West Suffolk Clinical Commissioning Group
North East Essex Clinical Commissioning Group
Ipswich and East Suffolk Clinical Commissioning Group

NHS

Stopping Antidepressants – Quick Reference Guide

General guidelines

1. Upon recovery, patients should normally continue antidepressants for at least 6 months to greatly reduce the risk of relapse.
2. If there is a history of recurrent depression or risk of relapse is significant, consider:
    - Continuing antidepressants for at least two years.
    - Augmenting medication if multiple episodes (but not lithium alone).
    - Psychological interventions (individual cognitive behavioural therapy (CBT), mindfulness-based CBT).
3. All antidepressants have the potential to cause withdrawal effects. When taken continuously *for 6 weeks or longer*, antidepressants should not be stopped abruptly unless a serious adverse event has occurred (e.g. cardiac arrhythmia with a tricyclic).
4. Usually reduce slowly over four weeks and more slowly with drugs with short half-life (e.g. paroxetine, venlafaxine)
5. All patients should be informed of the risk of discontinuation symptoms with all antidepressants, particularly with drugs with a reported greater likelihood of causing such symptoms such as paroxetine and venlafaxine.
6. Discontinuation symptoms can last between 1 and 2 weeks, are usually mild and rapidly disappear upon re-administration of the drug but many variations are possible, including late onset and/or longer persistence. These differences can sometimes be explained by drug pharmacokinetics but this is not always the case.
7. Although abrupt cessation is generally not recommended, slow tapering may not always reduce the incidence or severity of discontinuation reactions. Some patients may therefore prefer abrupt cessation and a shorter discontinuation syndrome. However, abrupt stopping of antidepressants probably increases the risk of relapse.
8. If withdrawal symptoms occur, then the rate of drug withdrawal should be slowed or (if the drug has been stopped) the patient should be given reassurance that symptoms rarely last more than 1-2 weeks.
9. Advise patients to seek help if significant discontinuation symptoms occur.
    - Offer additional monitoring/support if mild.
    - If significant, consider reintroducing antidepressant/increasing back to previous dose, or swap to a drug with a longer half-life and then reduce

See overleaf for ‘How to stop antidepressants’ and ‘Examples of tapering schedules’

How to stop antidepressants

Agomelatine	Bupropion	Clomipramine	Fluoxetine	Fluvoxamine	Tranylcypromine Selegiline	Moclobemide
Can be stopped abruptly	Reduce over 4 weeks	Reduce over 4 weeks	At 20 mg/day just stop. At higher doses reduce over 2 weeks*	Reduce over 4 weeks	Reduce over 4 weeks or longer if necessary	Reduce over 4 weeks

*If a 10mg strength is needed it is more cost effective to halve a 20mg dispersible tablet

Mirtazapine	Reboxetine	Trazodone	Other SSRIs¥, vortioxetine	SNRI Duloxetine Venlafaxine Desvenlafaxine	TCAs (except clomipramine)
Reduce over 4 weeks	Reduce over 4 weeks	Reduce over 4 weeks	Reduce over 4 weeks or longer if necessary	Reduce over 4 weeks or longer if necessary	Reduce over 4 weeks

¥Citalopram, escitalopram, paroxetine and sertraline.

Examples of tapering schedules

Drug	Maintenance dose (per day)	Dose after 1st week (per day)	Dose after 2nd week (per day)	Dose after 3rd week (per day)	Dose after 4th week (per day)
Amitriptyline	150mg	100mg	50mg	25mg	NIL
Paroxetine	30mg	20mg	10mg	5mg (liquid)	NIL
Trazadone	450mg	300mg	150mg	75mg	NIL

Bibliography

1. PrescQIPP (2019) Bulletin 237 - Antidepressants
2. Taylor, D.M., Barnes, T.R.E., Young, A.H. (2018) *The Maudsley Prescribing Guidelines in Psychiatry*. 13th edn. Chichester: Wiley and Blackwell.

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