RELEASE
Redressing long-term antidepressant use

THE UNIVERSITY OF QUEENSLAND
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Tapering plan for escitalopram – 'Slower' taper

This plan gives step-by-step instructions to slowly decrease and stop antidepressants. Following a plan like this can help to minimise antidepressant withdrawal symptoms. **Take this tapering plan to discuss with your doctor.**

- Aim to reduce your antidepressant dose **every 2-4 weeks**. The tapering speed is **flexible** – you can pause, go more slowly or more quickly depending on any withdrawal symptoms you may experience.
- If you experience withdrawal symptoms, you can return to your previous dose for symptom relief. When ready to try again, you could decrease your dose in even smaller reductions and leave longer between dose reductions.
- Do NOT skip the final steps with small dose reductions – these are very important to prevent withdrawal symptoms.
- Do not skip a day or alternate days or doses. Do not suddenly stop antidepressants.
- Escitalopram has moderate risk for withdrawal symptoms. Read about withdrawal symptoms on the next page.

Availability: *Escitalopram (Lexapro, Loxalate, Esipram, Esitalo, Lexam) is available in 10mg and 20mg scored tablets and 20mg/ml liquid in a 15ml bottle with a dropper. Mini doses are available in capsules on prescription from a compounding chemist, in drops of 20mg/ml liquid (1 drop = 1mg), or making your own 1mg/ml dilute solution following the instructions below:*

Step	Daily dose	Taper using drops of liquid (20mg/ml) then either Dilute solution (1mg/ml) or Capsules		Date (I started this step)	Tick when completed
1.	**20mg**	2 x 10mg tablets			
2.	**15mg**	1½ x 10mg tablets			
3.	**12mg**	1 x 10mg tablet & 2 drops liquid (20mg/ml)			
4.	**10mg**	1 x 10mg tablet			
5.	**7mg**	7 drops liquid (20mg/ml)			
6.	**5mg**	½ x 10mg tablet			
7.	**4mg**	4 drops liquid (20mg/ml)			
8.	**3.5mg**	3.5ml dilute solution (1mg/ml)			
9.	**3mg**	3 drops liquid (20mg/ml)			
10.	**2mg**	2 drops liquid (20mg/ml)			
11.	**1.6mg**	1.6ml dilute solution (1mg/ml)	4 x *0.4mg capsules		
12.	**1.2mg**	1.2ml dilute solution (1mg/ml)	3 x 0.4mg capsules		
13.	**1mg**	1 drop liquid (20mg/ml)			
14.	**0.8mg**	0.8ml dilute solution (1mg/ml)	2 x 0.4mg capsules		
15.	**0.7mg**	0.7ml dilute solution (1mg/ml)	1 x 0.4mg & 3 x *0.1mg		
16.	**0.5mg**	0.5ml dilute solution (1mg/ml)	1 x 0.4mg & 1 x 0.1mg		
17.	**0.3mg**	0.3ml dilute solution (1mg/ml)	3 x 0.1mg capsules		
18.	**0.1mg**	0.1ml dilute solution (1mg/ml)	1 x 0.1mg capsule		
19.	**STOP**				

These steps are most important. Do not skip.

Acknowledgement: Dr Mark Horowitz for guidance on dosing schedule (see Maudsley Deprescribing Guidelines for more information). *4 Aug 2026*

How to make 5ml of escitalopram dilute solution (1mg/ml)

Using escitalopram 20mg/ml liquid:
- Measure 0.25ml of escitalopram liquid (20mg/ml) into jar.
- Add 4.75ml water to make up to 5ml.

Using escitalopram 10mg tablet:
- Cut a 10mg tablet in half. Crush ½ tablet between two teaspoons over a small plate. Keep the other ½ tablet for tomorrow.
- Place the crushed ½ tablet into 5ml water in jar.

- Shake well to mix (= 1mg/ml dilute solution). Tablets disperse in 2-8 mins, have an unpleasant taste, and are poorly soluble in water.
- Measure prescribed daily dilute solution using a syringe and consume.
- Make fresh dilute solution daily. Discard unused into rubbish.
- You will need 10ml and 1ml syringes, a jar (or similar) for mixing and a pill cutter.

Pharmaceutical guidance advises that escitalopram tablets can be crushed and dispersed in water for administration. eMIMS: https://app-emimselite-com.ap1.proxy.openathens.net/Drtc?id=151 UK NEWT guidelines, NHS pharmaceutical guidance. www.sps.nhs.uk/articles/ssri-suggestions-for-adults-with-swallowing-difficulties/

Video demonstrating how to crush and disperse tablets, and measure liquid: https://vimeo.com/1170454505?share=copy&fl=sv&fe=ci

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Is it withdrawal or relapse?

The body adapts to being on antidepressants and, when stopping, must re-adapt. This takes time and is why hyperbolic tapering may be necessary.

Antidepressant withdrawal symptoms are common, particularly if you have been taking antidepressants for a long time or at higher doses. You may be feeling anxious, irritable and tearful and wondering whether you are experiencing withdrawal symptoms or relapse.

Antidepressant withdrawal symptoms

Emotional	anxiety/nervousness, worsened mood, irritability, bouts of crying, mood swings, anger outbursts, feelings of panic
Physical	dizziness/light-headedness, fatigue/tiredness, sensation of spinning/vertigo, insomnia, agitation, feeling of inner restlessness, brain 'zaps' or electric shock sensations, headache, rapid heartbeat, nausea, diarrhoea, muscle cramps, unsteady gait, tinnitus
Cognitive	brain fog, increased sensitivity to light or sound, memory problems, vivid dreams

Distinguishing withdrawal from relapse

Maintain a high index of suspicion. A good rule of thumb is that if new symptoms appear when you are decreasing your dose then 'the symptoms are likely to be withdrawal until proven otherwise'.

If you are experiencing physical symptoms, such as dizziness or light-headedness, that were never part of your original problem then you are likely experiencing withdrawal symptoms.

If your symptoms are relieved on reverting to a higher dose, then it is likely to be withdrawal.

Generally, relapse (depression or anxiety) takes longer to manifest and to respond to treatment.

For supporting evidence and further information see www.releasetoolkit.com.au or click here or scan below

How long do withdrawal symptoms last?

Withdrawal symptoms often gradually subside over weeks, reflecting the time that it takes for the brain and body to adapt to being without antidepressants (not the antidepressant half-life). Unfortunately, for some people, withdrawal symptoms can be severe and protracted.

How to relieve withdrawal symptoms

Returning to your previous dose will often relieve symptoms. When ready to try again, decrease your dose even more slowly, making smaller reductions and leaving longer between reductions, for example reducing dose by 2.5-5% every few weeks or months.

How to minimise withdrawal symptoms

The best way to minimise withdrawal symptoms is by slowly decreasing your dose, through to very low doses. This can take many months. You may think that the low doses in hyperbolic tapering are not needed, but small dose changes can have large effects. Do NOT skip the second half of the tapering plan. Do NOT skip a day or alternate days or doses, and do not suddenly stop.

Build a support team around you, as you may not recognise withdrawal symptoms in yourself. Look after yourself. Try physical activity and relaxation, sleep and eat well, limit alcohol and other drugs.

Why stop antidepressants?

For the health and quality of life benefits. You may feel more alert and energetic and you may begin to feel your emotions again. You may find it easier to manage your weight, and your sexual functioning may improve. You may prefer living your life free of antidepressant medication.

There are benefits in reducing your dose, even if you cannot stop. It is not a failure if you do not manage to stop. You can always try again at some point in the future, tapering even more slowly.

RACGP Accepted clinical resource

Research Lead: Professor Katharine Wallis. Further information is available via the RELEASE website: medical-school.uq.edu.au/release

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