

Tapering plan for duloxetine – ‘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.
- Duloxetine has higher risk for withdrawal symptoms. Read about withdrawal symptoms on the next page.

Duloxetine (Cymbalta, Andepra, Duloxecor, Dytrex, Tixel) is available in 30mg and 60mg capsules containing enteric coated beads. Mini dose capsules are available on prescription from a compounding pharmacy OR by opening a capsule, counting or weighing beads using clean dry hands and tweezers or a ruler, and putting dose of beads back into the capsule or another gelatine capsule bought from a pharmacy or online for ingestion. The manufacturer advises that capsules may be opened and beads stored in a jar as their enteric coating is stable in air. The beads should not be swallowed without a capsule and should not be chewed or dispersed in water. eMIMS: <https://app-emimselite.com.ap1.proxy.openathens.net/Drtc?id=140>

Each capsule contains the same weight of drug but because the beads vary in size, capsules may contain different numbers of beads. If your 30mg capsule contains around 250 beads, then a 5mg dose is around 42 beads.

Step	Daily dose	Daily capsules	Date (I started this step)	Tick when completed
1.	60mg	2 x 30mg capsules		
2.	40mg	1 x 30mg & 1 x 10mg capsules		
3.	30mg	1 x 30mg capsule		
4.	20mg	2 x 10mg capsules		
5.	15mg	1 x 10mg & 1 x 5mg capsules		
6.	12mg	1 x 10mg & 2 x 1mg capsules		
7.	10mg	1 x 10mg capsule		
8.	8mg	1 x 5mg & 3 x 1mg capsules		
9.	7mg	1 x 5mg & 2 x 1mg capsules		
10.	6mg	1 x 5mg & 1 x 1mg capsules		
11.	5mg	1 x 5mg capsule		
12.	4mg	4 x 1mg capsules		
13.	3mg	3 x 1mg capsules		
14.	2.5mg	2 x 1mg & 1 x 0.5mg capsules		
15.	2mg	2 x 1mg capsules		
16.	1.5mg	3 x 0.5mg capsules		
17.	1mg	1 x 1mg capsule		
18.	0.5mg	1 x 0.5mg capsule		
19.	0.25mg	1 x 0.25mg capsule		
20.	STOP			

These steps are most important.
Do not skip.

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.

