrawal symptoms for antidepressants

Highest risk	desvenlafaxine, duloxetine, mirtazapine, moclobemide, paroxetine, venlafaxine
Moderate risk	citalopram, escitalopram, fluoxetine, fluvoxamine, sertraline, amitriptyline, clomipramine, imipramine, nortriptyline
Low risk	vortioxetine, dosulepin
Lowest risk	agomelatine

## What to do if withdrawal symptoms occur

- Slow the taper
- Lower the taper dose decrements
- Pause the taper
- Return to previous dose for symptom relief before trying again at a lower dose

## How to support patients during the tapering process

- Educate the patient about potential risks and benefits of discontinuing or reducing the dose.
- Ensure patients and caregivers can recognise withdrawal symptoms and know how to report concerns.
- Ensure non-pharmacological treatments (e.g. psychological treatments, social and lifestyle strategies) are available to support good mental health during and after deprescribing.
- Regularly review and monitor patient progress providing support and reassurance where needed.

# TAPERING PLAN

Most people can gradually stop taking their antidepressants by slowly reducing the dose. This can take several weeks or months. If you experience any withdrawal symptoms or have concerns see your doctor.

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